Barchester Healthcare Homes Limited

Arbour Court

Inspection report

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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?	Good
Is the service responsive?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Arbour Court is a care home providing personal and nursing care to people living with dementia and associated care needs. The service can support up to 60 people, 58 people were receiving care during the inspection. All the rooms are single occupancy. Accommodation is provided over two floors serviced by a lift. There are communal lounges and dining areas, and an accessible garden.

People's experience of using this service and what we found
People felt safe and staff had good knowledge of safeguarding processes. There were enough staff to support people safely. Care plan and risk assessments were up to date and reviewed regularly. People received their medicines as prescribed.

People were looked after by kind and caring staff who knew them well. Positive behaviour support was used to good effect, so that when people became upset or agitated, staff used distraction techniques. People were encouraged to be involved in decisions relating to their care and they were treated with dignity and respect.

Staff provided excellent end of life care with great care and compassion. People and their families were always supported with consideration and understanding to ensure their decisions and preferences were taken into account.

People were able to engage in a wide range of meaningful activities and maintain regular links with the community. People reported they really enjoyed getting involved in activities and outings because it made them feel busy and useful. People's choices were always respected by attentive and understanding staff, who found creative and innovative ways to ensure people lived their lives to the full. The whole staff team were very responsive to the needs of people and enabled them to improve and enjoy their life.

The provider had systems in place to encourage and respond to any complaints or compliments from people or those close to them. There was regular involvement by families and relatives and external services. Staff felt valued by the management team. A system of audits monitored and measured all aspects of the home and were used to drive improvement.

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

Rating at last inspection
The last rating for this service was Good (Published 27 January 2017).

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 re-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? The service was safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was exceptionally responsive. Details are in our responsive findings below.	**Outstanding** ☆
Is the service well-led? The service was well-led. Details are in our well-Led findings below.	**Good**

Arbour Court

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 checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection team consisted of one inspector, a medicines 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
Arbour Court 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
Day one of this inspection was unannounced. On day two, the management team knew we were visiting.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with service. We used the information the provider sent us in the provider information return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. This information helps to support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and six relatives about their experience of the care provided. We spoke with 22 members of staff including the registered manager, area manager, two administration assistants, three nurses, two unit managers, seven care staff, two chefs, two activities coordinators, one housekeeper and a laundry assistant. We also spoke with two health care professionals who visited the home.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Good

Is the service safe?

Our findings

Safe – this means 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 good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People's medicines were managed safely. Nurses who administered medicines were competent for this role and supported people in a caring and patient way. Records showed that people received their medicines in the way prescribed.
- All medicines were stored safely and at the right temperature. Medicines that are controlled drugs (subject to stricter control because of the risk of misuse) were handled in a safe way.
- Protocols describing when to administer any medicines prescribed 'when required' were kept with people's medication administration records (MARs). Protocols were up to date. Medicines to relieve pain or agitation were used appropriately.

Preventing and controlling infection

- Staff had received infection control training and said they had plenty of gloves and aprons available to them.
- The service was clean and tidy. Staff followed safe laundry procedures to help prevent the spread of infection.

Safeguarding systems and processes

- People we spoke with said they felt safe. Our observations of people who could not communicate with us were that they were comfortable with the staff members supporting them.
- All relatives we spoke with said they were kept informed in relation to any concerns regarding safety.
- The provider had effective safeguarding systems in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate and effective training and records we viewed confirmed this.

Assessing risk, safety monitoring and management

- Risk assessments were in place to reduce the risks to people. These included environmental and individual risk assessments and provided staff guidance on actions to take to reduce the risk.
- The service assessed people prior to them moving to the service to ensure that the service could safely meet the person's individual needs.
- The environment and equipment were safe and well maintained.

Staffing and recruitment

- There were enough staff to meet people's needs. One relative we spoke with said, "The staff turnover is minimal. They use bank staff but even then, it's regular bank staff."

● Our observations during the inspection indicated that staff were prompt to respond to people's needs.
● People, relatives and staff told us there was enough staff.
● Staff recruitment was safe.

Learning lessons when things go wrong
● The service was committed to driving improvement and learning from accidents and incidents. Information was analysed and investigated. Action was taken to identify suitable solutions to address any risks identified.

Good

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 remained good. 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 preferences, needs and choices were assessed by the management team before moving into Arbour Court.
- Staff said the information contained within people's assessments supported them to provide care to people based on their preferences at the time they moved to the home.

Staff support: induction, training, skills and experience.
- Staff were positive about the standard of training. Staff had completed an advanced program in dementia care and told us this had enhanced their specialist knowledge.
- Staff received specialist supervision in key areas. For example, staff had recently focused on oral health which supported them to complete detailed oral health assessments with people.
- The registered manager had rolled out a training quiz across the home. Staff worked in teams to answer questions in areas like; the Mental Capacity Act, safeguarding, equality and diversity and health and safety. One staff member told us, "The quiz was an engaging and consolidated some learning. We had a lot of friendly competition along the way."
- Staff told us they were supported in their role with structured, routine staff meetings and individual discussions, which included career progression. The registered manager gave staff opportunities to talk about their responsibilities and the care of people living in the home.

Supporting people to eat and drink enough to maintain a balanced diet
- People's mealtimes were not rushed, and staff sat with people to offer support where people required assistance. People and relatives were complimentary about the food. One person said, "It's very good food."
- People were supported to access food and drinks in line with their personal needs and choices. There was a selection of non-alcoholic and alcoholic drinks.
- People were referred to the GP in the first instance who advised on additional nutritional supplements in line with the local CCG guidelines.
- Lounges had an open kitchen where people were able to make their own drinks and snacks, with staff support where needed. Staff told us this reflected a homely environment.

Staff working with other agencies to provide consistent, effective, timely care
- The registered manager was open in their communication with other agencies such as the local authority and local clinical commissioning groups.
- There was a consistent staff team and a regular handover meeting so relevant and important information

could be shared amongst staff.
● All the relatives said they felt fully involved in the care of their loved one. One relative said, "They always let me know what's been happening". Another told us, "Everyone interacts, and the relatives get involved too".

Adapting service, design, decoration to meet people's needs
●There were several communal areas and quiet areas on each floor.
● People chose how they spent their time at the home with communal areas which were easily accessible.
●The needs of people who lived with dementia had been considered and were further supported with objects of interest and the development of easily accessible gardens.

Supporting people to live healthier lives, access healthcare services and support
● People had seen opticians, dentists, chiropodists and other professionals had been involved to support people with their care needs. People who required glasses and other aids had these in place. One visiting health professional told us the staff were responsive to any advice and had the skills needed to look after people effectively.
● People had detailed health care plans in place.
● Care plans showed that care was provided in line with current guidance and advice that had been given by community health professionals and GP's was followed.

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

● Where people were unable to make decisions for themselves, mental capacity assessments had been completed. Decisions were made on behalf of people in consultation with relatives and appropriate others in people's best interests.
● DoLS applications had been made to the relevant Local Authority where it had been identified that people were being deprived of their liberty.

Good

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 remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff treated people with kindness and respect. One person told us, "The staff are lovely and caring." A relative shared, "The care, kindness, friendship, always a smile I really could not ask for any more from the [registered] manager; the staff in the front office, the nurses, the carers and the cleaners. I take my hat off to all of them nothing is ever too much trouble."
- The registered manager regularly observed staff practice and interactions with people, including unannounced visits at night to ensure care standards remained at the appropriate level.
- We observed staff treating people with warmth, compassion and kindness. One staff member said, "We are like an extended family here. The staff and residents get on very well together."
- The management team and staff had created a relaxed and friendly home. People's body language indicated they were at ease. When people became anxious, staff offered reassurances.
- Staff discussed equality and diversity topics, such as sexuality during their meetings. This gave staff information around the legalities of protected characteristics and who they could contact for support. Staff were aware of other organisations who may support any special needs a person may have.
- Care plans contained a great deal of information about a person's life history, their likes and dislikes, interests and hobbies. The person's views on their gender, sexuality, religion or spirituality and age was recorded and action taken to ensure their wishes were fulfilled. We saw that arrangements had been made for people to practice their faith in the home or at a church of their choice or choose the same sex of staff.

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

- Staff supported people to be involved as much as possible with making decisions about their care.
- Relatives told us they took part in discussions about the person's care and support needs.
- The provider regularly consulted with people and their relatives to capture their views about the service.
- Staff supported people to be involved in tasks and activities they liked and had chosen.

Respecting and promoting people's privacy, dignity and independence.

- People were promoted to be as independent as they were able and wished to be.
- Staff treated people with dignity and respect, we saw they knocked on doors and sought permission before entering.
- People's confidential information was stored securely.

Outstanding ☆

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 improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

● Rich life histories were captured in people's care files. People, relatives and friends contributed to these intricately detailed booklets, providing photographs of places, pets and loved ones to aid people's memories. For example, staff had produced a glossy bound book featuring one person's own art work. This book of paintings, interwoven with stories of the person's life and travels, provided a valuable aide-memoire to the person as their memory declined and was used as a tool to enable conversation with other residents, staff and visitors.

● One person was able to enjoy a special event despite their health condition posing a challenge. Staff employed positive risk-taking skills and carefully planned the excursion to balance safety with having fun. The person could not recall the event when asked, but we saw photographs of them smiling, and looking relaxed and happy whilst they socialised.

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

● Positive outcomes for people living with advanced dementia could seem small but were considered hugely significant and were celebrated. Moments of joy were often shared with relatives and staff. People were cared for in bed but were not forgotten. For example, staff struggled to engage one person who slept most of the day in activity that was meaningful for them. The person rarely expressed themselves verbally but reacted to their first professional massage session by staying awake throughout the treatment and saying "thank you very much" to the therapist at the end.

● People were encouraged to take part in physical activities like weight training, boxing, and gentle stretching to enhance coordination and concentration. Movement was seen as a fundamental therapy at Arbour Court. For example, a person with a sports background had benefitted considerably from one to one ball games which had led to increased appetite, a boost to their low mood and interaction with others.

● A wealth of mindfully constructed activities were on offer at Arbour Court. Singing and dancing entertainment was well received, cookery and baking, games, quizzes, gardening, arts and crafts and animal visitors. Recent trips and events included; wine and beer tasting, horse racing and a trip to the garden centre. The home arranged a monthly cinema trip and enjoyed a host of dementia friendly film and karaoke sessions at a local pub.

● Staff used their enhanced dementia training skills to design bespoke one to one activities for people. For example, one person who used to enjoy the countryside chose to spend most of their time in their bedroom at Arbour Court. A regular ride out to a scenic area on the minibus provided therapeutic stimulation and contact with the community, leading to increased verbal expression.

End of life care and support

● The service was committed to providing outstanding end of life care. The management and the staff team were passionate about ensuring people who use the service experienced a dignified, comfortable and pain-free end of life. People were supported by 'champions' who completed additional training to offer high quality, compassionate end of life care.

● The service worked with the local GP to provide a 30-minute comprehensive medical assessment when people first moved to Arbour Court. This assessment included all aspects of care and captured people's wishes relating to end of life care, and those of their relatives. Preferences regarding care and treatment fed into bespoke, detailed plans that could be revisited and updated at any time.

● The service routinely went above and beyond to offer special experiences to people reaching the end of their lives. One person wished to attend an event they had helped to organise, and the service ensured this was still able to happen whilst keeping the person as safe and comfortable as possible. Staff arranged for another person to contact a loved one in another country using a tablet computer which they reported gave them a great deal of comfort at a time they most needed it.

● As part of the excellent end of life care, the registered manager and the staff team ensured relatives were also taken great care of. They ensured relatives were fully supported to spend time together with their family member. Relatives could stay over at the home with their loved ones and were provided with emotional support and meals.

● The provider continued supporting their staff too, to ensure they understood how to deal with death and loss and provide reassurance to grieving relatives.

● Staff followed best practice in monitoring and caring for people, providing pressure area care and managing pain, specifically at this stage in their life. The service ensured it had the relevant pain relief medicines in stock including end of life care medicine. One unit manager could train staff how to use syringe drivers and carried out regular competency checks.

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.

● The provider had developed a dementia guide which offered support and guidance to families. This was a publicly available document and was included with any enquiry to the home. The booklet had been developed to enable people to understand the condition and to give strategies to relatives to improve the communication and relationship with their loved one with dementia.

● For one person whose dementia has caused them to revert to their native language, we saw in their care plan that staff had sought to learn their language. The staff were able to use key phrases to support the person. A member of staff supported the person to make regular telephone calls to their family who live abroad. The staff member told us, "[Person] now speaks using a mixture of their native language and English. I am able to translate between [person] and their relatives so they can keep in touch and be involved in their loved one's care."

● A recent trip to the cinema had prompted one person to remember taking their children to the cinema in the past. This was a significant breakthrough for the person who often struggled to express themselves through language. Staff planned to take the person to the cinema regularly to explore further routes to verbal communication.

Improving care quality in response to complaints or concerns

● The registered manager used complaints as a platform for improvement. They told us, "Complaints and concerns are a gift. Somebody has taken time out of their day to let me know how we can improve. This

gives me opportunity to put it right and share any lessons learnt."

● There had been no recent complaints. Everyone we spoke with told us they knew how to make a complaint or said they would simply speak to the staff if they were unhappy.

● The provider had a robust complaints policy in place and this was made clear in the service user guide and in communal areas.

Good

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 requires improvement because there was no registered manager in place. At this inspection this key question has improved to good. 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 with openness; and how the provider understands and acts on their duty of candour responsibility

● People and their wishes were at the heart of the service. People and their relatives consistently told us about the high standard of care they experienced. The management team spent time with and spoke to people and their families to help them focus on people's happiness, health and wellbeing and make sure these were at the forefront of the support given. One person told us "[Registered manager] knows what she's doing."

●The registered manager worked closely with the area manager to promote a highly person-centred service for people.

● Staff told us they felt valued and respected and were proud to work at Arbour Court.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● We found the service had been open and transparent, complaints and incidents had been responded to and people had been informed of the outcome of their concerns in writing. The service had notified CQC of all the events they needed to. The CQC ratings from the last inspection were displayed.

● Relatives were happy with the communication they received. One relative said. "The Management and all the staff at Arbour Court Care Home operate a very professional operational team. I am regularly advised by management and the nursing care members of staff, of [person's] condition."

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

● Roles and responsibilities had been clearly defined. Staff were aware of the service values and were committed to achieving the quality of care expected. People's needs were met in a timely way following their plans of care. Any changes were accommodated throughout the day.

● There were robust auditing systems in place to ensure care and support were provided as intended. Regular competency tests ensured staff were aware of what was required, we saw these had been completed in relation to medicines and personal care including the dining experience. The service had their own internal quality audits which checked records and procedures had been maintained and followed. The service also audited the effectiveness of individuals' communication and activity plans to ensure these remained appropriate.

● The management team were supportive of staff who wished to develop further and provided mentoring and various training and promotional opportunities.

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

● People were encouraged to give their views about the quality of care they received. The service used a variety of ways to engage with people to try to understand their views. There were service user, staff and family satisfaction surveys which invited people to comment on all aspects of the service. There was a suggestion box in the reception area. We saw a lot of very positive feedback.

● The service was very engaged with the local community and had developed a 'community engagement plan'. A local brownie group were coming to cook with residents and plans were in place to set up a 'mother and baby class' for local residents and work with the local community choir. Local colleges, schools and a nursery often visited Arbour Court to volunteer or perform a show.

● Regular team meetings ensured staff were consulted and informed about any changes. We saw how the service had changed practice in response to feedback received in a staff meeting.

● The provider held regular awards to celebrate staff effort and achievement. The management team and staff at Arbour Court were regularly nominated for awards.

Continuous learning and improving care

● The service ensured they analysed all incidents and feedback to ensure the service continued to develop and to avoid any reoccurrence. Incidents were monitored at provider level to ensure learning was shared across the group. Effective working between the team promoted shared skills and knowledge.

● The service had a system for reviewing each area of practice, recently they had questioned their induction programme and worked together to agree in what order things needed to happen to be the most effective.

Working in partnership with others

● The service continued to work in partnership with organisations, commissioners, community-based health professionals and forums chaired by the local authority and local safeguarding team. This helped to ensure they were up to date with changes. A health and social care professional told us, "Arbour Court provides a safe, responsive service and we have excellent working relationships with the management team."

● The registered manager understood the importance of multi-agency working and told us, "We pride ourselves on cascading information to the staff team and provide excellent customer service to anyone who walks through the door."