

Bupa Care Homes (BNH) Limited

The Arkley Care Home

Inspection report

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28 January 2020

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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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Arkley Care Home is a nursing home providing accommodation with personal care and nursing care for up to 52 people. On the day we inspected there were 44 people living in the home.

Systems and processes were in place to keep people safe and risks associated with people's care needs had been assessed. There were enough staff to meet people's needs and recruitment processes and procedures were safe.

The management of medicines was safe, and people received their medicines in a timely manner as prescribed. People received a healthy, well balanced and nutritious diet.

The service was extremely clean and well maintained, and there were appropriate procedures to ensure any infection control risks were minimised.

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

The registered manager and staff team knew people well and detailed care plans provided staff with guidance on how to meet people's needs. People were extremely well-cared for. Staff consistently strived to ensure that people had the best possible care, and that they were supported in a compassionate, dignified and safe way.

The management team had forged successful partnerships with a number of other stakeholders and worked closely with peoples' families to provide an excellent care experience for people.

Staff respected people's privacy and dignity and encouraged people to remain independent. People and relatives could express their views about the running of the home and their views were always taken on board.

People received personalised care and support which met their needs, reflected their preferences. People benefited from a variety of activities, events and trips out that were available to reduce social isolation, give meaning and purpose and enhance their wellbeing.

The service was well led. People, staff and relatives spoke extremely positively about the registered manager. There was a positive culture throughout the service which focused on providing care that was personalised. The management team used a variety of methods to assess and monitor the quality of the service. They were aware of their regulatory responsibilities associated with their role.

More information is in the full report.

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

The last rating for this service was good (report published 22 August 2018).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring

Details are in our Caring findings below

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our well-led findings below.

The Arkley Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We planned this inspection to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors, a pharmacist inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We carried out the inspection visit on 28 January 2020. It was unannounced.

What we did

Before our inspection, we reviewed the information we held about the home which included statutory notifications and safeguarding alerts and the Provider Information Return (PIR), which the provider completed before the inspection. The PIR 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.

During our inspection we spoke with the registered manager, the deputy manager, one nurse, four care assistants and the senior activities co-ordinator. We also spoke with 13 people who used the service, six

relatives and a visiting health care professional. We looked at four care records and three staff files; we looked at various documents relating to the management of the service which included medical records, training data and quality assurance records..

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and unsafe care. Comments included "Absolutely safe and well-looked after". "Yes, I do (feel safe). I am always being looked after."
- Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them.
- The registered manager was fully aware of their responsibilities to raise safeguarding concerns with the local authority to protect people.

Assessing risk, safety monitoring and management

- Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. The risk assessments covered preventing falls, moving and handling, nutrition, skin integrity and choking.
- Fire systems and equipment were monitored and checked to ensure they were in good working order. A maintenance person was always available to ensure continuous safety checks.
- Each person had a personal emergency evacuation plan which detailed the support they required to leave the premises in an emergency.

Staffing and recruitment

- There was enough competent staff on duty. Staff had the right mix of skills to make sure practice was safe and they could respond to unforeseen events.
- On the day of our visit, when people needed assistance staff responded promptly.
- The provider's recruitment process reduced the risk of unsuitable staff being employed. This included obtaining references and completing criminal record checks.

Using medicines safely

- The service continued to have suitable arrangements for ordering, receiving, storing and disposal of medicines. Storage temperatures were monitored to make sure medicines would be safe and effective.
- Medicines were managed safely, and people received their medication when they should. Medicines were clearly recorded within people's medication administration records. Staff kept and regularly updated a log of medicines people were prescribed. Protocols for 'when required' medicines were in place to guide staff in supporting people with their medicines.
- Staff were unable to administer medicines unless they were trained to do so. This included regular training and competency checks to ensure they had the suitable skills to carry out the task safely. This was confirmed by staff we spoke with.

Preventing and controlling infection

- Staff demonstrated good infection control practices. Staff were seen to wear personal protective equipment such as gloves and aprons where needed and the service was extremely clean.

Learning lessons when things go wrong

- Incidents or accidents were recorded and managed effectively. The managers at the service reviewed this information and took appropriate action to reduce the risk of reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs had been assessed prior to them moving into home and their needs continued to be assessed as and when needed. These assessments considered any protected characteristics under the Equality Act, such as religious needs. Assessments of people's needs identified the areas in which the person required support.
- The service used nationally recognised assessment tools, such as the Malnutrition Universal Screening Tool (MUST) and Waterlow. Waterlow is a tool used to assess people's risk of pressure damage. This meant assessment tools were evidence based.

Staff support: induction, training, skills and experience

- An induction programme was in place and all care staff completed their Care Certificate during their induction period. One staff member told us, "We have lots of training and if we ask for anything specific we get it."
- Staff were provided with opportunities to discuss their individual work and development needs.
- Staff meetings took place regularly, where staff could discuss any concerns and share ideas.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the food at the service and were offered choices, one person said, "On the whole it is very good. I am a vegetarian and they give me nice food." A relative told us, "At the start she didn't eat a lot but has gradually started to eat more. They have worked out that she likes her "finger food" and this has made a big help."
- Care plans included information about people's dietary needs and their likes and dislikes or any specific aids people needed to support them to eat and drink independently.
- We observed over the lunchtime period people were supported to maintain their independence to eat their meal at their own pace without being rushed in any way. Meals were served in a dignified and interactive manner.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

- Staff supported people to see external healthcare professionals regularly such as physiotherapists, GPs and speech and language therapists. People's care plans were updated to provide staff with clear instructions about how to follow advice given by external professionals.
- Staff had recently had training on oral health and oral care health plans were in place. People told us their oral health was looked after well.

- A visiting healthcare professional told us the service worked extremely well with them and people's needs were met. They told us they responded quickly and appropriately to ensure people in their care received the right level of support.

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

- People were complimentary about the environment they lived in.
- The premises had recently been refurbished and was well-maintained. There were pleasant gardens and patio areas which people, who were able to, could access independently. A relative told us, "It's lovely, spacious and bright with lots of different areas to sit in."
- There was a suitable range of equipment and adaptations to support the needs of people using the service.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Mental capacity assessments had been completed for people and, where required, appropriate applications had been made to deprive people of their liberty within the law.
- We observed that staff asked for people's consent before they provided any support.
- One person told us, "I don't have a shower everyday as that is my choice but when they do help me they are lovely and supportive and respectful when showering me in the chair. In fact, I think they have great patience."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- There were several examples of where staff had gone 'the extra mile' to provide exceptionally caring and compassionate support. This included supporting people to maintain links with family members. Examples included, enabling a resident to attend her daughter's 70th birthday and another to his daughter's wedding. Both residents had restricted mobility and complex health needs. This involved liaising with the families, arranging specialist transport and ensuring additional staff were available to escort them. A relative told us how "they decorated mum's room beautifully for her return from hospital with a life-threatening illness, it made her so happy and her health has since dramatically improved."
- The service showed they made every effort to support people with their interests and enhance people's wellbeing, through a strong and visible person-centred culture. We were told about how the service had supported a person living with advanced dementia who had been the mother of twin boys. Staff had noticed how depressed the person had become. A staff member had brought them two baby dolls. Staff told us this action had increased the person's positivity and mental wellbeing. Additionally, as the person was living with dementia, having the dolls has stimulated them and offered companionship.
- People were supported by exceptionally caring and respectful staff who treated them with dignity and respect. Comments were extremely positive. Comments included, "I was very poorly, with their attention and support I got better." And "I have overheard them talking to other carers and they are very respectful. Also, the carers work together, which is rare in care homes. I have been involved in the care business for 30 years and I know", and "the level of professional care and compassion shown by staff is fantastic and provides great reassurance and comfort."
- Everybody we spoke with told us they experienced exceptionally high standards of care and were treated well by staff and the management team. Comments included, "A place residents can call home which exceeds all expectations" and "the staff are excellent, they are patient and understanding. They also help us as a family with what's going on and reassure us."
- Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's different and diverse needs. Care records seen had documented people's preferences and information about their backgrounds.
- Staff told us they enjoyed spending time with the people they supported and knew what was important to them and how to offer people comfort and reassurance. One staff member said, "We want them to feel like it's their home, we are like a family." A person using the service told us "Staff go above and beyond, you cannot get better than this."
- The registered manager and staff knew people's background, history, what was important to them and their choices and preferences.

- Relatives also had access to a free overnight stay if they wished to be near the relative during a period of ill health or they lived a long distance away.
- The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Records were stored safely which maintained people's confidentiality.

Supporting people to express their views and be involved in making decisions about their care

- People were consulted about care and support and contributed to how their care would be delivered. A relative said, "They make sure they keep me informed the support is fantastic, we have excellent communication with the home." People told us they were encouraged to attend reviews and visit anytime. If they had any query or issues the registered manager would always contact them. Another person said, "It is a fantastic home, the care is outstanding, both to my [relative] and to me."
- People were also involved in recruitment of care staff, this included participation in the shortlisting and interview process. One person told us "it's a good feeling to be involved in the recruitment of new staff and be part of the process."
- Care records clearly reflected the full involvement of the person and how they were supported to make decisions about their care.
- People's religious and cultural needs were recorded and respected. The activities coordinator told us, "If there are special functions for anyone's religions, we always celebrate them."
- Every effort was made to ensure people were supported to express their views so that staff understood their wishes and choices, including where people may not communicate verbally using signs, pictures and gestures. The home had regular residents and relatives' meetings. People's views were also sought individually about the things they would like to do and of decisions about the home. They were involved in decisions about menus, the environment, activities and outings. There were numerous examples of when people asked for things, they got them. Examples included, getting freedom passes (which enabled people to travel independently where possible using public transport), a visit to the seaside, and visits from school children to sing carols at Christmas and more vegetarian options on the menu.

Respecting and promoting people's privacy, dignity and independence

- People told us they felt the staff respected their privacy, such as knocking on their bedroom doors.
- The service promoted independence. A member of staff told us "We try and get people to do as much as they can themselves. Even if it's just washing their hands."
- We observed staff communication with all residents was extremely warm and friendly. we heard laughter with staff and people, and we saw many respectful interactions, people were offered choices and were listened to. Staff looked at people when they spoke with them and made sure people had the time they needed to communicate. This meant people felt valued and important to staff.
- A staff member told us "People should be respected at all times. Toileting and washing should be done in a dignified way and we should be mindful as some people are embarrassed that young people have to help them."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. People's needs were met through good organisation and delivery.

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

- People continued to receive a service that was personalised to their needs and promoted their wellbeing and independence in the home. We saw this in people's care planning. They were person centred and designed to promote independence.
- We saw care plans were developed which reflected people's individual needs across a range of areas such as health and social care needs. These were reviewed with the person and relative on a regular basis or in response to changing needs. This ensured they remained up to date and accurate. Plans also contained each person's history and preferences so that staff had information that would support them to provide quality care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were clearly recorded in their care records and the service was compliant with the AIS.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- The home employed two activities co-ordinators, who were highly regarded by people who use the service. This ensured that people were supported with following their interests and thus avoiding social isolation.
- There was a varied programme of events and activities to provide entertainment and to occupy people. These were advertised so people were kept informed. People also enjoyed shopping trips and trips to the seaside and there were regular visits from entertainers.
- A relative told us "The care home takes them out too, been to Southend and the seaside and other outings. They do involve her in all their activities, even though she has dementia. They also do her hair every fortnight."
- Staff maintained an oversight of people's participation in activities and trips to ensure that people were offered regular opportunities to participate. It was respected where people did not want to be involved.

Improving care quality in response to complaints or concerns

- The service had received no complaints recently from people or relatives. We saw evidence older

complaints had been dealt with promptly and appropriately

- Relatives we spoke with told us they were happy with the service but felt they could speak with staff if they had a problem. A relative told us. "We bring things up at the meetings and they are always acted on. We have no complaints."

End of life care and support

- The service demonstrated a compassionate awareness and understanding to end of life care. They continued to follow their principles to improve their end of life support for people.
- When people were receiving end of life treatment specific care plans were developed and they had evolved from the last inspection. This was to ensure people were made comfortable and received the right care and attention and the service kept up to date with end of life guidance and practices.
- Staff confirmed to us they received training in end of life care and worked closely with the local hospice. This demonstrated the registered manager understood the importance of providing end of life support and how this should be delivered.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care. Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- It was clear from our discussions with the registered manager that they were highly motivated and passionate about their role. During our inspection they showed an excellent understanding of the needs of all the residents.
- People and relatives told us that the managers at the service were visible and known to them and approachable. Comments from people included "Extremely well run, the manager is very good at her job. She has the residents' best interests at heart, not just hers. She is a very caring person", and "I would recommend this home to anybody."
- Staff were fully aware of their responsibility to provide a quality, person-centred service.
- There was, strong and clear leadership at the service. Staff felt very well supported by the management team. The registered manager led by example to create a culture which was incredibly caring and supportive to people and staff
- Staff told us of the positive management structure in place and a high staff morale and team spirit. Comments from staff included "the manager is very hand on and approachable and the resident's lover her" and "she always sees the best in her staff and pushes them to reach their full potential"
- The manager promoted transparency and honesty. They had a policy to openly discuss issues with relevant parties if anything went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were happy, and proud to be working at the service and motivation was high. We saw that a number of staff had worked for the service for many years which provided consistency and continuity of care
- We saw there were systems in place to monitor the safety of the service and the maintenance of the building and equipment. This included monthly audits of people's nutrition, medicines, staff records, care plans, health and safety and accidents and incidents. We were shown examples of quality audits that had taken place at the home recently. This gave an overview of all the checks and audits that were completed on either a daily, weekly, monthly or quarterly basis.

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

- The registered manager recognised the importance of involving people in developing the service, listening and acting on feedback. There were systems in place for gathering people's views and how the service could be improved which included feedback surveys and regular resident and relative meetings.

- The provider and staff team encouraged people and their relatives to express their views about the running of the service and provided feedback to people when changes had been made.
- Staff felt involved in the running of the service and had opportunities to have their say about how the service could improve.
- The registered manager involved people who used the service and their relatives. Meetings were regularly held, and people and their relatives were involved in decisions about the home.
- A relative told us "The manager is absolutely excellent. She is young, but she has without a doubt the respect of all her team. She leads from the front. She is a Manager when she needs to be a Manager and she also has the skills to be shouldering to cry on. We wouldn't hesitate for a moment in recommending this place."

Continuous learning and improving care

- The management team kept themselves updated with new initiatives and guidance by attending regular 'provider forums' in the local authority. and managers' meetings organised by the regional manager at the providers head office.
- The registered manager had recently been shortlisted in the BUPA Care Awards in the 'leader of the future' category.
- Monthly staff meetings gave staff the opportunity to feedback on the service. Meeting minutes showed topics discussed included health and safety, training and development, and activities. We saw that staff used this opportunity to share best practice.

Working in partnership with others

- The service worked with social workers, dietitians, the local hospice, tissue viability nurses, GPs and occupational therapists to ensure relevant information was passed on and there was continuity of care.