

Archers Point Residential Home

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Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Inadequate 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

Archers Point Residential Home is a residential care home that provides accommodation and care for up to 33 older people, some of whom may be living with dementia. There were 18 people using the service at the time of our inspection.

People's experience of using this service

There were widespread safety concerns that left people at risk of harm. Risks were not always assessed, identified or updated and risk management plans were not always in place to manage risks safely. Care records were not always completed and monitored in line with people's individual needs. Medicines were not always safely managed. There were not enough housekeeping staff deployed to keep the home clean. There was no fire evacuation strategy in place, staff had not received fire equipment training. Some mobility equipment was not regularly cleaned or maintained. Not all staff training was up to date and staff were not supported through regular supervisions. Governance and audit systems were not effective at identifying and reducing risks to people's safety. There was a lack of effective leadership and oversight of the service. The provider had not implemented improvements required since their last inspection.

People told us they felt safe and that staff were caring. Assessments were carried out prior to people joining the service to ensure their needs could be met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were encouraged and supported to eat a healthy and they received a well-balanced diet. People had access to healthcare services when required to maintain good health.

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

Rating:

The last rating of the service was Inadequate (published on 18 February 2022) when we carried out a focused inspection. The service was rated 'Inadequate' and was therefore in special measures. The provider was asked to complete monthly plans and send them to us to address the concerns we found.

Why we inspected:

This inspection was carried out to follow up on action we told the provider to take at the last inspection. At this inspection we found the provider remained in breach of regulations.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Archers Point Residential Home on our website at www.cqc.org.uk.

Enforcement:

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

We identified breaches in relation to risks, medicines management, poor standards of housekeeping and infection control, fire safety, staff training, parts of the premises was unclean and not maintained, and there were no robust systems in place to assess and monitor the quality of the service provided. There was a lack of effective leadership and oversight of the service.

The overall rating for this service is 'Inadequate' and the service therefore continues to be in 'special measures'. This means we will keep the service under review.

Follow up: We will continue to monitor the service closely and discuss ongoing concerns with the local authority. We will continue to monitor the service and 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?

Inadequate ●

The service was not safe.

Details are in our safe findings below

Is the service effective?

Inadequate ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our well-Led findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our well-Led findings below

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-Led findings below.

Archers Point Residential 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 as part of our regulatory functions. This inspection checked 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.

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

This inspection was carried out by three inspectors and an Expert by Experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post

Notice of inspection

This inspection site visit took place on 31 May 2022 and was unannounced.

What we did before the inspection

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

During the inspection

We spoke with one person and two relatives to seek their views about the service. We spoke with three members of care staff, the new home manager, the deputy manager and the registered manager. We reviewed records, including the care records of nine people using the service and recruitment files and training records for three staff members. We also looked at records related to the management of the service such as quality audits, accident and incident, and policies and procedures. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has remained as Inadequate. This meant people were not safe and protected from avoidable harm.

At our last inspection the provider had failed to ensure people received safe care and treatment.

This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

Using Medicines safely

- Medicines were not always safely managed. There were no 'as required' (PRN) protocols in place to guide staff. This included describing what the medicine was prescribed for or details such as dose instructions, signs or symptoms about when to offer the medicine, interventions to use before medicines offered.
- We observed that prescribed topical creams were not securely stored but left in bathrooms or on bedside cabinets within easy reach of people. This posed a risk to people taking medicines that were not prescribed for them.
- One person was having a sleep medicine administered at 6pm instead of 10pm which was not in line with the original prescribing instructions or their sleep care plan. The provider had asked the pharmacy to change the time the medicine was prescribed without the approval of the GP. This meant the person was not administered the medicine as prescribed by the GP and was going to sleep much earlier than they wanted to.
- For people receiving their medicines covertly, the provider could not evidence that the pharmacy had advised the provider on how the medicine should be handled. The provider could not provide a risk assessment to show how this process was safely facilitated.
- People prescribed transdermal patches did not have body maps or patch charts in place to ensure that the patches were not administered on the same site as per manufactures guidelines.
- Medicines opening and expiry dates were not always documented. This meant the provider could not be assured that people were receiving medicines within expiry dates.
- The provider did not ensure that people had regular medicine reviews to ensure the medicines they were prescribed were still what they needed.
- The provider did not ensure that medicine competency assessments were undertaken for all staff to ensure that they were competent to administer medicines.

We found no evidence that people had been harmed. However, systems were either not in place or not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was

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

Assessing risk, safety monitoring and management - This was a breach of regulation 12 at our last inspection.

- Risks to people were not being adequately assessed or managed. For example, one person living with epilepsy had no risk assessment in place or up to date guidance for staff on what to do should they become ill. Risks were not assessed for people requiring the use of equipment, such as mobility aids and chairs that were used to sleep in and there was no guidance in place to support staff on managing these risks safely. Call bell risk assessments were not carried out to establish those who could or could not summon help. This meant that they were unable to call for assistance should they require it.
- Behavioural monitoring tools, such as an ABC chart (an observational tool used to record information about particular behaviours) were not being completed for people who experienced anxiety or distress. This meant that any risks associated with behaviours may not be safely managed or monitored by staff.
- There were no maintenance checks carried out on wheelchairs that people used to ensure they were safe to use. This posed a risk to people and staff.
- People had Personal Emergency Evacuation Plans (PEEPS) in place, however, these were not person-centred and did not detail how individuals, including those on the second floor with mobility issues could safely evacuate the home in the event of an emergency.
- Fire drills had commenced taking place four days before the inspection, however, had yet to be embedded into the culture of the service.
- Do Not Attempt to Resuscitate (DNAR) forms for people were not completed and not signed by people, their relatives and the GP. This meant there was a risk people may have resuscitation attempted when this was against their wishes or contrary to their best interests.

The provider had failed to ensure risks to the health and safety of people were effectively assessed and mitigated. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection - This was a breach of regulation 12 at our last inspection

- Infection control was not appropriately managed. We observed that bedroom floors were dirty, and a soiled pad was seen in one person's en-suite. We observed that a side table in one person's room was dirty with stains and required cleaning. This person told us, "There are not enough staff to clean".
- One relative told us, "Generally clean communal areas, but having spent time in my [relative's] room cleaning there could be improved".
- There were no records to demonstrate that equipment such as wheelchairs were regularly cleaned, and that regular maintenance checks were carried out.

The provider failed to ensure that there was an effective system in place to manage infection control. This is a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had access to personal protective equipment (PPE) which included masks, aprons and gloves. One staff member said, "We have enough PPE and have to do Lateral Flow Tests twice a week".

Staffing and recruitment - This was a breach of regulation 12 at our last inspection.

- There were not enough housekeeping staff deployed, to keep the home clean throughout. The provider could not evidence any proactive attempts to cover gaps in housekeeping.
- There was no system in place, in order to establish how many housekeeping staff were needed to keep the home clean and be compliant with infection control and COVID-19 protocols.

The provider had failed to ensure that there were enough housekeeping staff deployed to keep the home clean throughout. This was a continued breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong

- Accidents and incidents were recorded, and the provider had started to carry out analysis of trends in the last two weeks before the inspection. Although learning was starting to be disseminated to staff, it had not been embedded into the culture of the service.

Systems and processes to safeguard people from the risk of abuse

- At the last inspection this was a breach of regulation 13, because incidents had not always been referred to safeguarding authorities or CQC as required.
- At this inspection, the registered manager understood their responsibilities in relation to safeguarding and we saw that they were reporting concerns immediately to the local authority and CQC.
- There were appropriate systems in place to safeguard people from the risk of abuse. Staff had completed safeguarding training, they knew the types of abuse, what to look for and who to report concerns of abuse to.
- People were protected from the risk of abuse and told us they felt safe. One person said, "Yes I feel safe, there is always someone around".

Is the service effective?

Our findings

Effective – this means 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 has deteriorated to Inadequate. This meant that people's outcomes were not consistently good.

At our last inspection the provider had failed to ensure the environment was properly maintained.

This was a continued breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made at this inspection and the provider was still in breach of regulation 15.

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

- There was fire evacuation equipment available, however, the provider had not ensured that staff had been trained to use it. Staff we spoke with told us they were unclear on how to evacuate people safely from the second floor. This placed people at risk of harm.
- We observed that two first floor windows did not have restrictors in place. This could pose a risk to people of falling out of these windows. There was a stair gate at the top of the stairs, however it had a defective lock that meant it was left open. This meant people were at risk of falling down the stairs.
- We observed that the laundry room and back door were unlocked. This meant that people could leave the premises when it wasn't safe for them to do so.
- We saw cleaning schedules were being completed however, they were not always checked or not signed by the registered manager or a senior staff to confirm that all of the tasks had been completed correctly. Although, cleaning schedules confirmed that housekeeping tasks had been carried out we observed the premises to be dirty and unclean in parts.
- We observed that communal hallways were used as storage areas for bedside tables, mirrors, paintings, vacuum and carpet cleaners. This was a trip hazard.
- Staff told us, and we saw there was no adequate staff room. A small shed had been allocated as a staff room however, the room was dirty with an uneven floor and no heating. We observed staff taking breaks in the garden and in communal areas.

The failure to ensure the environment was properly maintained was a continued breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Records showed that the majority of mandatory staff training was up to date. Mandatory training included

topics such as safeguarding, medicines, first aid, moving and handling, health and safety. However, staff had not received training in epilepsy, fire training and completing MUST tools. This meant that staff had not received all the training necessary for them to carry out their roles and keep people safe

- Records documented that some staff had not been supported through inductions or regular supervisions in line with the provider's policy.

This was a further breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to eat and drink enough with choice in a balanced diet

- People were not protected from the risk of malnutrition as nutritional risks were not being managed. We saw records that showed staff did not know how to accurately complete Malnutrition Universal Screening Tools (MUST), which identified people who were malnourished or at risk of malnutrition. Staff were recording people's Body Mass Index (BMI) rather than the MUST score attached to them. This meant people who were malnourished or at risk of malnutrition were not identified.

- One person's MUST tool showed that they were at risk of malnutrition as they had lost a significant amount of weight in the last three to six months. The MUST had been incorrectly calculated, so, they had not been referred to healthcare professionals as required.
- The person's nutritional care plan did not document that why they were at risk of malnutrition.

- When we spoke with the registered manager, they did not understand fortification strategies that could be used for people who were malnourished or at risk of malnutrition, such as including high-density snacks such nuts, yoghurt, milk and dried fruits.
- We were told by the registered manager that there were two options for lunch available. However, the menu for 25 May 2022 showed there was only one meal on offer, there was no second option.
- One person said, "I like the food.... They don't always have what I want. Another person said, "I like Steak and chips, but we never have it."
- The home manager told us that the chef worked between 9am -1.30pm. People were not offered a cooked meal in the evening. Following the inspection, we saw that evening menus included sandwiches, soup, jacket potatoes, cake and yoghurts. We asked the registered manager why people were not offered a cooked meal in the evenings. We were told that hot food was provided but we did not receive a response as to why a cooked meal is not offered in the evenings.

The provider had failed to ensure people's nutrition needs were always met. This was a breach of regulation 14 (Nutrition and Hydration) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Assessments of people's needs were carried out prior to them moving into the home to ensure that their care and support needs could be met.
- During these assessments, people, their relatives where appropriate, or social workers were involved to ensure appropriate information was acquired to develop care plans.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked and saw the service was working within the principles of the MCA

- The manager and staff had an understanding of the MCA and when it should be applied. People were encouraged to make all decisions for themselves and were provided with information to enable this in a format that met their needs.
- Care plans were developed with people or in their best interests following an assessment of their mental capacity for specific decisions, such as personal care.
- People's rights were protected because staff sought their consent before supporting them. We observed staff seeking people's consent before supporting them.

Supporting people to live healthier lives, access healthcare services and support: Staff providing consistent, effective, timely care within and across organisations

- People had access to a range of healthcare services and professionals which included GPs, opticians, chiropodists and dentists. One person said, "I see the dentist, optician and chiropodist."

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 our last comprehensive inspection (published 31 August 2019) we rated this key question as Good. At this inspection the rating has deteriorated to requires improvement. This meant people were not well-supported, cared for or treated with dignity and respect.

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

- Issues with the training, induction and supervision of staff along with lack of management oversight meant improvements were needed to ensure people felt well cared for and received a good standard of care.
- People told us that individual staff showed people that they were kind and caring. Notwithstanding the positive feedback, we were concerned that housekeeping staff shortages could impact on people being cared for with dignity and respect.
- People were involved in making decisions about their daily support. For example, choosing what they wanted to wear.

Supporting people to express their views and be involved in making decisions about their care. People were supported to make decisions about their day to day support.

- People and/or their relatives were not supported to be involved in decisions about their care. Their care plans showed they had not contributed to them.
- Staff we spoke with, understood people's individual needs, for example, one staff member told us, "We have one gentleman who is vegetarian and other people who have diabetes, who need food without sugar and all of us [staff] know not to give them sugary foods."

Respecting and promoting people's privacy, dignity and independence

- People were not able to choose when they wanted to take a shower or a bath. We have further reported on this under the key question of 'Responsive'.
- Elements of staff practice did not promote people's dignity, as people's bedrooms floors were unclean and soiled incontinence pads were left in an en-suite bathroom.
- Care records did not clearly detail what people could and could not do for themselves or give staff specific guidance on how to support people to maintain their independence.
- We saw that people's information was kept confidential in locked cabinets and only authorised staff had access to these.

Is the service responsive?

Our findings

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

At our last comprehensive inspection (published 31 August 2019) we rated this key question Good. At this inspection the rating has deteriorated to requires improvement. This meant people felt well-supported, cared for or treated with dignity and respect.

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

- People told us that they were not involved in the planning of their care. People's care plans did not document that they or their relatives had been involved in their care planning.
- A quarterly audit completed by the provider dated 30 March 2022, documented that people's 'bathing times are agreed with the resident ' However, we saw a rota that showed people were allocated a day in the week when they could have a bath or shower. This meant that they did not have a choice in when they chose to bath or shower. We spoke to the registered manager about this, who told us, that it was easier to have a rota and to schedule people's baths and showers, but they would change the day if people required this. This demonstrates that people were not receiving person-centred care.
- People had a personal profile in place, which included important information about the them such as date of birth, gender, ethnicity, religion, medical conditions, next of kin and family details.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs had been assessed and they were provided with information in a format that met their personal needs. For example, menus were available in pictorial formats as well as in large print. Information regarding the home was also in accessible formats if required.
- We saw that staff knew how to effectively communicate verbally with people in calm and relaxed manner.

Supporting people to develop and maintain relationships to avoid social isolation

- People were supported to maintain relationships and avoid social isolation. There was an activities coordinator who worked four days per week not including weekends.
- We observed people encouraged to take part in group activities such hoop throwing, playing cards, singing, and chair yoga. We also observed staff sitting with people individually and chatting to them.

Improving care quality in response to complaints or concerns

- The provider had a system in place to handle complaints effectively but not all complaints were logged and

investigated in line with the provider's complaints procedure. For example, one relative we spoke with told us that they had made a complaint about the cleanliness of their [relative's] room and were still waiting for improvements to be made. We did not see any documentation relating to this complaint.

- There had been no other complaints logged since our last inspection.

End of life care and support

- The registered manager confirmed that they were not providing end of life support to anyone at the time of our inspection. They confirmed they would work with relevant healthcare professionals when needed, to ensure people received responsive end of life care.
- People's care plans included information about their end of life support preferences, where people had been happy to discuss this with staff.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question remains the same. This meant the service was not consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had failed to ensure adequate systems and processes were in place to assess, monitor and improve the quality and safety of the care provided. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider was still in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

- There had been no significant improvement since our last inspection. The provider had failed to ensure they operated effective systems to assess and improve the care provided.
- We found there was a lack of effective leadership, governance and oversight of the service. There were no effective quality assurance or monitoring systems in place, therefore, the provider had not effectively identified issues that we found at the inspection. This meant people continued to be exposed to unsafe care and treatment.
- Risks relating to medicines epilepsy, malnutrition, premises, the management of people's behaviour's, staff training, DNARs, PEEPs and call bells, were not being addressed safely and effectively by the provider.
- The provider had failed to carry out regular audits to identify issues. For example, there were no medicine audits carried out since our last inspection. The last infection control audit was carried out in January 2022, care plan audits and quarterly care audits were carried out in March 2022 but failed to identify the issues we found at this inspection.
- Since our last inspection, the provider had failed to ensure that there were adequate housekeeping staff to keep the home clean throughout.
- We saw the staff rota for week commencing 30 May 2022. This showed there was only one housekeeping staff on duty on 2 June and 4 June 2022. On the day of the inspection we saw one housekeeping member of staff was on duty at the home, although they were not on the staff rota.

The provider had failed to ensure systems for governance and management oversight were robust, safe and effective. This placed people at risk of harm. This was a continued breach of Regulation 17 (Good

governance) of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

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

- The registered manager had held two staff meetings since our last inspection. However, staff meetings were not held in a confidential space. They were held in the dining area of the open plan lounge. While staff meetings were held, people were supervised in the lounge area.
- Relatives we spoke with told us that no relatives meetings had been held, so relatives did not have a regular opportunity to provide feedback about the service to help drive improvements.

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

- People did not always receive good outcomes. People did not always receive person centred care in a culture that was inclusive and empowering to achieve good outcomes.
- Relatives we spoke with told us that communication with the management team was not good and they hoped this would improve with the new home manager in post.

Working in partnership with others. 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 service worked with the local authority, who had been supporting the service to drive improvements since September 2021, at the time of our inspection we saw that improvements had not been made.

We found systems to assess, monitor and improve the service were not effective. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was aware of their responsibilities under the duty of candour.