

Bupa Care Homes (CFHCare) Limited

Arncliffe Court Nursing and Residential Home

Inspection report

147b Arncliffe Road
Halewood
Liverpool
Merseyside
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Tel: 01514866628

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18 March 2016

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Ratings

Overall rating for this service

Good 

Is the service effective?

Requires Improvement 

Is the service responsive?

Good 

Summary of findings

Overall summary

This was an unannounced inspection carried out on the 18 March 2016.

The service is situated in Halewood, Merseyside. The property is a large purpose built residence that has five separate units for people with varying needs. Arncliffe Court is on a residential housing estate close to all local amenities and has good public transport links. There are local shops nearby and a main shopping area can be reached by bus or car.

A registered manager was in post. 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.

A comprehensive inspection took place in January 2015 which resulted in an overall rating of good for the service.

In March 2016 we received concerns in relation to the service people received at Speke House, one area of the service. These concerns included people's care planning, the foods available to people and the length of time people waited for attention. We undertook a focused inspection to look into the concerns raised and to find out people's opinions and experiences of the service. This report only covers our findings in relation to the concerns raised. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Arncliffe Court on our website at www.cqc.org.uk.

During this inspection we found that improvements were needed to enhance people's dining experience. We found that the dining room was noisy and that food was not always served at an appropriate temperature.

People had access to health care professionals when needed. Records demonstrated that people had received visits as required from a GP, dietician and speech and language therapists. Family members felt that any concerns about their relatives health had been responded to appropriately.

Staff demonstrated a good knowledge of people's likes, dislikes and routines. This helped ensure that people received the care and support in a manner that they wished.

People had a choice of food and drinks available to them throughout the day. When required people's food and drink intake was monitored to ensure that they ate and drank sufficient amounts to keep healthy.

People who were being cared for in bed and those who chose to spend time in their bedrooms had access to a call bell to alert staff if they needed assistance. A record was maintained of each time the call bells were activated and the length of time that it had taken for the call bell to be answered. This information was

monitored on a regular basis.

People had the opportunity to attend and participate in regular activities which were made available at the service.

Each person had their own plan of care that detailed the level of care and support they needed throughout the day and night.

A complaints procedure was in place and people and their families were aware of who to contact if they wished to raise a concern or make a complaint about the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

The service was not always effective.

Improvements were needed to enhance and improve people's mealtime dining experience.

People were happy with the care and support they received from the staff team.

People received the support they required from health care professionals to help them stay well and improve their health.

People had a choice of food and drinks available to them throughout the day.

People's needs were assessed prior to moving into the service to help ensure that the service had the facilities to meet their needs and wishes.

Requires Improvement 

Is the service responsive?

The service was responsive.

People living on Speke House were happy with the service they received.

People's care and support needs were planned for and recorded.

Recreational activities were available for people to participate in if they wished.

People had access to the registered providers complaints procedure.

Good 

Arncliffe Court Nursing and Residential 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18 March 2016 and was unannounced.

The inspection team consisted of two adult social care inspectors.

During our visit we spent time with people living on the Speke House unit. We spoke with 12 people, spent time with a further six people during the lunch time meal and spoke with six visitors, including family members. In addition we spoke with five staff and the registered manager. We looked at the care planning records of four people, policies and procedures used throughout the service, and assessed the time it took staff to respond to call bells. Further areas we looked at included food and drink available to people. Both inspectors joined people in the dining room of Speke House for lunch. We looked at how the registered provider managed and responded to complaints and spoke with staff to gather their knowledge of their role.

Throughout the visit we carried out observations to see how staff interacted with the people they were supporting.

Prior to this inspection we contacted the Local Authority to ascertain if they had any concerns about the care and support people received whilst living on the Speke House area of the service. They told us that they had no concerns in this area.

Is the service effective?

Our findings

People were happy with the food that they received. Their comments included "The food is great, I'm never hungry", "If I don't like the dinner I can ask for something else", "The food is fine, you can ask for more", "If you don't like something they'll change it and ask what you want" and "The food is very good here, you can have anything you want and as much as you want".

People were happy with the care and support they received. Their comments included "All the staff are great and look after me well", "I like it here, I'm very comfortable and well looked after", "I know if I need anything I only have to ask", "Very nice and friendly", "They always look after me well" and "Very caring".

Visiting family members spoke positively about the care and support their relative received. Their comments included "X [relative] seems to like the meals, X has not complained to me" and "They [staff] know what he needs". Two family members commented that the health of their relatives had improved since they had moved into the service. They commented, "He has really improved since being here" and "X [relative] has put on weight since being here, the meals always look nice".

Prior to a person moving into the service a assessment of their needs was completed. The purpose of this assessment was to identify the individual's needs and wishes and to ensure that the service had the facilities to meet them. A family member of one person who had recently moved into the service told us that their experience had been very positive. They said they had been provided with information about the service and were given the opportunity to visit and meet with the registered manager and staff. They said that they had contributed to their relative's needs assessment which enabled them to share and confirm important information about them.

Information gained during the needs assessment process contributed to the development of people's care planning which helped ensure that people received the care and support they required. Family members told us that staff had communicated well with them about the progress of their relative and when they had experienced a change in their needs.

People told us, and records demonstrated that people had access to health care professionals when needed. Records demonstrated that people had received visits from a GP, dietician and speech and language therapists. The results of these visits and guidance offered had been incorporated into people's care planning documents. For example, one person's care plan for eating and drinking clearly showed that food and drinks were to be of a syrup consistency to ensure that they ate and drank safely.

Family members felt that any concerns about their relatives health had been responded to appropriately. For example, one family member told us that staff had called their relatives GP when they had noted a deterioration in their health.

Ten people were being cared for in bed. We visited each person who appeared comfortable and their bedrooms were clean. Drinks and important items, for example, tissues and TV remote controls were

accessible to people from their beds. People being cared for in bed and those who chose to spend time in their bedrooms had access to a call bell to alert staff if they needed assistance. A record was maintained of each time the call bells were activated and the length of time that it had taken for the call bell to be answered. The registered manager told us that these records were checked and monitored by the handy person on a regular basis. The records of call bells activated for a period of 17 days within March 2016 showed that the majority of calls had been answered within three minutes. This demonstrated that in the main people's calls were attended to in a timely manner.

People told us that they had a choice of foods for breakfast. People ate fresh fruit, porridge and cereal for their first meal of the day. Staff demonstrated a good knowledge of people's likes, dislikes and routines. For example, one person was seen with a bowl of cereal that they did not appear to be eating. Staff asked the person if they had finished and took the bowl away. The person told us that they did not want anything else to eat as they had already had two bowls of cereal that morning. They told us that staff knew they liked several helpings so they kept bringing more cereal until they said that had had enough.

On our arrival we passed a bedroom and saw a person was lay in bed with a plate and toast which had spilt onto their bed. We raised this with staff who attended to the person immediately. Staff explained that the person liked to eat their meals from a table placed over their bed and in private and often pushed their plate off the table. Staff further explained that the person resisted assistance when they were eating so they visited the person regularly to monitor them and provide assistance as needed. This again demonstrated that staff were aware of the likes, dislikes and routines of the people they supported.

With prior agreement we joined people for lunch in the dining room. The lunch time menu was soup and sandwiches, corned beef hash with tomatoes and a selection of pickles, followed by a hot pudding or fruit and ice cream. Some people had chosen to have alternative food for their lunch, for example, one person had requested an omelette and another person had a jacket potato. Menus were available around the dining room, however the information on the menu did not fully correspond with the food available during lunch. For example, the desserts were different from on the menu and mixed pickles were not initially served with the corned beef hash, as stated on the menu. Staff said that sometimes the menus were changed around during the day, generally the dessert menu. There was no information about these changes available to people and therefore the menus failed to fully demonstrate the meals available at particular times of the day. This could cause confusion to people who utilise mealtimes to help orientate them through their day. We discussed this with the registered manager who demonstrated a commitment to address this.

A hostess was employed on the unit to co-ordinate people's food and drink and to assist people at meal times as required. However on the day of this inspection the hostess was not on duty. Staff appeared disorganised and there did not appear to be any one staff member co-ordinating people's meals. For example, after being assisted to dining tables people were left waiting for quite some time before being served their meal. The majority of foods served looked appetising, however the corned beef hash was not well presented and looked dull and unappetising. We sampled the corned beef hash and found the temperature of it was tepid, this was also confirmed by one person who used the service. We asked staff if they had checked the temperature of the food prior to serving it and they confirmed that they had not. The temperature of foods should be checked prior to serving to ensure that people receive meals at an appropriate temperature. The dining room during the mealtime was noisy with the clattering of dishes and staff discussing who was doing what. We discussed these observations with the registered manager who assured us that he would monitor people's mealtime experiences and address any issues.

People received the support they needed at meal times. We observed a member of staff sat next to a person

who needed assistance to eat their meal. The member of staff was patient in their approach, they spoke to the person about their meal and gave the person plenty of time in between offering food. Wherever possible people were encouraged to eat and drink independently. People were provided with appropriate equipment to promote their independence. For example, one person who had difficulties with their hand to mouth co-ordination was provided with a plate guard and adapted cutlery which enabled them to eat their meal independently, which they preferred.

Throughout our inspection we observed people being offered hot and cold drinks along with snacks. Staff asked people if they wanted milk and sugar in their hot drinks and people received encouragement and the support they required to drink.

People's care planning documents included assessments in relation to eating and drinking. The assessments helped to identify what support people needed to eat and drink and any risks they faced, for example, the risk of choking and weight loss. A care plan which was developed on the basis of assessments instructed staff on how best to support people with food and drink and how to manage any known risks. In addition, monitoring systems were in place to assess and monitor the amount of food and drinks people had taken throughout the day and night. These monitoring records were reviewed on a regular basis to help ensure that people were supported to eat and drink sufficient quantities to keep them well.

Is the service responsive?

Our findings

People told us that they were happy with the support they received from the staff and the service. Their comments included "Staff are nice", "I'm more than happy" and "I'm fine, I have nothing to complaint about they [staff] are very good". One person told us that they had had a shower that morning and they commented, "I give the staff 100%. An excellent shower, they [staff] really looked after me".

People told us that if they were not happy they knew who to speak to. Their comments included, "I'd tell the manager if I was not happy" and "No complaints at all they are all great. I'd complain if I needed to".

Family members visiting their relatives told us their thoughts on the service. Their comments included "I have no worries. They are marvellous and look after X [relative] very well", "He [relative] has really improved since being here" and "I am so pleased the way X [relative] has settled. I didn't think he would settle as well as he has. The staff have been fantastic. He gets really good care".

Each person had their own individual care plan that detailed the care and support they required. We looked at the care plans of four people in detail. We saw people's needs in relation to their day to day care and support were planned for, including the management of any known risks. In addition, the contact details of people's family and friends, chosen culture or religion were recorded. The care plans stated what a person can do for themselves and what support the person needed from the staff team. People's needs and wishes in relation to their personal care, wound care, mobility, sleeping, skin integrity, eating and drinking and mental health needs were included in their care planning documents. For example, care planning records for one person stated that there were able to inform staff if they were in pain and that they "Take medicines with a glass of juice or water". In relation to sleeping the care plan stated that the person "Prefers to have a duvet, a pillow and two V shaped pillows on their bed when sleeping". Records demonstrated that people's care plans were reviewed on a regular basis. However, the review records failed to demonstrate who had been involved in the care planning reviews. This meant that was no evidence to show that people or where appropriate those acting on their behalf had been involved and agreed to their plan of care.

People's past history had been considered during the care planning process. For example, we saw that a document titled 'My day, my life, my details was in place. This document gave people the opportunity to share information about their personal life history, hobbies and interests, family members and previous employment.

Staff interacted well with people and it was evident that positive relationships had been formed. Staff spoke with people in a quiet and gentle manner whilst maintaining eye contact. Staff knelt on the floor to enable them to maintain eye contact whilst holding a face to face conversation with individuals'.

An activities schedule was clearly displayed to inform people of what activities were available around the service. These activities included both group activities and individual activities for people to participate in. One person told us that they had visited the local shops with a member of staff the previous day and that

they went for a walk everyday. Other people told us that although they knew activities were available, they preferred to watch their television in their bedrooms.

A complaints procedure was available in all areas of the building informing people of how to raise a concern or complaint. People told us that they would speak to the staff team if they were not happy about something.

There was a system was in place for the management of all concerns and complaints. The details of all complaints were recorded and copies of all investigations and response letters were kept as a record. In addition, the registered manager maintained a complaints analysis that was updated on a regular basis as to the outcomes and any further actions taken following a complaint being made. Complaints records showed that actions taken following complaints had included an internal review of documentation, changes to the environment, care plan reviews and formal investigations under the registered providers disciplinary procedures. This demonstrated that the registered providers complaints procedures were effective and responsive to people's concerns.