

Barchester Healthcare Homes Limited

Arbour Court

Inspection Report

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Date of inspection visit: 2 May 2014

Date of publication: 24/09/2014

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Summary of findings

Overall summary

Arbour Court is part of the Barchester Care Group. The home provides accommodation and care for up to 60 people and was fully occupied on the day of our inspection. The home provides nursing care for people with dementia and with mental health needs.

Accommodation is provided on two levels with communal areas, bathrooms, toilets and bedrooms on both floors. A passenger lift provides access to both floors. The home is set in its own grounds with an enclosed courtyard and a roof garden terrace. Car parking is available within the grounds. The home is located in a residential area just outside the rural town of Marple.

The manager had been in post since 2013 and was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.

We found the care records provided information about the individual care needs of people and directed staff in the safe delivery of people's care, support and nursing needs. We saw the care plans were safely and securely stored when not in use ensuring confidentiality was maintained.

The service worked closely with other healthcare professionals so people's current and changing needs could be met.

We found that the service was meeting the requirements of the Mental Capacity Act 2005 in respect of the Deprivation of Liberty Safeguards. People's human rights were therefore properly recognised, respected and promoted.

Routines were relaxed, with people spending time as they chose. People were offered a range of activities both in and away from the home, offering variety to their day.

Robust recruitment policies and procedures were in place to check applicant's suitability for working at the home.

We were told staffing arrangements were kept under review so sufficient numbers of staff were available to meet the needs of people. Staff told us they felt they were supported and directed by the manager and deputy manager in delivering good care.

Training and development opportunities were provided to staff so they had the knowledge and skills needed to support people.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Most of the people living at Arbour Court were not fully able to tell us about the care support they received due the nature of their illness. Relatives spoken with expressed their satisfaction about the care their relative received. One relative told us. “The staff are very good, they are kind and caring “.

Systems were in place to ensure people were protected against the risk of potential harm or abuse. Staff had access to policies and procedures to guide them in areas such as safeguarding from abuse, Mental Capacity Act 2005 (MCA), Deprivation of Liberty Safeguards (DoLS), confidentiality and recruitment.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). We found the location, in the main was meeting the requirements of the Deprivation of Liberty Safeguards, however for one person who had been recently admitted to the home who was also subject to a DoLS there was no information in place to guide staff in the support required so this person was supported safely.

Staff were provided with training in areas such as safeguarding, MCA and DoLS. This training ensured people’s rights were protected where issues were found or important decisions needed to be made.

We saw risk assessment forms had been completed where potential hazards had been identified, such as nutrition, pressure care and falls. Information guided staff about how people were to be supported so that the risks to the safety were minimised. Assessments were also reviewed regularly so information was current and up to date.

Relevant information and checks were carried out when employing new staff helping to ensure only suitable candidates were appointed.

On the day of our inspection sufficient numbers of staff were on duty to meet the needs of people living at the home.

Are services effective?

We spoke with two visitors who told us they felt staff listened to their requests and responded accordingly. One person said if they had any questions or concerns they felt comfortable enough in speaking to the manager or the deputy manager.

Summary of findings

People were assessed prior to moving into the home to ensure their individualised needs could be met by staff. People's health and care needs were assessed with them and with their relatives or representatives as appropriate. Where possible people who lived at the home were involved in writing their care plan. Any special dietary needs, mobility and equipment needs had been assessed and identified in the care records. We saw evidence to demonstrate the care records had been reviewed on a regular basis and any changes reflected. However it was noted in one person's care record some significant information was missing to guide staff how this person was to be supported safely.

We saw people's orientation needs were taken in to account with the help of appropriate signage around the home to help people identify where bedrooms, bathroom and toilets, lounges and dining rooms were located.

The layout of the building allowed people to move freely around the home. People on both floors had access to outside garden space. The first floor had a safe and secure roof garden which enabled people access to outside space when they wanted.

Staff had the training and support to meet the assessed individual and diverse needs of the people they supported.

The service worked well with other agencies and services to make sure people received care in a consistent way. This demonstrated the home had an open and co-ordinated approach to ensuring people received the support they needed.

Are services caring?

People were supported by kind and attentive staff. We spent time observing the daily routines and gaining an insight into how people's care and support was managed. We saw staff showed kindness and patience when supporting people. Interactions between staff and people who lived at the home were respectful and friendly. We heard staff addressing people by their preferred name as recorded in their care record.

Most of the people who lived at Arbour Court were not fully able to tell us about the care and support they received due the nature of their illness. One person told us, "I like it here". We observed people's body language and facial gestures were positive when staff approached them. People smiled and responded well to staff. We spoke with some relatives who told us they were happy with the care their relatives received.

Summary of findings

Are services responsive to people's needs?

People were provided with information about the service prior to moving into the home. We saw a range of information in the reception area for people to read detailing what people could expect from the service, the staffing arrangements and what activities were offered.

We saw the homes complaints policy displayed on the notice board in the reception area. People spoken with told us they knew how to make a complaint if they were unhappy with anything. One relative spoken with told us they had raised a concern with the manager and this was dealt with swiftly and effectively.

People regularly took part in a range of activities in and outside the home. The home had use of its own mini bus so transport was readily available.

We noted there were sufficient members of staff on duty to enable them to meet the needs of the people they were supporting.

Are services well-led?

The manager of the service is registered with the Care Quality Commission. The manager had good relationships with the staff team and external agencies so people received appropriate care and support which met their needs.

We spoke with people who lived at the home and visitors and they were happy with the management and the staff team. We were told the staff were friendly and kind. We were told the reception staff make you welcome of arrival at the home.

Any issues or concerns brought to the manager's attention were recorded and responded to in line with the home procedures. Where necessary appropriate action was taken.

The manager notified the CQC as required of any accidents or incidents, which occurred at the home.

Systems were in place to regularly monitor and review the quality of the service provided. Safety checks to their premises and services were carried out ensuring people were kept safe.

Summary of findings

What people who use the service and those that matter to them say

Most of the people living at Arbour Court were not fully able to tell us about the care and support they received due to the nature of their illness. One person told us, “I like it here”. Another said, “I like her” [staff member]. Relatives spoken with expressed their satisfaction about the care their relatives received. One relative told us. “The staff are very good, they are kind and caring “.

We spent time with people who lived at the home and observed the care and support provided by the staff. We saw people were comfortable with staff and responded positively to them.

We spoke with four relatives, one person told us they felt their relative was safe and well cared for at the home.

We asked a relative if they knew what the procedure was if they had any complaints or concerns. We were told they had raised a concern with the manager and it was dealt with swiftly and effectively.

Staff spoken with were complimentary about the management and running of the home. One member of staff said, “Things are much better now since this manager came in to post. The home is well run. Another said, “I love coming to work, it’s great”.

Arbour Court

Detailed findings

Background to this inspection

We visited Arbour Court on 2 May 2014. We spoke with a range of people about the service. They included the deputy manager, eight members of staff and four family members of people who lived at the home. We spoke with the local authority commissioners to gain their views about the service. The registered manager of the service was on leave at the time of our inspection. We provided feedback on our findings on their return from leave.

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 regulations associated with the Health and Social Care Act 2008 and to pilot the new inspection process under Wave 1.

Prior to our inspection we looked at the information we held about the home. We also contacted the local authority commissioning team who purchases care at the home. We were told since the appointment of new manager the home had improved.

During our inspection, we spent time observing how people who lived at the home were supported. This helped

us to understand how the staff cared for people who were not able to communicate with us because of their complex needs. We used a Short Observation Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked around the building including some bedrooms, bathroom facilities and the communal areas. We also spent time looking at records, which included people's care records, and records relating to the management of the service.

The inspection team consisted of two inspectors 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.

Before our inspection we reviewed information we held on the service. This helped inform us what areas we would focus on as part of our inspection. The last inspection of Arbour Court was carried out on September 2013. There were no concerns identified and we found the service was meeting the standards we looked at.

Are services safe?

Our findings

Most of the people living at Arbour Court were not fully able to tell us about the care and support they received due to the nature of their illness. One person told us, “I like it here”. Another said, “I like her” [staff member]. Relatives spoken with expressed their satisfaction about the care their relative received. One relative told us, “The staff are very good, they are kind and caring”.

Systems were in place to ensure people were protected against the risk of potential harm or abuse. Staff had access to policies and procedures to guide them in areas such as safeguarding from abuse, Mental Capacity Act 2005 (MCA), Deprivation of Liberty Safeguards (DoLS), confidentiality and recruitment.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). We found the location, in the main was meeting the requirements of the Deprivation of Liberty Safeguards, however for one person who had been recently admitted to the home who was also subject to a DoLS there was no information in place to guide staff in the support required so this person was supported safely.

We looked at staff training records to see if training in safeguarding, MCA and DoLS had been provided for staff. Information provided showed that 97% of staff had completed training in safeguarding and MCA and DoLS.

Two staff spoken with told us they received regular training, which included training in adult safeguarding. What staff told us demonstrated they knew what action to take if they suspected abuse or if someone raised a concern with them. Some staff had a better understanding of the MCA 2005 and DoLS and how this was considered when supporting people with their care and support.

On examination of people's records we saw documentation was in place for some people with regards to 'Advanced Care Planning' and 'Allow a Natural Death'. These had been completed by the person's GP or appropriate medical staff.

We were told discussions were held where possible with the person, their relatives and staff at the home. These records provided guidance to people involved in the care and treatment of people about people's wishes at the end of their life.

We saw risk assessment forms had been completed where potential hazards had been identified, such as nutrition, pressure care and falls. Information guided staff about how people were to be supported so that the risks to their safety were minimised. Assessments were also reviewed regularly so information was current and up to date.

During our inspection we spent time in all areas of the service, including the lounges and dining areas. This helped us observe the daily routines and observe how staff supported people who lived at the home. We saw people were relaxed and comfortable with the staff. We saw people were treated with respect and staff ensured people's privacy and dignity was maintained.

We looked at the recruitment records for six staff members and spoke with staff about their recruitment experiences. We found the recruitment practices were safe and relevant checks had been completed before staff commenced employment at the home. This meant people who lived at the home were protected from staff who were unsuitable.

Arbour Court is a purpose built two storey building. The service was clean and hygienic. The equipment was well maintained and serviced regularly which ensured people who lived at the home were not put at unnecessary risks.

We looked at the staffing levels provided at the home. People were accommodated on two floors. We were told in addition to the manager, the team comprised of a deputy manager, training co-ordinator, administrators, nursing and care staff, activity workers as well as kitchen, domestic and maintenance staff. Accurate rotas were maintained and demonstrated that designated staff in sufficient numbers were identified to work on each of the floors throughout the day and night.

Are services effective?

(for example, treatment is effective)

Our findings

Most of the people who lived at Arbour Court could not tell us if they were involved in decisions about their care due to their limitations associated with dementia. However we saw where possible staff supported and assisted them with making choices about their daily life. For example people were asked what they would like to eat and were shown pictures of the meals available. People were encouraged to join in with the planned activities.

Visitors spoken with confirmed they were able to see people who lived at the home in private or in the communal areas as was their choice. We were told visiting times were flexible so people could visit at times that suited them.

We saw each person had a care record detailing how they were to be supported. Records included assessments where potential hazards had been identified, such as, nutrition and hydration and mobility. Care records included information about people's routines, likes, dislikes and individual preferences. This helped staff provide care and support in a way the person would wish.

We noted on one person's file, who had recently moved into the home, that no plan of care had been drawn up. Records detailed what information was required within the first 24 hours following admission and then within seven days of admission. Whilst it was acknowledged this person had only been at the home for nine days, there was little information to direct staff. This person was also subject to a Deprivation of Liberty Safeguard (DoLS) however there was no information to guide staff in the support required so that the person was supported safely. Following admission a care plan should be drawn up clearly directing staff in how the person is to be supported. Without such information people may potentially be at risk of receiving

unsafe care and support'. This meant there had been a breach of the relevant regulation (Regulation 9 (1) (b) (i) (ii)) and action we have asked the provider to take can be found at the back of this report.

We were told a local GP visited the home on a weekly basis. Staff kept a diary of any non-urgent issues concerning people which were then discussed with the GP during their visit. This meant people's current and changing needs were monitored and reviewed regularly so timely intervention could be provided.

We saw people had access to all NHS entitlements. We were told weekly GP visits took place at the home, this reduced the need for people to attend external appointments or unnecessary admissions to hospital. Records examined showed other support services were accessed where necessary. These included; social workers, dietician, podiatry and opticians.

We spoke with the home's training co-ordinator who showed us the staff training programme. We saw the training was provided in different ways. For example in-house training, e-learning and if necessary external training. On the day of our inspection some staff were completing fire safety training. Staff spoken with confirmed they had completed an induction on commencing their employment at the home. Records showed that 53.33% of care staff had completed a National Vocational Qualification (NVQ). The home provided training in dementia care, which all staff had undertaken. This meant the staff team had appropriate skills and knowledge to support people who lived at Arbour Court.

Managers and heads of department had responsibility for offering supervision to all staff. These meetings provided staff with the opportunity to talk about their work and any training and development needs they may have.

Are services caring?

Our findings

Most of the people who lived at Arbour Court were not fully able to tell us about the care and support they received. Therefore, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We saw staff interacted well with people, were sensitive to their individual needs and spoke in a kind and reassuring manner. People were offered lots of encouragement during mealtimes and in the activities offered. We saw staff showed patience and understanding with people who lived at the home. Staff spoke kindly and clearly to people in a respectful and dignified manner. We saw a number of people required assistance at mealtimes. Staff sat down with people and assisted them with their meals offering them encouragement and chatting with them in a discreet and sensitive manner.

We saw privacy and dignity was respected when staff supported people with their personal care needs. Staff

were seen to escort people to their own room or bathroom so care could be provided in private. We heard staff explaining what they were about to do, for example when moving from one place to another and why they were doing it. We heard staff addressed people by their preferred name as recorded in their care record.

People were provided with spacious, well maintained accommodation and were seen accessing all areas of the home spending their time as they wished.

We saw people had lots of visitors throughout the day. Two relatives spoken with told us, "The staff are very good here". Another said, "My relative is given support to choose as far as they are able, what they want to do each day". We were told by one person's visitor that their relative did not want to join in the planned activities with others and this was respected by the staff.

We were told in the event of an emergency, staff would provide an escort to hospital where necessary if a family member was not available. Relevant information about people's medication and specific health needs would be shared with people so they received continuity in their care.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

During our inspection we observed staff were aware of people's needs and preferences and responded swiftly and efficiently when assistance was required.

We were told by the deputy manager that assessments were undertaken prior to people moving into the home. Information was available telling people what type of accommodation and services were available. On the morning of our inspection, the deputy manager had been to visit someone to carry out an assessment. Based on the information received they had decided a placement at Arbour Court was unsuitable. This demonstrated only those people whose needs could be met were offered accommodation.

We asked the deputy manager if any applications to deprive a person of their liberty had been made to the supervisory body (local authority). We were told there were two authorisations currently in place. The home had co-operated fully with the health and social care professionals involved in the assessment and authorisation process.

We discussed with the deputy manager the reasons for the requests and looked at the applications completed to support this. We found the managers had acted in accordance with legal requirements so people were protected.

We noted on one of the DoL authorisations that it had been agreed subject to two conditions. From our discussion with

the deputy manager, care staff, on review of the person's records and our observations of the person we saw the conditions were being addressed. This afforded the person as much freedom as possible, whilst ensuring they were kept safe from harm or injury.

The home employed three activities staff who worked throughout the week, including weekends and some evenings. A programme of activities was displayed within the home so people could see what was being offered. People had access to a minibus so activities could take place away from the home. We were told there had been a recent trip to Chester Zoo, which a number of people had joined.

Other people were seen doing activities of their own choosing. One person was seen drawing and another person was sat reading a newspaper. We were told and saw one person liked to help with domestic tasks. This person would help make beds, visit the laundry or spend time tidying the kitchen area on the unit. This was seen during our inspection.

Visitors we spoke with said they would feel comfortable in raising any issues, complaints or concerns with the manager or the deputy manager and that they would be addressed appropriately. The manager's office is in the reception area and they operated an 'open door' policy so people could approach them at any time. We saw the complaints procedure was clearly displayed on the main notice board. We were told there were no outstanding complaints at the time of our inspection. CQC had received no complaints about the service.

Are services well-led?

Our findings

The manager of Arbour Court was registered with the Care Quality Commission in April 2013. At the time of our inspection the manager was on annual leave. We provided feedback to the manager on his return from leave. At the inspection we were assisted by the deputy manager.

Observations of how the deputy manager interacted with the staff and from comments received from staff showed us the leadership was good and had a positive influence on the home. Visitors spoken with told us they were happy with the management of the home and with the staff team. We were told the staff were very friendly and the reception staff made them welcome on arriving at the home. Staff told us, "The manager has made a big difference to the home. It's much better now". Another said, "I love coming to work, it's great".

The manager had good relationships with the staff team and external agencies so people received appropriate care and support which met their needs.

Prior to our inspection we looked at the information we held about the home. We also contacted the local authority commissioning team who purchases care at the home. We were told since the appointment of new manager the home had improved.

CQC had been notified of relevant accidents and incidents. These are incidents that the service had a duty to report. We received the relevant notification forms shortly after the incident occurred which meant we had been notified in a timely manner.

We spoke with several members of staff including carers, the reception team and training co-ordinator. Staff were aware of their roles and responsibilities. They explained these well and were confident in carrying out their duties.

The training co-ordinator spent time with us discussing what training staff had undertaken and when refresher courses were due. The training programme was comprehensive and staff confirmed it was relevant to their specific roles within the home.

We saw staff supervisions and annual appraisals were ongoing and documented. These meetings provided staff with the opportunity to discuss any issues or concerns they may have and any further training and development they wished to undertake. We saw team meetings were held on a regular basis and minutes of the meetings were recorded.

Systems were in place for the monitoring and reviewing of the service. A programme of monthly auditing was in place. A different area was identified to focus on each month. These included; records, dignity, medication and staffing and servicing of equipment and appliances. The service had also been inspected by the local authority quality reviewing team in July 2013. No issues were identified at that time.

Comprehensive policies and procedures were in place to guide staff in their work. The deputy manager advised us that they were introducing a 'policy of the month'. This would be displayed with the staff room and all staff would be expected to read it.

The deputy manager told us the staffing arrangements were kept under review so that sufficient numbers were available to meet the needs of people.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 (1) (b) (i) (ii) HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare How the regulation was not being met: The registered person had not taken proper steps to ensure that people were protected against the risk of receiving unsafe care and support. Regulation 9 (1) (b) (i) (ii)