Leicestershire County Care Limited

Arbor House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Arbor House is a care home for a maximum of 40 people with a range of care needs, including needs associated with ageing, dementia, sensory impairment and physical disabilities. The service is located in Evington Village. The building has two floors and all bedrooms are single rooms. There are a number of communal lounges within the home and one large dining room, although people can eat in smaller rooms if they wish. At the time of our inspection visit, 39 people lived at the home.

At our last inspection we rated the service as 'good'. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service continued to be safe. Staff understood the risks to people's health and wellbeing and acted to reduce each risk. There were enough staff on duty to meet people's needs; and checks had been made on staff before working for the service to make sure they were safe to work with people. People received their medicines as prescribed. The home was clean and tidy and staff understood infection control practice. The premises were well-maintained.

The service continued to be effective. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The principles of the Mental Capacity Act (MCA) were followed. Staff received training to support them to work effectively with people who lived at the home. People had access to different health and social care professionals when required, and good relationships had been formed between the service and those professionals. People received food they enjoyed, and choices with each meal.

The service continued to be caring. People received care from staff who were kind, treated them with dignity and respected their privacy. Staff had developed positive relationships with the people they supported, they understood people's needs, preferences, and what was important to them. The service supported people to maintain and develop relationships with their family.

The service continued to be responsive. People's needs were assessed and staff were responsive in ensuring those needs were met. The activities programme had improved since our last inspection. The small number of complaints had been responded to well. The service ensured people's end of life care needs were met.

The governance of the service had improved, and it was now well-led. The new registered manager worked hard to ensure a good quality of service was maintained. They provided good support to the staff group, and to people who lived at the home. Checks were made to ensure the service met its obligations to provide safe accommodation to people and to deliver care and support which met people's individual needs.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service remains good.

Is the service effective?

Good

The service remains good.

Is the service caring?

Good

The service remains good.

Is the service responsive?

Good

The service remains good.

Is the service well-led?

Good

The service was now well-led.

Audits and checks were undertaken regularly and any identified actions were completed in a timely way. The provider and registered manager promoted a positive culture which was person centred and open. Staff and people at the home felt valued and listened to. There was engagement with staff, relatives and people.

Arbor 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 was a comprehensive inspection. The inspection visit took place on 7 January 2019 and was unannounced. One inspector and an expert-by-experience undertook this inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection visit we contacted the local authority. They had no information of concern about the service. We also looked at information we had received from people who shared their experience; and from notifications we had received from the provider. Notifications are about events that happen in the service that the provider is required to tell us about.

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. We took the information within the PIR into account when planning our inspection visit.

During our inspection visit we spoke with the registered manager, the regional manager, the clerk, the trainee manager, the activity co-ordinator, the chef, the laundry worker and four care workers. We also spoke with five people, and five visiting relatives.

We checked two people's care records, checked a sample of medication records and health and safety records, as well as team and resident meeting records. We sat with people to experience lunchtime at the home.

Good

Is the service safe?

Our findings

People told us they felt safe living at Arbor House.

Both people and staff told us there were enough staff on duty during a 24-hour period to keep people safe. Staff newly recruited to the service, had undertaken pre-employment checks including Disclosure and Barring Service checks and reference checks. This reduced the risk of the provider recruiting staff unsuitable to work in care.

Staff understood how to safeguard people from harm. Where concerns had been raised about people's safety, the registered manager had notified the appropriate authorities, and action had been taken to investigate concerns. The registered manager informed us they had learned lessons from previous safeguarding investigations.

Risks related to people's care had been identified, documented, and action taken to reduce the possibilities of the risks becoming a reality. People were provided with pendent alarms so they could call for assistance at any time or place if they required it. Equipment supported people's safe care. For example, hoists were used when people were at risk of moving unsafely; and sensor devices were used to alert staff when people at risk of falling had started to move. We saw staff were always nearby should a person become distressed or need additional support.

Medicines were managed safely. A relative told us, "I'm so relieved mum's here because she gets her medication. We couldn't get her to take it. She has medication for her Alzheimer's." We observed medicines administered to people at lunchtime. The staff member ensured people wanted their medicines before administering them; and where people required more time to take their medicines, they were given the space and time to take their medicines at their own pace. Medicines were stored securely, ordered in a timely way to ensure people received them as prescribed, and disposed of when necessary in accordance with good practice. Medicine records were accurate, and regular checks of medicine systems ensured any errors were identified and put right.

The environment was safe for people to live in. The sample of health and safety checks looked at demonstrated that maintenance, water, gas and electric systems were checked and any repairs or faults identified were quickly dealt with.

All areas of the home were clean and tidy. Relatives told us the home was always clean, and there were no 'horrible or off-putting smells'. One relative said, "The cleaner is polite and does a good job."

Staff understood the importance of wearing protective clothing such as disposable aprons and gloves when providing personal care to reduce the risks of transferring infection from one person to another.

Good

Is the service effective?

Our findings

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. We found people at Arbor House made their own decisions or were given support where necessary in their best interests.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found those who had restrictions in relation to their care, had those restrictions either authorised, or were awaiting authorisation from the local authority safeguarding team.

Staff had the skills and knowledge to provide effective care to people. New staff had completed or were undertaking the Care Certificate. This is expected to help new members of staff develop and demonstrate key skills, knowledge, values and behaviours, enabling them to provide people with safe, effective, compassionate, high-quality care.

All staff were provided with training considered essential to meet people's needs. This included infection control, moving and transferring people safely, and safeguarding people from harm. They had also undertaken qualifications in health and social care to provide them with further skills and knowledge in caring for people. Staff received further support from senior staff with planned supervision sessions, and informal support from the management team.

People received a wide range of choice at each meal time. For example, at breakfast, people could have a cooked breakfast, or cereals and toast. People told us they enjoyed the meals provided. During the day, we saw that people were encouraged to drink and maintain their hydration; and snacks including fruit were available. People who had been identified as having specific nutritional needs such as requiring a soft food diet, had their needs catered for. Relatives could eat a three-course meal with their relations for a minimal charge, to help encourage the person to eat, and to make meal times more sociable. We saw people who needed assistance with eating being provided this at their own pace.

Many areas of the home had been redecorated since our last visit. Corridors were brighter and included people's art work, and pictures of events and celebrities of yesteryear, to help people with reminiscence. Signs with pictures, within the home, helped people with dementia to navigate to lounges and toilets. A large garden at the back of the home provided people with a nice outlook in the winter, and a pleasant environment to sit in, during the summer and warmer days. Bedrooms had been personalised. There were some floor coverings which needed replacing, but this had been identified and was being acted on.

People had access to healthcare professionals when required. A relative told us their relation received visits from the GP when it was needed, and they had been seen by the optician. Relatives also told us they were kept well informed of any changes in their relation's physical condition.

Good

Is the service caring?

Our findings

People and their relatives were positive about the care given at the home. One relative told us, "It's brilliant (caring)." They went on to say,"I can go home and sleep well, they always have time to speak to you and treat everyone with respect and dignity." Another relative told us, "I'm happy she's happy, and it's always welcoming."

Staff cared for people with compassion, but encouraged them to do as much for themselves as possible. A person told us, "I think they [staff] are very sympathetic. I dress myself, feed myself and I can walk with my stick. I like the independence and I ask for help if I need it."

People were involved in the day to day decisions about their care and well-being. We saw people make decisions about whether they wanted to go to the dining room, go back to bed, be involved in activities and what they wanted for their meals.

An Asian person was supported by a care worker who could speak the same language. The person only spoke briefly, but smiled and laughed and enjoyed the light-hearted conversation with the care worker.

Staff spoke fondly about the people they supported. They understood the importance of treating people with dignity and respect. For example, a person who was being hoisted was wearing a skirt. Staff put a blanket over the person's legs to ensure their dignity remained intact during the hoisting process.

Visitors were made welcome in the home. One relative told us, "I visit every day and it's always welcoming." Throughout the day we saw visitors coming to the home and staying for as long as they wanted.

People's right to confidentiality was respected.

Good

Is the service responsive?

Our findings

People received care tailored to their individual needs. Care plans reflected people's interests, likes and dislikes. Staff knew people's needs well. For example, staff were aware that a person benefited from a game of pool after lunch. We saw the small pool table was set up for the person to enjoy a game once they had finished their meal. Other people enjoyed watching the game.

Staff told us they did not often have time to read care plans and risk assessments, but they tended to get their information about people from shift 'handover' meetings, and through talking with senior staff about people's needs. We attended the staff 'handover' meeting and this demonstrated how staff received up to date information about people's needs.

Since our last inspection visit, a new activity co-ordinator and team have supported activities in the home. We were told this had significantly improved the range and scope of activities available. On the day of our visit, as part of Leicester City Council's drive to make Leicester a dementia friendly city, a poet had visited the home to talk with people about their experiences and to turn these experiences into poetry. The poet was visiting the home a few times, and was going to publish the poems with each person who had contributed receiving a copy of the publication. A relative told us how their relation had responded positively to this initiative. They said, "I was amazed, she rarely talks but she was telling us about events in her life which I never knew about."

The activity team had also worked hard to establish links with the local community to bring activities to people in the home, and for people to participate in local functions. For example, the history society had come to the home to talk about Evington Village and show people historical photos. A yoga instructor had supported people in the home with their enjoyment of 'laughing yoga', a local expert in crochet had shown their crafts to people; and a pianist came to the home every fortnight to play the piano. A person told us, "I'm a singer, I go to singing activities and people come in to do quizzes and competitions and crosswords on a daily basis." A relative told us, "My relative is very content, it's very nice for her, she joins in with the activities."

The village had three different churches. People took part in church life, and the church members came to the home to provide people with spiritual support and to sing.

People received information to support them understand and communicate their needs. The registered manager was aware of the Accessible Information Standard (from August 2016 all organisations that provide adult social care are legally required to follow this), and they had ensured people understood information made available to them.

The provider had a complaints procedure. The small number of complaints had been addressed appropriately and in accordance with the provider's procedure.

People's preferences and choices for their end of life care were recorded in their care plan. When healthcare

professionals had identified the person was moving towards the end of life, action was taken to ensure the person's end of life needs were met. For example, medicines for pain relief were prescribed and ready to administer should the person's pain heighten.

Good

Is the service well-led?

Our findings

At our last inspection visit in July 2016, this key question was rated as requires improvement. During this visit we found improvements had been made.

There was a registered manager. 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 previous registered manager had left the service and this was the first inspection with the new registered manager in place.

At our previous inspection we found the provider's quality assurance systems were not being used effectively to ensure the home was well-led. We also found an over-reliance on the team leaders' knowledge of people, at the expense of having records which were up to date and accurately informed of people's needs. What we saw at the previous inspection was not reflective of the information we were sent in the Provider Information Return (PIR) at the time.

During this visit we found care records had been reviewed and updated to ensure there was a written and accurate record of people's changing needs; and the provider's quality assurance audits had been carried out and action taken when appropriate. The PIR we were sent prior to this inspection mirrored what we saw on the day of our visit.

There was a clear vision and culture. The provider had it's own vision and values, as did the registered manager. These were written and framed next to the manager's office. They included a 'promise to our residents' which described what people at the home could expect from their stay at Arbor House. We found people received what was promised to them. For example, one promise was, "When you walk into our home you can expect to receive a warm welcome. You can have a high expectation for quality of life no matter what your needs are."

People who lived at the home were seen to be comfortable going to the registered manager's office and speaking with them and the other staff who worked there. During the day we saw people sitting with a drink speaking with staff and the registered manager. One person who had previously worked in care homes, told us they felt they received good care. People also had the opportunity to discuss their views at regular resident meetings, and more individualised 'listening' meetings where their views about their individual care needs were discussed with staff.

Staff told us they felt the new registered manager was approachable and helpful. They said they liked that management did not spend all their time in the office, but came out to help them at busy times of the day or when the need arose. They also said they found the regional manager approachable.

During our visit, we saw the registered manager led by example and assisted during the lunch period. She interacted in a positive and reassuring manner with people and visitors. She understood the needs of the

people who lived at the home.

People and their relatives were asked to contribute to the quality assurance process through completing questionnaires. We found the questionnaires were lengthy and not written in plain English. This might limit the number of responses received. It is recommended the provider reconsider their quality assurance questionnaire to make it more accessible for people and easier to complete.

Staff worked in partnership with other agencies. Information was shared appropriately so people got the support they required from other agencies and staff followed any professional guidance provided.

The provider ensured they met their legal requirements. This included displaying the latest CQC inspection report rating at the home and on their website, notifying us about events which happened in the home and sending us a Provider Information Return when requested.