

Leicestershire County Care Limited

Arbor House

Inspection report

High Street
Evington
Leicester
Leicestershire
LE5 6SH

Tel: 01162739033

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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

Arbor House is a residential care home providing accommodation and personal care for up to 40 people. The service provides support to older people and those living with dementia related needs, physical disabilities or end of life care. Accommodation is in one adapted building over two floors. At the time of our inspection there were 38 people using the service.

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

People and their relatives felt the service was safe. People were cared for by staff who were trained to promote people's safety and understood safeguarding procedures. 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.

Risks to people's lives had been assessed and kept under review. Care plans were person centred and staff understood how to manage risks to people. Medicines were administered by trained staff, in a safe manner. Staff worked in partnership with health care professionals to promote good outcomes.

Safe staff recruitment processes were followed. Staff were trained in their roles. There were enough staff working within the service to keep people safe. Staff received feedback on their performance through regular supervisions.

Environmental risks were assessed, and the premises and equipment used to promote people's safety were clean and well maintained. Staff followed infection prevention control measures to ensure the risk of infection was managed.

Feedback received from people, relatives and staff about the registered manager was positive. All felt the service was well run and the registered manager was approachable and responsive.

Systems and processes to monitor the quality of the service were robust and action was taken when any problems were found. Lessons were learnt when things went wrong and changes were made to reduce further risk and improve the quality of care and support.

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 6 February 2019).

Why we inspected

The inspection was prompted in part due to concerns received about managing risks associated to people's safety. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe and Well-led sections 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 remained 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 Arbor House 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.

Arbor House

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

This inspection was completed by one 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

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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. We used all this information to plan our inspection.

During the inspection

We spoke with 10 people and 10 relatives of people living at the service. We spoke with the registered manager, the operations manager, two area managers and nine members of staff. This included care team leader, care staff, administrator, cook, assistant cook, house-keeping staff and maintenance staff. We spoke with two visiting health care professionals, and received feedback from another two health professionals and the local authority who work with the service.

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

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 good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because the registered manager and staff understood how to protect them from abuse. One person said, "It's very safe here. I've got a [emergency] pendant I use for me or if someone else in the lounge needs help. I use my walking frame for short distances but have to use a wheelchair if I need to go out." One relative said, "[Name] is really safe here, I know, if there was a problem then [registered manager] would know about it and so would Care Quality Commission (CQC)."
- Staff received safeguarding training on how to recognise and report abuse and knew how to apply it. A staff member said, "I've never seen any abuse here. I would tell my care team leader or report it to the [registered] manager, and they will look into it. I can call social services or CQC if nothing happens." Staff were confident to report concerns and knew action would be taken.
- Effective systems were in place to ensure safeguarding concerns were reported and acted on. Notices were seen around the building with information about what people should do if they suspected abuse. The registered manager kept clear records of safeguarding concerns and had completed investigations when required.

Assessing risk, safety monitoring and management

- People told us their care needs were met safely by staff. One person said, "I'm not keen on the hoist but I do feel safe, they do fuss around me to make sure I'm comfortable." Relatives told us their family members were safe. A relative said, "There are always two staff who hoist [name]. Staff are competent at using the hoist. Staff are very understanding. I feel very happy with [name] being there. Staff treat residents with dignity and respect."
- Risks to people were assessed and kept under review. These included risk of falling, mobility, skin care, eating and drinking. Care plans contained explanations of the control measures for staff to follow to keep people safe. This included equipment used to move people safely and modified diets to ensure people were not given the wrong food and drink.
- Staff were trained to promote people's safety and understood the support people required to reduce the risk of avoidable harm. We saw staff use equipment to move people safely.
- All aspects of the home environment had been assessed for potential risks. Routine safety checks were completed on fire, gas, electrical, water systems and the equipment used in the delivery of care. Records showed fire drills were routinely completed. People had personal emergency evacuation plans (PEEP's) in place and were sufficiently detailed to enable staff to support people to leave the service safely. This promoted people's safety.

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).

- The service was working within the principles of the MCA. Records showed appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- There were safe staffing levels to ensure people's needs were continually met. One person said, "I've got no concerns, there's always plenty of staff around to help if you need them." A relative said, "There seems to be enough staff. They are well trained. I have never felt worried."
- A staff member said, "We work well together, we do help out if we need to cover any shifts. We can always do with more staff but right now we've got enough staff to look after our residents safely." The registered manager used a dependency tool to determine safe staffing levels, based on people's needs, and was monitored regularly.
- Safe staff recruitment procedures were followed. Pre-employment checks were carried out including checks with the Disclosure and Barring Service (DBS). 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 told us they received their medicine on time, and as they wanted. Medicines were stored safely and administered by staff trained and competent to do so.
- We saw staff administered medicines safely. Where people were prescribed medicines to take 'as and when required' such as pain relief medicine, there was clear guidance for staff on when to administer them safely and consistently. A sample of the medicine administration records we checked had been completed fully and accurately.
- Regular medicines audits were completed to check for any mistakes and to ensure staff continually followed the systems and processes to administer, record and store medicines safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- The provider's infection prevention and control policy was up to date.
- The provider had safe visiting procedures in line with the government guidance. People and relatives were happy with the visiting arrangements. We observed visitors spending time with their family members in their privacy of their bedroom and a dedicated visitor room.

Learning lessons when things go wrong

- Systems were in place to record, monitor and analyse accidents, incidents and safeguarding concerns. This enabled the registered manager to identify any themes so action could be taken.
- Records showed the registered manager had taken appropriate action in response to a safeguarding concern that had been raised.

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 good. At this inspection the rating has for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive culture within the service. People, relatives and staff all thought the service was well run and that communication from the registered manager was good. One person said, "[Name] the manager, [they]'s very good, always here flitting around and always free to chat and checking if I'm ok. [Registered manager] is a lovely lady." Relatives said, "The manager is lovely. [They] can be very direct. They get to the point quickly. The home is well run." And "The [registered] manager is very good. [They] is on the ball and is very approachable. I have never raised any concerns. I talk each week to the [registered] manager, and [they] takes on board any issues I raise."
- The registered manager and staff focused on achieving good outcomes for people. Staff had developed positive relations with people and their relatives. Staff knew people they were supporting well and understood their individual preferences and wishes.

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 understood their responsibilities regarding duty of candour. They demonstrated openness and transparency throughout the inspection. We saw information was correctly shared with other agencies and family members including the actions taken to prevent further risks and an apology offered if an error had occurred.

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

- The registered manager notified the CQC about events and incidents they were required to do so. This meant risks identified were shared with relevant agencies.
- Staff understood their roles and felt well supported. We saw staff worked as a team to ensure people's needs were met. One staff member told us, "[Registered manager] is really good. We have supervisions and staff meetings every month or so. It's good because we get new information and ways to do things differently or better if something has happened."
- There was effective oversight of all areas of the service. Systems were in place to continually monitor the quality and standards of the service through regular audits and checks. Actions were taken promptly to address any issues that were found. People, relatives and staff told us the registered manager resolved issues quickly when raised. There were regular meetings between the registered manager, staff and area managers to discuss the needs of the service.

- The last inspection report and rating awarded by CQC was displayed within the service and on the provider's website.

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

- People told us they enjoyed activities, social gatherings and church services. One person said, "[Activity worker] left recently and a new one is due to start. I liked doing different activities and miss it." The registered manager told us the recruitment of activities staff was ongoing.
- Feedback was used to improve the service. There were regular residents' meetings, which were used to gather feedback on menu choices, activities, updates on the visiting arrangements and changes to the décor. The registered manager told us relatives meeting had been planned. Satisfaction surveys had been given to people and feedback using the provider's website was encouraged.
- People and relatives were confident to speak with the registered manager. One person said, "[Registered manager] is nice, [they are] always around and really easy to talk to. I would not hesitate to speak with [them] if there was a problem." One relative said, "The [registered] manager seems efficient. [They] answers my questions and seems very approachable. I have not been asked for feedback. I have no concerns whatsoever."
- Staff felt able to feedback directly to the registered manager or discuss within team meetings.

Continuous learning and improving care

- The registered manager ensured they worked towards continuous improvement. People and relatives spoke positively about the changes made to the environment. People's information was transferred to a new electronic system. Staff told us the new system was informative and easy to use. The system enabled the registered manager to monitor staff were providing prompt and effective care and support.
- The registered manager ensured they kept updated on best practice to continually drive improvement at the service. The registered manager was responsive to feedback given during the inspection visit and took immediate action where needed. For example, in response to queries raised by relatives we spoke with the registered manager and the area manager assured us information about the use of bedrails and associated risks would be shared with relatives to improve their understanding.

Working in partnership with others

- The registered manager and staff worked in partnership with other health and social care professionals involved in the care people using the service received to promote good outcomes. Records showed that people had regular health checks.
- We received positive feedback from health care professionals about the registered manager, staff and the quality of care provided to people. A GP told us the registered manager contacts the surgery in a timely manner when people's health was of concern. We also received positive feedback from the local authority who monitors people's packages of care and safety.