

Bupa Care Homes Limited

# Arncliffe Court Care Home

## Inspection report

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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?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

This inspection took place on 31 October 2017, 1, 2, 8 and 14 November 2017. The visits on 31 October and 8 November were unannounced. The visit on the 14 November was unannounced and commenced at 0:600 hrs in the morning.

Arncliffe Court 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. Arncliffe Court accommodates up to 150 people across five separate units, each of which have separate adapted facilities. Three of the units specialises in providing care to people living with dementia.

The last inspection of the service was carried out in June 2017 and found that the service was not meeting all the requirements of Health and Social Care Act 2008 and associated Regulations. We asked the registered provider to take action to make improvements in relation to people's safety, dignity and respect, planning people's care and quality monitoring systems. We received an action plan outlining actions completed to date and those that were on-going. At this inspection we found that the provider had made improvements however we found further improvements were required to become fully compliant with the Fundamental Standards of Quality and Safety.

A new manager had been appointed at the service since the last inspection, however they were not registered with CQC. The new manager had put in an application to CQC to become the registered manager and this was being processed at the time of this inspection. 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.

Improvements had been made in the area of fire safety of the environment. A review of the fire risk assessment had taken place and training had been provided to staff in relation to fire procedures and equipment. Broken paving stones had been replaced to reduce the risk of people tripping and falling. Risks people faced had been reviewed and their care plans updated where required. Staff had received updated training in relation to safeguarding people.

During this inspection we identified other areas which required improvement that resulted in a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. Water pipes, radiators and water shut off points were exposed and accessible to all. An electric cupboard was open with access to an electricity meter and privacy locks were missing from bathroom and toilet doors. The management team addressed these issues when they were raised to their attention. Laundry and soiled continence products were transported out of one unit using a wheelchair which posed an infection control risk.

Improvements had been made so that people had more opportunity for freedom of movement around the

environment. People's mealtime experience had improved. Dining tables were attractively set and people had a choice of drinks and condiments during mealtimes. People were supported at mealtimes in a dignified and respectful way.

We identified further areas of improvement that resulted in a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) 2014. Task orientated practice resulted in people sitting in communal areas without any conversation or stimulation. Records did not always reflect person centred care.

Improvements had been made as to how care and treatment was planned and provided in a safe way. Care plans and assessments relating to people's needs had been reviewed and updated and further monitoring records had been developed. We identified further areas of improvement were required that resulted in a breach of Regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because care records and documents were not always completed in full or consistent.

Improvements had been made as to the effectiveness of the registered provider's quality assurance audit systems. The providers monitoring systems were being used and further checks had been implemented to measure the quality and safety of care people received. However, we identified further areas of improvement that resulted in a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because the current checks in place had not identified or actioned areas of improvement needed in relation to a safe environment for people, improvements needed in relation to care planning and records and a task based approach to care.

Improvements had been made as to how staff were deployed around the service. Rotas had been developed to clearly demonstrate on what unit staff were working. In addition, action had been taken to ensure that any gaps in the rota due to sickness or holiday were filled in advance.

Improvements had been made as to how Deprivation of Liberty (DoLS) were applied for. Following the last inspection all application for DoLS on behalf of people had been reviewed and when required a new application had been submitted.

Improvements had been made to the availability of training to staff to ensure they received up to date awareness for their role. A review of training had taken place and where required staff had undertaken refresher training.

We have made a recommendation about improvements to people's living environment. Improvements were needed help people orientate their way around the units. No signage was available to help people identify which bedroom was theirs.

People and their family members felt that the service was safe. Staff were aware of the policies and procedures in place for safeguarding people. Where required staff had received refresher training in relation to safeguarding people.

People's medicines were managed safely and appropriate storage facilities were in place. The registered provider had procedures in place that ensured the safe recruitment of staff.

A comprehensive complaints procedure and recording system was in place. People and their family members knew who to speak to if they wanted to raise a concern about the service.

The CQC were notified as required about incidents and events which had occurred within the service.

People were cared for by staff who had received appropriate training. Staff completed a variety of training relevant to people's needs and their role and responsibilities. Staff completed online training and classroom based training which took place in a dedicated training room at the service. Competency checks were carried out following each training session to make sure staff understood and benefited from the training undertaken.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Risks to people were not always considered in relation to their living environment.

Recruitment procedures helped to ensure that only suitable staff were employed.

The environment was clean and hygienic.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Improvements were needed as to how people were made aware of the menus available to them.

Improvement had been made in relation to staff training.

People had access to health care services on a regular basis.

### Is the service caring?

**Requires Improvement** ●

The service was not always caring.

People's records were not always written in a person centred way.

There was a lack of conversation and stimulation within communal areas.

People were supported by staff who knew them well.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

Care records did not always demonstrate what care had been offered or provided to people.

Family members were aware of their relatives care plan.

People and their family members had access to the registered provider's complaints procedures.

### **Is the service well-led?**

The service was not always well led.

The registered provider's quality assurance systems were not always effective.

A registered manager was not in post.

CQC were notified as required about incidents that had occurred at the service.

Improvement plans to make positive changes to the service had been developed.

**Requires Improvement** 

# Arncliffe Court Care Home

## 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 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.

Inspection site visit activity started on 31 October 2017 and ended on 14 November 2017. It included speaking with people who used the service, their relatives, staff and visiting healthcare professionals. We spent time with people throughout the inspection to gather people's experience of living at Arncliffe Court. An assessment of records took place which included how people's care was planned for and delivered and systems in place for the registered provider to check that people were receiving the care and support they needed safely.

The inspection team included four adult social care inspectors, a nurse specialist advisor and two experts by experience in relation to older people and dementia. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Records looked at during the inspection included assessments of risk and care planning documents, medicines, policies and procedures; recruitment records of seven recently recruited staff, and rotas. In addition we spent time looking around people's living environment and spent mealtimes with people using the service.

We spoke with 30 people using the service, seven visiting relatives, 26 staff members, the manager of the service and three members of the service recovery team. The service recovery team are a group of managers employed by the registered provider to work with services that require improvements. The team offer support, guidance and coaching throughout services to assist them in improving the service delivered to people.

Prior to the inspection we assessed all of the information held about the service. This information included concerns and complaints received from people, their relatives and members of the public and information sent to us by the registered provider. We spoke with the local authority who commissioned services and the

local fire and rescue service to gather any information they had about the service. In addition, we contacted Health Watch Knowsley.



# Is the service safe?

## Our findings

At our last inspection in June 2017 we found a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. We asked the registered provider to make improvements as care and treatment was not provided to people in a safe way. During this inspection we checked whether the registered provider had made the required improvements. Whilst we found that improvements had been made we found that further improvements were required.

People told us that they felt safe at the service and relatives were happy that their family members were in a safe environment. People's comments included "We're all safe here", "It's always warm". "Yes I feel really safe", "I'm not frightened of anything, I feel very safe indeed" and "Staff are always obliging". One person told us that they had experienced a few falls in their room and that staff promptly responded to their buzzer. Another person told us "There was never any shouting or trouble from the staff".

During the previous inspection in June 2017 we judged this outcome area as 'Inadequate'. This was because risks to people were not always fully considered in relation to fire safety. This included the locking of the main gates into the service throughout the night and a lack of staff training in relation to fire procedures. During this inspection we found that improvements had been made. The registered provider had updated their fire risk assessment and staff confirmed that they had easy access to the codes for unlocking the gates, should they need to in the event of a fire. Procedures were in place for the unlocking of the gates and we saw during an early morning visit to the service that the procedure was effective. In addition, staff had received up to date training in relation to fire safety awareness and the use of fire extinguishers. The registered provider had also arranged for further training for all staff in relation to fire procedures. This training was via a new company who was contracted for carrying out regular checks on fire equipment.

During the inspection in June 2017 paving stones which had been identified through the providers quality monitoring checks as being unsafe since November 2016 remained unsafe and posed a trip and fall hazard. During this inspection we found that the paving stones had been repaired. This meant that the area was safe for people access. Also during this inspection we found that improvements had been made in relation to planning and mitigating other areas of risk in relation to people's care needs. Risks people faced had been assessed and where required care plans incorporated the actions staff needed to take to minimise risks to people and others.

During the inspection in June 2017 systems were not in place for the safe management and monitoring of air flow mattresses in use by people. During this inspection we saw that the registered provider had introduced a system in which all air flow mattress settings were recorded and checked on a regular basis. These improvements helped ensure that people were protected against the risk of developing pressure ulcers.

During the inspection in June 2017 we identified that staffing rotas in use throughout the service failed to give a definitive number of staff that were available to meet the needs of people on each unit. Rotas demonstrated that the required numbers of staff had not always been rostered for duty. During this inspection we found that the that the rotas reflected the required number of staff on each unit. The

manager explained that the service was now proactive in arranging cover for staff holidays and sickness. Additional nursing staff and two unit managers had been recruited to the service and were due to commence their employment at the beginning of December 2017.

During this inspection we identified areas of improvement needed in relation to people's safety and privacy. We found an open cupboard on Paisley Unit which contained open electricity cupboard. Both cupboards had signage that stated danger due to high voltage, however being open left people exposed to a risk of serious injury. We immediately raised this with the management team who ensured that the cupboards were locked.

Since the last inspection a new system had been installed to improve the flow of water to outlets around the buildings. However, we found that radiators, water shut off points and dials were left exposed in bathrooms and toilets. This posed a risk to people's safety. We raised this with the management team and they made arrangements for the equipment to be made safe.

During an early morning visit we observed a member of staff using a wheelchair to transport bags of rubbish and soiled continence products to the outside bin area. This was an infection control risk to all as there was no indication that the wheelchair was cleaned on a regular basis. Staff explained that the bags were too heavy to carry the distance to the bin areas. We raised this with the management team who stated that appropriate trolleys would be purchased to ensure that soiled continence products and waste could be moved safely.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014 as care and treatment was not provided to people in a safe way.

Observations and checks on Paisley, Childwall, Speke and Woolton Units showed that people were supported to receive their medicines safely. Appropriate storage facilities were available. Policies, procedures and guidance were available to staff to support the safe administration of medicines. Staff involved in the administration of people's medicines had been assessed as being competent to do so.

Medication Administration records (MARS) were in use for recording when a person had been offered or administered their medicines. Separate recording documents were in use for the recording of when prescribed creams had been administered to people. We found that some staff were using the specific creams charts to record information and others were using people's daily notes to record this information. A system was in place for the ordering and disposal of medicines. A record of all medicines which were received at the service was maintained and any unused medicines were disposed of appropriately.

Regular medicines audits had taken place on units. Following each audit an action plan for any improvements was devised. For example, actions recorded on Woolton Unit medicines audits included weekly stock counts of all medicines to be completed and allergies to be listed on all records and MAR sheets. Medicine systems had recently been assessed by the local Clinical Commissioning Groups pharmacy team who had found that people's medicines were managed generally safely.

A handy person was employed to arrange and carry out routine checks around the environment. Records showed that checks and tests of equipment and systems such as fire alarms, emergency lighting, water quality and temperatures were undertaken. Each unit had a book in which all identified repairs were recorded. The maintenance person checked these books each day and carried out the required repairs.

The registered provider recruitment and selection procedures aimed to ensure the safe recruitment of staff.

Information contained on staff files demonstrated that appropriate checks had been carried out prior to them starting their employment. For example, staff files contained evidence of written references, a completed application form, evidence that formal identification had been sought and a check with the Disclosure and Barring Service had been carried out. These checks were carried out to help ensure that only staff of a suitable character were employed by the registered provider.

Policies and procedures were available to staff in relation to safeguarding people from abuse. Staff spoken with had good knowledge and understanding of safeguarding procedures and they knew where they could find the policy, and other guidance should they need to refer to them when reporting any concerns. Since the previous inspection 64 staff had received refresher training in relation to safeguarding people.

The service was generally clean and tidy. Personal protective equipment (PPE) including paper towels, hand sanitizers, disposable gloves and aprons were available throughout the service. Staff wore PPE when providing personal care and handling soiled laundry. Blue disposable gloves and aprons were worn when handling food. Equipment which was used to assist people to mobilise, such as wheelchairs and hoists were clean and stored away safely when not in use. Mobility aids such as walking frames were placed within easy reach of people who needed them.

## Is the service effective?

### Our findings

At our last inspection in June 2017 we found a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. We asked the registered provider to make improvements to how restrictions to people under the Mental Capacity Act 2005 were considered and the availability of staff training. During this inspection we checked whether the registered provider had made the required improvements. Whilst we found that improvements had been made we found that further improvements were required.

People spoke positively about the service they received. Their comments included "The staff are very good" and "I'm very happy here, the staff are nice and I'm well looked after".

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 make 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 the best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). Senior staff demonstrated an awareness of the Mental Capacity Act; however, not all staff were able to relate to the MCA or DoLS.

During the previous inspection in June 2017 we judged this outcome area as 'Requires Improvement' as we identified areas of improvement as systems in place had failed to identify that all restrictions had not been considered for people in relation to the Deprivation of Liberty Safeguards. During this inspection we saw that the registered provider had made improvements as they had reviewed the DoLS applications for people using the service and where required a more detailed application had been submitted to the authorising body.

Policies and procedures were in place to offer guidance to staff in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. During this inspection we observed staff on the majority of units offering people choices. For example, choices in relation to food and drinks and where a person wished to sit within the communal areas. Staff spoken with knew that people should be given a choice about all aspects of their care and support. However, we found on the first day of the inspection that people who required a blended diet to enable them to eat safely were not offered a choice of foods from the mealtime menu. On return to the service we found that a choice had been made available. People requiring specific textures of diet should be offered a varied meals at all times to ensure that there was an opportunity of choice.

During the previous inspection in June 2017 we found that training records failed to demonstrate that suitably skilled and competent staff delivered care and treatment. During this inspection staff told us that records demonstrated that training had been delivered in relation to basic food hygiene, use of bed rails, health and safety, fire safety, infection control, managing behaviours that challenge, moving and handling

and safeguarding. Further training planned for the next three months included dementia awareness, medicines management and the Mental Capacity Act. During this inspection we saw that staff were attending training in the topics of dignity in care and clinical procedures. Staff told us that they completed training on a regular basis. Staff told us they felt well supported and were invited to attend staff meetings and had had 1-1 supervisions. Supervision gives staff the opportunity to sit and discuss their role with their line manager either individually or as a group. Night staff said that there was a night manager on shift each night who they could call upon should they need advice or guidance.

Improvements were needed as to how people were made aware of what foods were available to them during mealtimes. People were mostly asked or shown what meals were available. However, the menus on display on the units on one day did not reflect the meals that were actually available. This could result in people's choices being minimised and confusion.

People spoke positively about the meals they were served. Staff knew people's preferences as to how and what people liked to eat. For example, we sat with one person during breakfast who had a large bowl of porridge with cream and a full cooked breakfast with toast. The person commented that they liked a large breakfast as their appetite reduced throughout the day. Staff were aware of these preferences. In addition to the three meals served throughout the day mid afternoon tea and cakes and supper was served. On one unit night staff occasionally put a buffet or went to the chip shop for people's supper to add some variety. Fresh fruit was available in the communal lounge areas.

People spoke positively about the food served. Their comments included "The food was smashing" and "You get enough", "If you don't like it they will take it away and get something different", "Lovely but if I don't like it I don't eat it" but that the quality and quantity were "all right. If I don't like the food they will change it". People told us that there were snacks available between meals if they wanted them. One relative said that the food was good and that her mother even gets too much. There were good choices and if she gets hungry between meals staff will bring her a snack."

People who refused meals were actively encouraged to eat something and staff provided people with the assistance they needed to eat their meals. People were provided with a choice of foods and alternative foods were made available. For example, one person wanted tinned tomatoes with their breakfast, staff contacted the kitchen and the tomatoes arrived quickly ready for serving.

The environment did not promote orientation or stimulation for people living with dementia. Pictures of the local areas such as the city of Liverpool were displayed along some corridors, however they were modern pictures which some people may not recognise from their past. Memory boxes were mounted outside people's bedrooms however not all of them were in use and those that were displayed just one or two photographs. The boxes contained no other items linked to people's current or past lives which could promote wayfinding. There were no other items or objects of stimulus around the unit. On the first day of the inspection we found that people's names were not displayed on their doors which could have posed difficulty in people orientating themselves to their bedrooms. We alerted this to the management team who arranged for people's names to be displayed on their bedroom doors. However, people's names were typed using small font on a small piece of paper which was difficult to see. An admiral nurse told us that they were currently carrying out an audit to identify areas of improvement that could be made to support people living with dementia around their living environment. Admiral nurses are specially trained to support people living with dementia and their families in their day to day lives.

We recommend that the registered provider refers to best practise guidance on dementia friendly environments.

People had access to support from external health care professionals. People and their relatives told us and records demonstrated that people had access to a podiatrist, dietician, memory clinic staff, occupational therapist and speech and language therapy professionals. We spoke with a GP who made weekly visits to the service, in addition we spoke with a nurse practitioner from the GP's surgery. The GP and nurse practitioner told us that people were referred to the surgery prior to the visits taking place, this enabled people's medical notes to be available from the surgery for the consultation. The nurse practitioner told us that when visiting the service they arranged referrals for people when required, for example, referral to diabetes support services. A system was in place for staff to access out of hours GP and medical advice when the surgery was closed.

Systems were in place to ensure that when required, people's weights were monitored on a regular basis. Records showed that advice was sought for people from external professionals when concerns had been identified due to significant weight gain or weight loss. Records described the support people were in receipt of from a dietician for example, dietary advice such as the introduction of a fortified diet to support people to maintain or gain weight. Records demonstrated that people who were at risk of choking had received advice and support from a speech and language therapist (SALT) in relation to the most appropriate texture of diet and thickness of fluids they required to eat and drink safely.

# Is the service caring?

## Our findings

At our last inspection in June 2017 we found a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. We asked the registered provider to make improvements to how people's right to choice, and dignity were respected. During this inspection we checked whether the registered provider had made the required improvements. Whilst we found that improvements had been made we found that further improvements were required.

People told us positive things about the staff. Their comments included "Staff are smashing people", "Staff are great", "I'm quite happy living here" and "The staff are alright, they're caring."

People also told us that they thought the staff were good at their jobs and that they received all the care that they needed. "The girls [staff] are very good I like them all" "They are very gentle with me" "They are always busy but do their best I never usually have to wait long" and "I am able to go outside to smoke whenever I want".

Family members comments included "[staff] the team leader is amazing, she oozes kindness", "The staff are very obliging", "The staff are amazing here", "They've [Staff] been so good" and "They really are kind".

During the previous inspection in June 2017 we judged this outcome area as 'Inadequate' as we had identified that people's right to choice, respect and dignity were not respected. During this inspection we saw that the registered provider had made improvements as to people having more opportunity for freedom of movement around Gatacre Unit. We saw that people's mealtime experience had improved and people had the opportunity to sit at attractively laid dining tables with a choice of drinks and condiments during mealtimes. In addition, staff supporting people to eat their meals sat down and ensured that people were given the opportunity to eat their meals at their chosen pace in an uninterrupted manner.

During this inspection we identified that further improvements were needed to ensure that people received a service that promoted their choice, privacy and dignity. We saw that on several occasions outside of mealtimes few staff were available within the communal dining and lounge areas. The roles of staff were task orientated which left a reduced amount of time for interaction with people. In addition the deployment of staff during mealtimes was not always person focused. Some people who required encouragement and prompting to eat were left for up to 10 minutes with untouched food which staff had placed in front of them. Staff continued with tasks such as serving other people with meals and drinks. A member of staff was seen attending to beds whilst people were waiting for support to eat their breakfast.

The lack of staff available in the communal lounges left people with little stimulation or conversation. On one occasion we saw staff sat with one person who was sat in a corner of the room whilst they delivered their lunch. The member of staff spend a few minutes with them then left. There was no further interaction throughout the mealtime period. On another occasion we saw one person who was anxious and upset, however, a staff member nearby was focused on updating a care plan and failed to provide appropriate comfort and reassurance to the person in a timely manner.

Communal bathrooms and toilets throughout Paisley Unit had no operational locks. Staff told us that all of

these locks had been removed or made unusable. The lack of locks failed to provide a safe, private area when people were using the facilities. We brought this to the attention of the management team who made arrangements for all locks to be replaced.

This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) 2014 as people's right to respect and dignity were not respected.

Throughout the inspection we observed some good practice and examples of person centred care and support offered by the staff team. Staff knew people's needs, their likes and dislikes. It was evident on occasions that strong relationships had been built between people and the staff that supported them. On one unit staff were encouraged by the unit manager to sit and eat meals with people. Staff explained that doing this enabled them to chat with people and offer encouragement to eat their meals. Staff were seen to discuss common interests and generally chatting to people about their welfare.

We saw lots of laughter and banter between people and staff. People told us that they liked to have a laugh and a joke with staff. Where needed, staff offered comfort and support to people. For example, one person became confused and was crying. Staff were seen on many occasions to offer kindness and compassion and a comforting arm around a person's shoulder, the holding of a hand and a hug which people responded positively to.

People told us that they were able to make choices around what they wanted to eat and what times they went to bed and got up. Family members commented that staff always knocked on people's doors and asked if they could go in before entering. They felt that the staff were very respectful and that people were encouraged not to stay in their rooms all of the time to avoid social isolation. They told us that staff checked on their relative during the night. Other relative said that the rooms were locked when the residents were not in them but that the key was always available from the staff on duty.

Three people told us that they locked their doors when they were in their rooms for privacy. However, they told us that they would like the opportunity to lock their doors when they left their rooms. We raised this with the service recovery team who immediately made arrangements for people to have their own keys to their rooms.

People told us that they had an opportunity to vote in elections. One person told us that they were passionate about voting and as soon as they had moved into Arncliffe Court they had registered their new address so that they could continue with their right to vote.

Care planning documents demonstrated that people were asked for their choice of the gender of staff they preferred to deliver their personal care. Several people told us that they had no preference, however others were clear of who they wanted their personal care delivered by. People told us that they "almost always" got their choices respected.

Specific care plans were developed for people in receipt of end of life care to help ensure that people received the support they wished for. A health care professional told us that staff planned for people's end of life care well. They told us that staff ensured that appropriate medicines for people on the end of life care plan were always available and that staff were very responsive when requesting advice in a timely manner. The health care professional told us they had never had any concerns over how people's personal care needs were being met.

Care planning records gave the opportunity to record people's choices in relation to their end of life. Where



a decision of Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) had been made by or on behalf of an individual under the appropriate legislation, this was recorded and placed in a person's care planning file. In addition, the information also available in the unit office so that staff were aware of the decisions in place around the people they supported.

## Is the service responsive?

### Our findings

At our last inspection in June 2017 we found a breach of regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. We asked the registered provider to make improvements to how care and treatment was planned and provided in a safe way and that accurate records were held in respect of people. During this inspection we checked whether the registered provider had made the required improvements. Whilst we found that improvements had been made we found that further improvements were required.

People knew who to speak if they had any concern or wished to raise a complaint. In addition people commented that they felt comfortable at the service and other comments included "Very nice", "[Staff] they are good people" and "Staff are always here when you need them".

Each person had their own individual care plan that gave the opportunity to record their lifestyle choices and how their assessed and planned care were to be delivered to ensure that their needs were met at all times.

People's care plans contained a large amount of information that on occasions was often repeated in different sections. We found disparity in the information contained in the different sections of the care planning documents. For example, care plans lacked details and were contradictory about people's personal emergency evacuation plans (PEEP). One person was assessed as 'Red' within their evacuation plan but there was little detail about what this meant, how the person was to evacuate and with what assistance. The PEEP information for another person was unclear as they had been assessed as 'Green' but again there was little detail about how they were to evacuate. Failure to clearly plan and record specific information could result in people not receiving the support they required.

Another person's care plan in relation to 'moving around' stated that the person was able to reposition themselves. Within the same care plan file under a different section it stated that the person was unable to change position whilst in bed, and a positional change chart was in place. For another person, their care plan stated that they used hand movements and expressions to communicate. However, other information in the person's care plan stated that they were able to communicate depending on mood and can vary. Failure to plan and record consistent information about people's needs could result in people not receiving the support they required.

One person's care planning information in relation to decision making under the Mental Capacity Act stated "Requires assistance, to make decisions regarding care", "Able to communicate and make simple decisions re care", "Can sometimes be confused, so at these times, making simple decisions can be difficult, staff to act in her Best Interests" and "Has variable Capacity". Care planning documents for another person stated in one section "Makes own decisions", however in another section of the care plan it stated "Lacks capacity". This information was confusing and failed to actually identify what support the person required when making decisions.

Following the previous inspection monitoring charts in relation to people's positional changes, fluid intake, catheter change and fluid output and observation checks had been improved. These checks were put in place to document that the specific needs of people were being met and monitored. However, not all of the monitoring documents in place were regularly updated. This meant that detailed records were not always maintained of the care and support people had received.

This was a breach of Regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 as care and treatment was not planned or provided in a safe way and accurate records were not held in respect of people.

We saw that reviews of people's care plans took place on a regular basis. A system named "Resident of the day" was in place on each unit which meant that each day one person's needs and wishes were reviewed and care planning documents updated if required. Family members told us that they were aware of their relatives care plans. One said they chose not to get involved in their relatives care plan. Other family members told us that their relatives care plan was kept in their room and that they could review it when they wanted to.

People told us that they felt that they could always call on someone if needed to discuss any concerns they had. The majority of relatives also told us they always felt that they could raise any issues or concerns with the staff team. One relative told us that aware of the residents meetings but felt she could raise any concerns at any time. Another relative said that they would attend the residents meetings when possible. They were aware of the notices that were displayed showing the meeting dates and times.

The opportunity for people to access mental and physically stimulating activities varied within the service. People told us that they enjoyed bingo, games and sing songs. We saw activity staff engaged in games with people on some but not all of the units. A review of staff available to carry out activities had taken place and further staff were being recruited. Several people and their relatives told us that more activities were required. Within one of the units was a 'pub' that served drinks. Staff told us that it was open twice a week. Once for a wine and cheese evening and once for a 'pie and a pint evening'. One relative told us that they took their mother to the pub and that she enjoyed it.

A small room within one of the units was being used as a library. Books were available for people to sit and read. However, the majority of the books were in small print with no alternative formats available. For example, large print or audio. A variation of formats for books would enable this facility to be accessed and enjoyed by more people. Other information around the service, for example, the service user guide and complaints procedures were also seen only in written format. We discussed with a member of the service recovery team about the need to consider documents in alternative formats to help make the information more widely available to people.

A complaints procedure was available in all units and the offices of the service. The procedure informed people of how to raise a concern or complaint about the service they received. People and their family members told us that they would speak to particular staff if they had a concern. The registered provider had a system in place to record all complaints and concerns raised regarding the service and copies of all letters and investigations and actions taken were maintained of any complaints made for further analysis.

## Is the service well-led?

### Our findings

At our last inspection in June 2017 we found a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. We asked the registered provider to make improvements to how care and treatment was planned and provided in a safe way and that accurate records were held in respect of people. During this inspection we checked whether the registered provider had made the required improvements. Whilst we found that improvements had been made we found that further improvements were required.

A new manager had been appointed at the service since the last inspection and their application to register with CQC was in process. Each of the five units had their own manager who met daily to discuss the service. In October 2017 members of the registered providers service recovery team began to assess changes needed to improve the care and support offered at Arncliffe Court.

The registered provider had a system of audits and checks in place to monitor the quality of the service people received. For example, area managers visited the service on a monthly basis to carry out a monthly review. Following these reviews action plans were developed which recorded any actions required, who was responsible and the timescales. Daily 'walk around' checks were carried out by senior clinical staff. These checks were carried out on each unit and included checks on people with clinical concerns, hospital admissions, monitoring falls, safeguarding concerns and wound management. Since the previous inspection the registered provider had implemented further monitoring system within the service. For example, monitoring charts had been further introduced in relation to people's fluid intake, positional change, and monitoring checks. A system for checking that people's specialist mattresses remain effective has been introduced. More frequent care reviews of people identified as having high risk needs had commenced and the management team were joining people at mealtimes to assess the mealtime experience.

We identified that further improvements were needed to the current systems for monitoring the care and support people required. Daily audits and checks had failed to identify or address the issues that we identified during our inspection.

The auditing system had failed to identify that useable privacy locks were not available to use in communal bathrooms and toilets. No action had been taken to make exposed water pipes and valves secure and an electric cupboards, with clear warnings of danger was left unsecured.

Inconsistencies in recording of people's care needs and in relation to consent had not been identified or addressed. Audits of people's care planning documents had failed to identify and address areas needing improvement in relation to people's records and anomalies in care plans. Failure to maintain up to date records could result in a person not receiving the care and support they require.

An accident and incident recording process was in place which included records being monitored by the manager and the registered provider. Checks on recording systems had failed to identify that accident and

incident records were not always maintained appropriately. For example, one person had experienced a fall and as a result had been taken to hospital. There were no records of this incident taking place.

The monitoring systems in place had failed to identify and address a task based approach to care. We observed that people were often left without mental or physical stimulation for periods of time whilst sat in communal areas. In addition, the monitoring systems had failed to identify inconsistencies with the meals served to people and the planned menus.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the registered provider's quality assurance audit systems were not effective in identifying and addressing areas of improvement needed within the service.

Following the outcome of the previous inspection report the registered provider had arranged for a service recovery team to work at the service. The purpose of this team was to assess, plan and improve the service delivered at Arncliffe Court. Members of the team were able to demonstrate that actions already taken to improve the service included 1:1 coaching for staff in relation to care planning and the appropriate use of supplementary care planning records and the services of an admiral nurse who was carrying out a full assessment and action plan in relation to improving the service for people living with dementia. Members of the recovery team were visible around the service and both day and night staff were able to identify with them. Staff told us that they felt comfortable with the recovery team members and were confident of their positive input. The recovery team had developed an action plan to make improvements to the service which was reviewed daily.

Staff told us that communication across the service had improved however they said it needed to improve further. They felt that they were listened to by the recovery team and that they had already seen positive changes taking place. Staff were aware of, and encouraged to use the registered provider "Speak Up" procedures if they had any concerns. "Speak Up" gives staff the opportunity to raise concerns about the service in a confidential manner.

The registered provider had a comprehensive set of policies and procedures that were available to all staff within the service. The documents are developed to assist staff in using the correct legislation and best practice when delivering care and support to people. These policies and procedures were regularly reviewed and updated by the registered provider.

The service had notified the Care Quality Commission (CQC) of significant events which had occurred in line with their legal obligations.

The rating following the last inspection was prominently displayed near to the entrance of the service making it accessible for all to see. The registered provider had notified the Care Quality Commission (CQC) of significant events which had occurred in line with their legal obligations.

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 10 HSCA RA Regulations 2014 Dignity and respect
Treatment of disease, disorder or injury	This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) 2014 as people's right to choice, respect and dignity were not respected.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014 as care and treatment was not provided in a safe way.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 as care and treatment was not planned or provided in a safe way and accurate records were not held in respect of people. The registered provider's quality assurance audit systems were not always effective in identifying and addressing areas of improvement needed within the service..