

John Luke and George D Luke

Arboretum Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?	Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 06 and 07 of December 2018 and was unannounced. At our last inspection visit on 21 January 2016 the service was given an overall rating of Good. At this inspection the service rating remained Good.

Arboretum Nursing Home provides accommodation for persons who require nursing or personal care for up to 54 people. At the time of our inspection there were 49 people living at the home.

At the time of the inspection the home did not have a registered manager in post. However, the provider was in the home on a daily basis managing the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 owner told us that their plan in 2016 was for the current manager to apply to become the registered manager however this did not happen due to personal reasons. The owner stated that they would begin the application to become the registered manager.

People told us they felt safe and were happy with the standard of care they received. Staff were aware of people's risks and appropriate equipment was available for staff to use. In relation to safeguarding, staff were knowledgeable about different types of abuse and how to raise a concern.

We found there were a sufficient number of staff on duty to meet the care and support needs of people. The provider had a robust recruitment procedure and staff were trained to meet the nursing and care needs of people. We found that there were appropriate arrangements in place for the safe management, administration and storage of medicines.

People were supported to eat and drink sufficiently. People's care and health needs were assessed and reviewed. The care was planned and delivered to meet people's needs. People, their relatives and health care professionals had been involved in the planning for their care needs. Care plans and risk assessments provided clear information and guidance for staff on how to support people to meet their needs.

Staff treated people with dignity and respect and helped to maintain people's independence. People were given choices by staff to participate in activities.

People told us staff asked for their consent before administering care and support. Staff understood they should gain people's consent where possible. We found the provider working within the principles of the MCA and adhering to conditions on authorisations to deprive a person of their liberty. The registered manager had a good understanding of their legal responsibilities with regard to the MCA and Dols. Consent to care and treatment was documented in people's care records.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were involved in assessments and care plans that reflected their needs and preferences. People and relatives told us they were confident any concerns or complaints they had would be listened to and the matter resolved in a timely manner.

People and relatives told us they were happy with end of life care, people were treated with dignity and end of life preferences were captured.

People and relatives told us the staff, provider and manager were knowledgeable about the service and the people using the service. Staff and management were also approachable. People had the opportunity to express their opinions such as speaking to management and completing surveys. The provider also had effective audit processes in place.

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?

Requires Improvement ●

The service remains Requires Improvement.

Arboretum Nursing 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 6 and 7 December 2018 and was unannounced. The inspection team consisted of one inspector, a specialist advisor and an expert by experience. The specialist advisor was a qualified nurse who had experience of working in end of life care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of the inspection we looked at information we held about the home. This included statutory notifications which are notifications the provider must send to inform us about certain events. We also contacted the local authority and clinical commissioning group for information they held about the home. 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 spoke with 10 people who lived at the home and five visitors. We spoke with 11 members of staff, the manager and provider. We also spoke with one external healthcare professional. We looked at five people's care records, four records relating to medicines, three staff files and records relating to the management of the home. We also carried out observations across the home regarding the quality of care people received. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

At our last inspection for Arboretum Nursing Home we rated this key question as 'good'. At this latest inspection we found the rating for this key question remains 'good'.

People we spoke with told us they felt safe. One person told us "I feel very safe here". Another person said, "I like it here, very happy to stay". A relative told us, "I believe (Name) is very safe here, I have no concerns about the care here". We observed that people were relaxed and comfortable.

Staff on duty were knowledgeable about types of abuse and had received training in how to protect people from abuse. Staff could describe the correct actions to take in response to abuse being reported or suspected. One staff member told us, "Abuse can be in different forms like financial, physical and emotional. If I saw someone had a bruise, I would speak to them and check the notes. If nothing was recorded I would report the matter to my manager. If my manager refused to take any action, I would report it to the owner. If I still wasn't happy I would inform the LA (Local Authority) or CQC (Care Quality Commission)".

We saw people were protected by the provider's use of risk assessments such as skin care and bed rails. One person told us, "I have cream for my legs the GP prescribed. The nurses here have checked on my legs regularly and they have got much better, carers have been applying the cream and I have honey cream for pressure areas, they check for them regularly too". A relative told us, "They have really looked after (Name), they do regular checks on their skin to make sure it's not sore and make sure they are clean and dry". Staff we spoke with were able to explain risks people had and how they minimise these risks by following guidance from healthcare professionals. We saw risk assessments were reviewed and updated regularly. We observed staff safely assisted people using hoisting equipment when required.

People told us that there were sufficient staff available to ensure they were safe. One person told us "There are enough carers here to support me". A relative told us, "The carers do pop in and out, I have seen them, they come and chat with me and they stay with (Name) for a time when am not here. There does seem to be enough carers from what I have seen". Staff told us there were enough staff on duty and they had sufficient support to complete tasks without feeling rushed. One staff member told us, "There are always enough staff on duty, we all support each other so I never feel like I don't have sufficient time to complete tasks". During the inspection we observed that people were not kept waiting when they required support from staff. Alarm bells were answered in a timely manner and we saw sufficient numbers of staff on duty. The provider used a dependency tool to ensure they had enough staff on duty with right levels of skills.

We found robust recruitment procedures were in place with evidence of pre-employment checks being carried out. The recruitment records we looked at contained evidence that a DBS (a criminal record and barring list check) had been carried out. Records also contained employment references, health declarations and proof of identification. Staff we spoke with also confirmed these checks had been completed before they commenced employment. We also saw evidence that confirmed nurses had up to date registration with the Nursing and Midwifery Council which ensured that staff were qualified and able to do their job.

People and their relatives told us they received their medicines as prescribed. We looked at people's Medicine Administration Records (MAR) and checked the stock of medicines for people. We saw MAR records were completed accurately and medicines were stored securely. We saw competency checks were carried out by managers and staff had completed medicine training as reflected in the provider's training plan. We found controlled drugs were stored and recorded appropriately. Staff we spoke with were happy and confident providing people with their medication for example using a syringe driver. A syringe driver is a mechanical pump which administers the person's dose of medication even though they are deteriorating and may be semi-conscious or unconscious.

Staff we spoke to had a good knowledge of how to provide care to maintain good infection control in accordance with the policies the provider had in place. Staff told us they had access to personal protective wear, such as gloves and aprons, we observed protective wear being used by staff as and when needed. The home and equipment was clean and suitable for the people who used the service.

Is the service effective?

Our findings

At our last inspection of Arboretum Nursing Home we rated this key question as 'good'. At this latest inspection we found the rating for this key question remains 'good'.

We saw assessments of people's needs were in place and relatives we spoke with confirmed that people were involved in these assessments. Staff told us how they sought information about people's needs, choices and any reasonable adjustments that may be needed due to any personal characteristics protected by law; for example, race, age, gender, disability and sexuality. A staff member told us, "We make every effort to meet people's cultural and individual needs. We have a resident from an African Caribbean background. They did not like how we cooked chicken. We sat with the family and got the recipe and bought the items from the same local shops as their relatives. We were able to make the same food they were used to when they were at home". We saw the chef had a copy of people's stated preferences in the kitchen.

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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA and found staff promoted people's rights, and consent.

The manager and staff told us when they involved relatives in the decision-making process, and considered their views, they were conscious of the need to ensure people as far as possible made their own decisions as to what they wished to do and how they lived their life. We saw people's consent was obtained by staff before providing support or care. One relative told us, "They (carers) always ask before doing anything, always talking to (Name) and getting their consent". We observed staff talking through what they were doing when providing care, for example transferring a person with a hoist so they would understand what was happening.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw the provider had applied for DoLS for people living at the service.

People and relatives told us they felt the staff were adequately trained and had the skills to meet people's needs. One person told us, "The staff know what they are doing". Another person told us, "The staff are very capable, I have no complaints". A relative told us, "It is very apparent the staff are trained and have the skills to do the job". Staff we spoke to were knowledgeable about the people living at the home and how they met their needs. Nursing staff told us they were supported by the provider to keep up to date with current nursing practice. Staff members we spoke to told us they had completed an induction which involved shadowing more experienced members of staff and training.

Staff told us they received regular supervision and annual appraisals, staff records we looked at confirmed this. One staff member told us, "I have regular supervision and we have team meetings. I feel I can raise any issues or suggestions. I feel supported in my role". The majority of staff we spoke to had worked for the home for many years. Staff told us that this had created a real family atmosphere at the home and they had good working relationships with colleagues, people at the home and their relatives. One staff member told us, "The majority of staff have worked here for a number of years, the experienced staff are very good at sharing their knowledge with less experienced team members".

People told us they enjoyed the food and drink provided to them. One person told us, "You can eat what you like, I have had steak two days running as it's my favourite, it is cooked perfectly, they bring a list of food and you pick what you like". Another person told us, "The food is always perfect and plenty of it". A relative told us, "The food is great, I've even had something to eat and it's very tasty". People and their relatives told us that people at the home received drinks regularly and we observed drinks being available in both communal areas and in people's bedrooms. One relative told us, "(Name) has to have soft foods, they always ensure this is done but also that the food looks well presented and tastes good".

People had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits to/from a range of health professionals including, opticians, dentists, GP's and mental health teams. We saw that the outcome of health appointments were recorded in detail so that any actions requested by healthcare professionals could be followed.

People and their relatives told us they could decorate their rooms. We saw people had access to two communal areas and a day centre which is also managed by the provider. We saw the home was light and spacious with clear signage for toilets and bathrooms. One relative told us, "(Name) has lots of family photos in their room and the Christmas decorations are from their home. If a lot of us come to visit at the same time the carers are always happy to help find extra chairs so we can all sit down".

Is the service caring?

Our findings

At our last inspection we rated this key question as 'good'. At this latest inspection we found the rating for this key question remains 'good'.

People and relatives told us staff at the home were caring, respectful and kind. One person told us, "I have had an upset stomach recently due to my illness, I feel very embarrassed when I have accidents but the carers have been very kind and sympathetic they have been very good about changing me and the bed sheets and keeping me clean". A relative told us, "(Name) has a favourite fleece they have on their bed, it got dirty one day and the carers got it washed and dried the same day so they could have it on their bed that night".

We observed staff engaging with people in meaningful conversations. People looked comfortable in the presence of staff. We observed one staff member singing with a resident whilst administering their care. The person was smiling and enjoyed the interaction. The staff member told us, "(Name) favourite musician is Bob Marley so we have a sing song in their room, (Name) loves it, it's great to see them smiling and laughing". We also observed a staff member playing Christian music for a resident in their bedroom, the staff member said, "(Name) doesn't like TV so I put on their Christian music in their room, they really enjoy it and it relaxes them".

People told us they had been consulted about their care and support needs. Staff we spoke to were able to tell us about people's likes and dislikes and how they preferred to be supported. One person told us, "I really care about the staff, they know what I like and what I don't like". A relative told us, "The care staff know what (Name) likes, their favourite clothes, music and that they like to have their wash in their room".

We observed people being treated with dignity by staff members. One person told us, "The girls (care staff) get me washed and dressed, I always choose what to wear for myself. They wake me up in the morning and ask me if I want a wash or my breakfast first, sometimes I say I will just have a basic wash rather than a full wash. They close the door and curtains before they do anything and keep me covered up as much as possible. I choose when I go to sleep although I tend to drop off with the TV on so they come and switch it off for me". People were supported with their independence as far as they were able. One staff member told us, "We always encourage people to do things we know they can do, even if it's small things like washing their face. It's important to promote their independence". A relative told us, "It's a big thing to come into a home and lose a lot of your independence. (Name) gets quite upset and they (carers) come and give (name) a hug, they have time for them and will sit and chat".

People's care records were kept securely ensuring only care and management staff had access to them. This ensured the confidentiality of people's personal information.

People's relatives and friends were able to visit the home at any time. One relative told us, "We can visit anytime and the staff are always very welcoming".

Is the service responsive?

Our findings

At our last inspection, we rated this key question as 'good'. At this latest inspection we found the rating for this key question remains 'good'.

Staff we spoke to were very knowledgeable about people preferences, likes, dislikes, health and support needs. A relative told us, "They (care staff) take the time to get to know a person, they are then able to care for them in a manner that the person is comfortable with".

People and relatives told us they were involved in planning of the care delivered so that it was personalised to meet their needs. One relative told us, "(Name) did have a follow up assessment only last month and also had one when they first came in, I was involved as (Name) is unable to make any decisions now". Another relative told us, "They tell me everything that has changed or if there is anything going on, the carers all know what (name) likes and dislikes". The care records we saw contained people's changing needs and were regularly reviewed. Care plans were specific to people's health and nursing needs however they lacked people life histories, likes, dislikes and preferences. Staff we spoke to were knowledgeable about people's histories, likes, dislikes and preferences.

People and relatives told us if they had any concerns or complaints they would contact a staff member or the provider. One person told us, "I would talk to a member of staff". Another person told us, "The manager is very good, I would speak to them". One relative told us, "I've never had any issues but If I did I would speak to the owner or manager". During the inspection we discussed the complaints procedure with the manager and provider. There had been one recorded complaint made by a relative, which the provider told us had been dealt with. However, there was no system in place to demonstrate how they had responded and investigated the complaint. As a result, there was a risk that complaints may have not been dealt with effectively and in line with the providers own complaints procedure. The provider confirmed they were looking to improve complaint recording and it was one of the actions the quality assurance team were working on.

The service accommodates people who are on end of life care. We looked at the care plans of people on end of life care, these documented people's wishes including whether they would want to go to hospital if their health deteriorated. There was also information regarding people's preferences in relation to resuscitation, advance wishes and anticipatory medicines.

Is the service well-led?

Our findings

At our last inspection report, we rated this key question as 'requires improvement'. At this latest inspection we found the rating for this key question remains 'requires improvement'.

During our last inspection the home did not have a registered manager in post. At this latest inspection we found there continued to be no registered manager in post, having a registered manager is a legal requirement. The home has not had a registered manager since 19 November 2013.

This is a breach of the Health and Social Care Act 2008 section 33 Failure to comply with conditions. The home is registered to carry on the regulated activities of Accommodation for persons who require nursing or personal care and Treatment of disease, disorder or injury.

A condition of this registration is the Registered Provider must ensure that the regulated activity Personal Care is managed by an individual who is registered as a 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.

We are currently reviewing what action to take in relation to this breach.

The provider is in the home on a daily basis providing oversight and leadership of the home. There is also a manager who provides day to day support to staff. We discussed the lack of a registered manager with the provider and manager. The owner told us that their plan was for the current manager to apply to become the registered manager however this did not happen due to personal reasons. The owner stated that they would begin the application to become the registered manager.

We found a range of audits in place to monitor areas such as medicines, the environment and catering. Any actions taken were documented, monitored and the responsible members of staff identified. The provider told us they had introduced a monthly Quality Assurance meeting. We reviewed the records of the meeting and saw actions suggested and reviewed such as ensuring bed rails were covered with padding to prevent injury.

The provider and manager acknowledged that care plans lacked detailed histories of people and their likes and dislikes. Although staff knew people well, the provider and manager confirmed this would be improved and would be followed up in their monthly quality assurance meetings.

People and relatives told us they had good relationships with the provider and manager. One person told us, "(Name) provider is always at the home, the manager is very good also". A relative told us, "Management are all approachable, they have a passion for caring for people".

The manager and provider were aware of their legal responsibilities, for example submitting notifications in respect of any incidents to CQC, as we saw had happened. The registered manager was also able to explain what their responsibilities were in respect of their duty of candour such as being open and transparent with people, their relatives, professionals and CQC.

We asked people how they shared their views and they told us they could talk to the manager and provider who they said was visible and known to them. People and relatives told us they filled out survey forms. One person told us, "I let them know what I think, they always listen to what I have to say". A relative told us, "My brother gets to the meetings but I have filled out a questionnaire, I didn't and don't have any problems. If there were problems, I would go to the front desk and ask to speak to someone, I am sure they would sort it out if needed". We sampled completed surveys; most were positive about the service, any issues raised were investigated and an outcome was recorded. For example, some people had missing clothes, the provider took action to ensure clothes were labelled as soon as possible.

Staff were regularly consulted and kept up to date with information about the home. Staff told us meetings were held regularly and this gave them an opportunity to share their opinions and suggestions. The staff we spoke with felt supported in their role and felt they could report concerns. They were aware of the whistleblowing policy should they wish to raise a concern. Whistleblowing means raising a concern about a wrongdoing within an organisation.

The home had recently completed the GSF Care Home Accreditation Assessment and were awarded Platinum status. The GSF is the national gold standards framework centre in end of life care. The accreditation focuses on how end of life care is delivered. The provider told us, "We are very proud of our platinum status, we want to provide people with the very best end of life care treatment in a sensitive way".

We found the provider worked in partnership with other agencies, for example GPs, specialist nurses, social workers and opticians. We spoke with a lecturer from a local university who was visiting one of their students who was currently placed at the home. The lecturer told us, "We've had nursing students placed here for a number of years. We only use good homes because we want our students to learn and feel safe within the environment. Arboretum are very good at supporting students, they are assigned a mentor and have the opportunity to observe how to administer various nursing tasks. When a student is placed here I visit the home on a weekly basis. I can say that the management team are very good and it's a lovely home, they have a real passion for people".

The law requires the provider to display the rating for the service as detailed in CQC reports and the provider was aware of this requirement. We saw the rating from our previous inspection on clear display in the home.