

Arbour Lodge Limited

Arbour Lodge

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Arbour Lodge is a residential care home providing personal care to up to 29 people. The service provides support to older people, some of whom are living with dementia as well as people with physical disabilities or sensory impairment. At the time of our inspection there were 27 people using the service. Arbour Lodge accommodates people in one adapted building.

People's experience of using this service and what we found

People told us they felt safe living at Arbour Lodge. Staff had been trained in safeguarding and knew how to escalate concerns for people's safety. Risks were assessed, managed and known by the staff team. People received their medicines as prescribed and systems used for the management of medicines were safe. Staff followed guidance in infection control and the home environment was clean and tidy. Incidents and events were reviewed to ensure learning and improvement could take place.

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.

People, relatives and staff felt the home was well managed. The registered manager encouraged feedback and had established strong working relationships with people, relatives and the staff team. There were governance processes in place to monitor and review the quality of care people received. Feedback was welcomed and encouraged and staff worked in partnership with external organisations to ensure people's holistic needs were met.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 17 June 2020). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We received concerns in relation to the management of people's health needs. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe section of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Arbour Lodge on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Arbour Lodge

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was conducted by 2 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

Service and service type

Arbour Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Arbour Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

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 the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We spoke with 6 people who used the service and 10 relatives about their experience of the care provided. We also spoke with 7 staff members, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records, these included 4 people's care records, medicines administration records and governance and quality assurance records. We also looked at 2 staff recruitment files.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "It's a nice home, they are kind to you here." Feedback from relatives reflected they felt their family members were safe living at Arbour Lodge. One relative told us, "The staff and the building make me feel [person] is safe. The care at Arbour Lodge has been exceptional...they have looked after [person] very well. If they have any concerns, they contact me and let me know what they plan to do."
- Staff understood safeguarding and knew what action to take if someone had been harmed or was at risk of harm. The registered manager was aware of their responsibilities in relation to safeguarding and had referred incidents to the local authority and notified CQC as required by law.
- We reviewed records of incidents and found appropriate action been taken in response to each event and changes had been made to reduce the risk of avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people's safety and health were assessed and managed. Risk assessments and care plans were detailed and reflective of people's needs. These were reviewed by staff at least once a month to monitor for any changes.
- Clear guidance was available to staff to help them manage people's risks. We observed where people required additional measures to protect them from harm, this guidance had been followed. For example, people who were at risk of sore skin were seated on pressure cushions, people with specific dietary needs had their meals prepared in accordance with their needs. We also observed safe moving and handling techniques were used by staff when people require repositioning.
- Where people were at risk of falls there was a protocol in place for staff to follow to ensure they were safely supported following a fall. Guidance about how to support people safely from the building was also available to staff, who understood people's needs well.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met. Care plans reflected people's mental capacity to make specific decisions and staff were aware of how to support people to make their own decisions where possible.

Staffing and recruitment

- People and relatives told us there were enough staff to keep people safe and provide responsive care and support. Staff told us they felt there were times when they would benefit from more staff members. The registered manager told us they and the activities co-ordinator were available to provide any additional support when needed.
- We observed staffing levels throughout the day and saw there were enough staff to provide care in a timely way and respond to people's needs.
- Staff had been safely recruited. The provider had carried out pre-employment checks, including DBS checks, to ensure staff were safe to work with people. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines as prescribed. One relative told us, "They are on the ball with medication. No issues. If [person] is feeling unwell the nurse will come and see her."
- Procedures for the safe management of medicines were effective and systems to ensure safe administration were in place. Where people required their medicines 'as required', guidance was available to staff to ensure these were given in a consistent way.
- We observed staff supporting people with their medicines and saw this was done at the person's own pace, unhurried with an explanation of which medicines the person was receiving.

Preventing and controlling infection

- People told us the home was kept clean and tidy. A relative commented, "I find everywhere clean. If someone spills things or has an accident it is dealt with without fuss."
- The home was clean and hygienic and regular cleaning and maintenance took place to maintain a safe environment.
- People were supported in line with infection control policies, which reduced the risk of cross infection. Staff wore gloves and aprons when supporting them with personal care. Personal Protective equipment (PPE) was available throughout the home and was accessible and used by staff.

Visiting in care homes

The registered manager was aware of their responsibilities in relation to supporting people's rights to have visitors at the home. Visitors could access the home freely.

Learning lessons when things go wrong

- Analysis of incidents and events was undertaken regularly to ensure any learning could be identified. The registered manager and senior team reviewed records of incidents and updated people's care plans to reflect any changes that would reduce the risk of reoccurrence.
- Changes, or improvements to working practices, were then shared with the staff team through group meetings and 1 to 1 discussions with the aim of providing consistent care that protected people from avoidable harm.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection the governance systems were not robust enough to demonstrate safety was effectively managed, placing people at risk of harm. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

At this inspection improvements had been made and the provider was no longer in breach of this regulation.

- The registered manager was experienced and understood their regulatory responsibilities. They were supported by a group manager, who was available to discuss any concerns or issues.
- The registered manager was positive about the inspection process and told us they were keen for us to see the improvements they had made. They told us, "It's about learning and improving all the time. Things might go wrong, but it's about putting it right, not blaming people."
- Audits were in place to regularly review safeguarding events, medicines, care plans, as well as accidents and incidents. Information gathered was reviewed by both senior staff and the registered manager who maintained oversight of the service. Where concerns were identified there was a clear plan of actions to be taken to drive improvement.
- Actions identified were included in a service improvement plan which the registered manager used to ensure continuous progress against targets.
- The rating from the previous inspection was displayed in communal areas of the service, as required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We received positive feedback about the management of the home. One relative told us, "The manager is very approachable, and they will listen and talk things through. They take things onboard and deals with them." Another relative commented, "I do think their attitude towards residents is very good. They do show a personal and genuine interest with residents. Everyone is treated with dignity and respect, and they know about each individual and nurture their individual needs."
- There was a positive atmosphere amongst the staff team, who had developed positive relationships with people living at the home. We observed people moved freely around the home and into the office space throughout the day. The registered manager engaged well with people and invited them to spend time in

the office if they wanted to.

- The registered manager encouraged an open-door policy which gave people, relatives, and staff the freedom to ask questions and discuss any concerns. One relative told us they found this approach beneficial, "They will always speak to you if you have anything to ask or say. I can speak to anyone really. Their office door is always open, and they come out and speak to me when I visit."

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

- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.
- Where things had gone wrong, the registered manager had spoken with people and their relatives, discussed their concerns, and explained what action they had taken to improve the quality of care people received.

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

- People and relatives had been invited to share feedback about their experience of the home. One relative told us, "I completed a survey a few months ago. It covered food, safeguarding issues signing in, the building."
- Staff told us they felt supported in their role and could offer ideas or suggestions about people's care and the running of the home. One staff member said, "I love working here. The manager is very approachable."
- The management team used feedback to identify areas of improvement or makes changes to people's care and support. We observed visitors and relatives spoke with the registered manager throughout the day, stopping to give updates or share feedback about their family member's care.

Working in partnership with others

- The registered manager and staff team worked alongside external professionals to ensure people's needs were met. This included Advanced Nurse Practitioner's, community nursing teams, speech and language therapists, and occupational therapists.