ABC Shelf Limited

Arbory Residential Home

Inspection report

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20 January 2016

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

The inspection took place on 19 and 20 January 2016 and was unannounced.

The Arbory Residential Home is a care home on the outskirts of Andover, Hampshire. The home is registered to provide accommodation and personal care for up to 60 older people who may be living with dementia. The home is made up of two buildings; The Court and The Lodge. At the time of our inspection 58 people were living at the service.

There was a registered manager 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.

Although staff were able to tell us about the strategies used to keep people safe, risk assessments relating to behaviours that challenged were not always robust and require improvement.

People told us that they felt safe. Staff had a good understanding about the signs of abuse and had confidence in their manager to take concerns raised seriously.

People were supported by staff that had the skills and knowledge to meet their assessed needs. Staff received a thorough induction before they started work.

The provider had employed skilled staff and took steps to make sure care was based on local and national best practice. Information regarding diagnosed conditions was documented in people's files.

Recruitment practices were safe and relevant checks had been completed before staff commenced work. Staff worked within good practice guidelines to ensure people's care, treatment and support promoted good quality of life.

The provider had appropriate arrangements in place to assess people's capacity to make decisions about their care and treatment. Staff were knowledgeable about the requirements of the Mental Capacity Act 2005. Fifteen people were subject to DoLS at the time of our inspection and the registered manager was in the process of making more referrals to the local authority for DoLS assessments.

People who required assistance to eat and drink were supported effectively. Appropriate assessments had been conducted for anyone who had difficulty in swallowing their food. Interactions between staff and people during meals times were respectful and dignified.

Multi-disciplinary teams including mental health workers and occupational health were involved in reviewing and updating people's risk management plans.

Medicines were managed safely. Any changes to people's medicines were prescribed by the service's GP and psychiatrist. People were involved before any intervention or changes to their care and treatment were carried out.

People had access to activities that were important and relevant to them. Records showed people's hobbies and interests were documented and staff accurately described people's preferred routines. There was a range of activities available within the home and community.

The provider actively sought, encouraged and supported people's involvement in the improvement of the service. People's care and welfare was monitored regularly to make sure their needs were met within a safe environment. The provider had systems in place to regularly assess and monitor the quality of the service provided.

People told us the staff were friendly and management were always visible and approachable. Staff were encouraged to contribute to the improvement of the service. Staff told us they would report any concerns to their manager and said the management and leadership of the service very good and very supportive.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. Risk assessments did not always contain detailed guidance on how to respond to behaviours that challenged.

The home had sufficient numbers of suitably skilled and competent staff to keep people safe. Staff were subject to safety checks before they began working in the service.

Medicines were appropriately stored and disposed of. People received their medicines when they needed them. Staff had received training in how to administer medicines safely.

Is the service effective?

Good

The service was effective. Staff had received robust training and on-going development to support them in their role. They had received an effective induction and strong on-going development that related to people's needs.

Staff were knowledgeable about the requirements of the Mental Capacity Act 2005 (MCA). The provider had effective arrangements and plans in place to ensure people's liberty was not restricted without authorisation from the local authority.

People were fully involved in deciding what they wanted to eat and drink. Healthy eating and menu planning was regularly discussed at residents meetings.

Is the service caring?

Good

The service was caring. Staff were kind, compassionate and treated people with dignity and respect. The service had a culture that promoted inclusion and independence. People and relatives told us they felt valued by the staff and management.

Healthcare professionals, feedback reviews from relatives and people told us The Arbory provided good care. Care plans were personalised and provided detail about people's hobbies and interests.

Is the service responsive?

Good

The service was responsive. People's care needs were regularly reviewed and staff were knowledgeable about the care they required.

The provider had arrangements in place to deal with complaints. People and relatives consistently told us any issued raised were dealt with in good time.

People were provided with a range of activities.

Is the service well-led?

Good

The service was well-led. The registered manager and the provider had good relationships with professionals. Relatives told us various professionals visited the home to assess people's care needs.

People using the service, their relatives and professionals were regularly asked for their feedback and this information was used to help improve the service.

Good leadership was seen at all levels. Relatives told us the senior staff and manager was approachable and took any concerns raised seriously.

Arbory 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 and 20 January 2016 and was unannounced.

The inspection team consisted of two inspectors and two specialist advisors.

Before our inspection we reviewed previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law.

During our visit we spoke with the registered manager, six healthcare professionals, eight relatives, seven people and eight members of staff. We also spoke with two representatives from the local authority.

We pathway tracked five people using the service. This is when we follow a person's experience through the service and get their views on the care they received. This allows us to capture information about a sample of people receiving care or treatment. We looked at staff duty rosters, six staff files, feedback questionnaires from relatives, staff training records, quality assurance documents, team meeting records, supervision and appraisal records, checked the providers recruitment practices, reviewed policies and procedures relating to medication, health and safety, reporting of incidents and checked decision making processes.

We observed interaction throughout the day between people and care staff. Some of the people were unable to tell us about their experiences due to their complex needs. We used a short observational framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who are unable to talk with us.

We last inspected the home on 20 February 2014 where no concerns were identified.

Requires Improvement

Is the service safe?

Our findings

People and relatives told us the service was safe. One person said: "We are well supervised. There are usually enough staff. There would always be someone to hand. I've never been kept waiting here. There's always someone around". Another person said: "Safety is very good, no trip hazards. Fire safety is dealt with". A relative said: "The people here are well looked after, there is no abuse in this place".

People's risk assessments did not always contain detailed strategies for staff to follow should behaviours become challenging. A member of staff told us about one person who "Kicks out and punches out during personal care". Records showed a referral had been made to the community mental health team. A member of staff said: "We're recording everything, his behaviour, what we're doing and his responses to our approach". However, the risk assessment for this person was not robust and did not provide specific detail for staff to follow should the person display particular behaviours. Another member of staff said: "We recently had a medication review with the doctor and their medication has been changed which has helped so I guess we need to review the risk assessment and update it". The registered manager acknowledged a change in the person's medication should have triggered a review of the person's risk assessments.

A set of policies, systems and processes were in place to manage and assess risk and safety. These assessed the likelihood and potential severity of risks to the person regarding, for example, nutrition, skin integrity, uncommunicated pain and the environment. Handover meetings took place on a daily basis which provided staff with useful information to ensure people were supported safely. A member of staff said: "We talk about how people are and if there are any problems" Another member of staff told us the handover meetings were useful because it ensured all staff were aware of any possible behaviour that may challenge others. A weekly handover report dated 21 October 2015 stated: "Person appears to have been having a few falls recently so we will be contacting the falls clinic for a referral as person has had more than three falls this month". A healthcare professional told us they were contacted regularly with staff raising any concerns about people's health needs changing.

The registered manager regularly reviewed staffing levels to ensure they had the correct mix of skills and competency on duty during the day and night to be able to meet people's individual needs. The registered manager told us the amount of staff on duty was dictated by the care needs of people. Relatives and healthcare professionals consistently told us the service had employed suitably skilled staff to meet people's needs. A member of staff confirmed staffing levels were adjusted to meet the needs of one person during a time where their mental health had deteriorated. We saw that the help and support people needed to keep safe had been recorded in their care plan and this level of help and support was being regularly reviewed.

People were protected from risks associated with employing staff who were not suited to their role, as there were robust recruitment systems in place. These included assessing the suitability and character of staff before they commenced employment. Applicants' previous employment references were reviewed as part of the pre-employment checks. Records showed staff were required to undergo a Disclosure and Barring Service (DBS) check. DBS enables employers to make safer recruitment decisions by identifying candidates

who may be unsuitable to work with vulnerable adults.

The service had a detailed policy in place to ensure people received their prescribed medicines in a safe manner. Each person had their medicines support needs assessed and recorded, and detailed care plans were in place. All staff had received training in how to administer medicines safely and the competency was regularly observed. Additional training or supervision was given to anyone who was not judged fully competent. All medicines given were properly recorded on a detailed medicines administration record. These were audited rigorously and random spot checks were also carried out.

Good

Is the service effective?

Our findings

People and healthcare professionals told us staff were suitably trained and qualified to deliver effective care and support. Relatives consistently told us they felt staff were knowledgeable about the care they provided and said their family member's needs were met to a good standard. One relative said: "The staff do a wonderful job, they know what to do". One person said: "I have toast and marmalade for breakfast. I don't eat cereal" and "You have drinks with lunch and afternoon tea". Another person said: "There's usually a choice. Food is usually pretty good". They told us mail meals included stews, casseroles and chips. They said: "An omelette or something like that" and "I'm allergic to mushrooms. The other day they had mushroom soup and they made me a vegetable soup instead. They're very good at that".

Staff at all levels benefitted from an annual performance management cycle and regular training opportunities. This included annual performance reviews and regular supervision sessions. Minutes of these meetings demonstrated they were carried out robustly and professionally. Any performance deficits were identified and discussed, with targets set. Positive feedback was given, to confirm good practice. Staff told us they felt they were well supported by the management of the service. Each member of staff received a three day induction where they learned about respect, meal times, dignity and confidentiality. They also received a full days training in understanding dementia. One staff member told us, "We get lots of opportunities to talk and if I need anything the door is always open." Additional training in dementia and behaviours that challenged had been organised for staff who felt they needed to expand their knowledge. An induction record stated: "I will monitor (staff) from time to time when they are running the shift as discussed with (registered manager) to ensure that they become more confident and competent". A relative said: "Staff seem well informed and they have a good training programme. They often do courses".

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. 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. The application procedures for care homes and hospitals are 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 were being met. Where people did not have the capacity to consent to care a mental capacity assessment had been carried out with the support of relatives and healthcare professionals. DoLS are put in place to protect people's liberty where the service may need to restrict people's movement both in and outside of the home. The registered manager said: "We have 15 people who are on DoLS but others need to be assessed so we are in the process of doing that now". A member of staff said: "People are never stopped from going out if they want to but we will stay with them to make sure they are safe".

People who had been identified as being at risk of choking, malnutrition and dehydration had been assessed and supported to ensure they had sufficient amounts of food and drink. A member of staff told us they used a malnutrition universal screening tool (MUST) to identify people who may be underweight or at

risk of malnutrition. Food and fluid intake was monitored and recorded. People were provided with choice about what they wanted to eat and told us the food was of good nutritional quality, well balanced and suitable. The chef offered a menu that took account of people's preferences, dietary requirements and allergies. Staff were knowledgeable about people's dietary needs and accurately described people's requirements. We observed people enjoying their food at meal times.

People had access to health care services when they needed it. For example, one person who had been diagnosed with an eye condition was frequently supported to access the optician and the GP. Guidance on how to support this person was documented in their care plans, describing the risks and symptoms. A care worker told us how another person using the service had frequent appointments regarding their skin condition. Other professional visits included a chiropodist who regularly came to the home to cut people's nails.

Good

Is the service caring?

Our findings

Staff treated people with kindness, compassion and dignity. One relative said, "The staff have a wonderful nature, they are so caring and I feel lucky to have a relative in here". One person said: "You get up when you want and go to bed when you want. It's a free life here" and "It's nice here. Staff are kind and caring" One person said: "If I'm watching a play I can stay up and watch it". A relative said: "The care and understanding shown has been superb" and "It was the way they talked to her". A relative told us they felt well supported and said the home held an information evening which was: "Helpful, informative and an education process". They said: "Stakeholder communication at its best. An empathetic speaker talked about communicating with people with dementia, how to manage and how to look after yourself".

Before people moved to the Arbory, an assessment was carried out with them to ensure the service could meet their needs. The provider also obtained information from relatives, health and social care professionals involved in their care. This enabled the provider to have sufficient information to assess people's care and support needs before they received care, support and treatment. Healthcare professionals including the community mental health team, the local authority and relatives were involved in people's initial assessments and the development of their care plans.

The service had a good person centred culture and staff consistently demonstrated good values. They spoke gently with people, smiled, encouraged and provided reassurance when helping to deliver care. Support provided during meal times, activities, assistance with moving and handling was friendly, compassionate and unrushed. We observed staff speaking with people about their personal interests and taking time to ask questions about their hobbies. People responded positively and were relaxed during conversations with staff. One person said: "These are the best care staff in the world". Notes from team meetings showed respect, dignity and person centred support was frequently discussed.

Staff consistently showed respect towards people, displayed good listening skills during conversations and encouraged people to take part in activities. People told us they trusted the staff and felt they were kind and thoughtful. For example, we saw one member of staff helping someone to eat. The staff member positioned themselves close to the person and maintained eye contact; they helped the person to eat slowly and waited until they were ready for the next mouthful of food. The staff member was smiling, spoke calmly and was mindful of the person's dignity. We observed another member of staff interacting with someone who had become anxious, upset and confused. The member of staff listened to the person, calmly provided reassurance and spoke with the person about their interests and places they had previously visited as a younger person.

Good

Is the service responsive?

Our findings

One person said: "I have diabetes so the staff monitor me and check my blood on a regular basis. I can give my insulin myself. The staff supervise me". Another person said "I am looking forward to the mad hatter tea party". A relative said: "I have never had to complain"

Records were person centred and documented people's interests, histories, wishes and personal preferences. One record told us about someone who had travelled around the world whilst working in the forces. Each person had a memory box beside their door which contained personal sentimental items and photographs of themselves and their family. This helped them to identify their bedroom and so encouraged independence.

Staff completed daily records which were used to record what each person had been doing and any observations regarding their physical or emotional wellbeing. These were completed regularly and staff told us they were a good tool for quickly recording information which gave an overview of the day's events for staff coming on duty. Care files also identified people's likes/dislikes and interests which the home then attempted to accommodate. People were able to take part in a range of activities which suited their individual needs. People's care needs were reviewed regularly and information in their care plans was correct. Staff accurately described the plans in place to help people with personal care, accessing the community and with their communication. A care worker told us how one person needed emotional support when in the community and explained the communication methods used by staff which supported the person's emotional needs.

People who required support to physically move around the Arbory were supported in line with guidance detailed in their moving and handling assessment. For example, we observed two members of staff hoisting one person from a wheelchair into their chair. The member of staff spoke with the person the whole time and explained what they were doing. The asked for co-operation with placement of the person's hands, arms and legs appropriately and politely. Staff placed a blanket over the person's legs for dignity.

People received medical treatment in response to accidents and investigations were conducted in accordance with the providers safeguarding procedures. For example, a recent incident record showed how staff responded effectively after one person had a fall. Their care plans and risk assessments had been reviewed and updated to reflect their change in care needs. Relatives told us the staff were responsive to incidents, one relative said: "My mother had a fall once, the staff called an ambulance, called me and they went to the hospital with her. We spoke on the phone about what we could do to make things safer". A doctor said: "The staff respond so well to incidents and concerns about people's health, if they ever have any worries they call us". Records showed the GP had been called and a referral was made to the occupational therapist. The person now uses a walking frame and much steadier. Their care plans and their risk assessment were updated and their family was informed. We saw that the registered manager and staff responded appropriately to people's changing needs.

The registered manager told us no formal complaints had been received in the past 12 months. The services

complaints procedure provided information as to how complaints would be dealt with and what people could do if they were not satisfied with the response. Staff told us they would try and rectify any issue at the time it was raised otherwise they would refer the complaint to the registered manager. The registered manager said: "Our normal practice would be to write a letter and tell them what we are going to do about it". A relative said: "I have never had a reason to complain, the staff are excellent and if I did want to complain I know they would sort things out pretty quickly".

People were involved in regular activities. These included cake decorating, flower arranging, sing along, board games, arts and crafts and quizzes. During one of our visits exercise classes were taking place in the lounge with a large colourful parachute with black strap handle around the edge. The co-ordinator encouraged people to take part. Everyone took a handle and the co-ordinator placed some lightweight plastic balls in the centre and asked everyone by name to throw their arms in the air and try to bounce the balls up to the ceiling. This created much laughter and everyone seemed to have fun. We observed eight people participating in arts and crafts; making hearts, flowers and decorating them for Valentine's Day. We saw lots of banter and laughing between staff and people. Staff encouraged and provided recognition. We heard one member of staff say: "Well done" and "That's a lovely one". Frequent celebrations took, for example, a summer BBQ where relatives were invited attend. A fancy dress party was clearly advertised to take place on 12 February 2016. One person said: "We have had dogs; owls and snakes come to see us". For one person the service had organised a motorbike to come to the home. A member of staff said: "They used to love bikes so we got one in for him so he could have a go at sitting on it".

Good

Is the service well-led?

Our findings

People, relatives and health care professionals told us the management was good. The deputy manager told us the registered manager is 'a good leader and teacher' who attended professional forums and passed all information to the staff.

All staff we spoke with were complimentary about the registered manager and told us they could access support when needed. One care worker said: "If I need training or help with care I can ask the manager and they make sure things get sorted". Another care worker said: "I have been watched by the manager when giving medication to make sure I do it properly" and "We have an open door policy here".

The registered manager was able to demonstrate they understood people's individual needs, knew their relatives and were familiar with the strengths and needs of the staff team. The service had a system to manage and report accidents and incidents. All incidents were recorded by support staff and were reviewed by the management team. Care records were amended following any incidents if they had an impact on the support provided to people using the service.

The registered manager worked proactively with other organisations to ensure best practice was implemented in people's care. One care worker told us they followed guidance from the National Institute for Health and Care Excellence (NICE). They said: "We have looked at the recommendations in the guidance for supporting people with challenging behaviours". Documentation relating to specific health conditions such as Parkinson's and dementia showed best practice guidance had been implemented in people's care plans.

People experienced a culture of respect and compassion. We observed people smiling and laughing with the owner, the registered manager and with other staff. One person said: "The management are wonderful" and a relative said: "Every member of staff is kind and caring, the chef, the cleaner, the staff and the manager. I used to work in care so it shows a good leader"

Relatives were supported and given opportunities to visit the service to learn about particular health conditions relating the their family member. For example, dementia, Safeguarding and Mental Capacity Act sessions were clearly advertised in the service to both relatives and staff. One relative said: "If we are ever unsure about anything I always get an answer".

As part of the registered managers drive to continuously improve standards they regularly conducted audits of medicines management, care records and health and safety. They evaluated these audits and created action plans for improvement, when improvements were required. For example, one quality assurance document highlighted the requirement to transfer detail in people's care from paper copy to a secure computer system. We observed this was in progress.