Aiveda Limited

Arthurs Court

Inspection report

27 Highfield Road
Street
Somerset
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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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection was carried out on 7 June 2018 and was unannounced. This was the first inspection of the home since it was registered to Aiveda Limited.

Arthurs 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 care home provides accommodation and nursing care to up to 40 people. The home specialises in the care of older people who require nursing care to meet their physical needs. At the time of the inspection there were 35 people living at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had owned the home for just over a year and the registered manager had been in post since July 2017. In this time they had carried out regular audits and put action plans in place to improve the service and accommodation offered to people.

People were satisfied with the care they received but improvements were needed to make sure people had a good quality of life. Staff were very kind and patient when assisting people, but most interactions were task focussed rather than person centred.

There were limited opportunities for social stimulation. Activities were not planned and delivered in accordance with people's interests and abilities. The result of this was that a number of people, who were unable to occupy themselves, spent their day in the lounge with the television on or in an activity group which did not interest them.

People felt safe at the home and with the staff who supported them. One person told us, "I feel safe. The staff are very good to me, not like some places you hear about." The provider had systems and processes in place which helped to minimise risks to people.

People's healthcare needs were monitored on a day to day basis by trained nurses. The staff ensured people had access to other healthcare professionals according to their individual needs. The staff worked in partnership with other professionals to make sure people received the treatment they required.

People's nutritional needs were assessed and met. Where people required support to eat and drink this was provided in an unhurried and dignified manner. People were generally happy with the food provided. One

person said, "Food is alright. We get a choice."

Staff knew how to support people who lacked the capacity to make decisions. People were supported to have choice and control over their lives and staff supported them in the least restrictive way possible. When people lacked capacity, decisions had been made on their behalf following current legislation.

People's privacy and dignity was respected and people felt comfortable with the staff who supported them. Staff observed during the inspection were kind and friendly.

The provider and registered manager were committed to listening to people to make sure improvements made were in accordance with people's wishes. People told us they would be comfortable to raise any complaints or concerns with a member of staff.

Further information is in the detailed findings below

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.

People told us they felt safe at the home.

People were supported by adequate numbers of staff to keep them safe.

Risks of abuse to people were minimised by the provider's systems and processes.

Is the service effective?

Good

The service was effective.

People's healthcare needs were monitored and treatment was provided according to their individual needs.

People received food and drink in accordance with their needs and preferences.

Staff knew how to support people who lacked the mental capacity to make decisions for themselves.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and friendly.

People's privacy and dignity was respected.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Improvements were needed to make sure people received care and support which was personalised to their individual needs and wishes.

Activities and social stimulation was not always planned and delivered in accordance with people's interests and abilities.

People told us they would be comfortable to raise concerns or make a complaint.

Is the service well-led?

Good

The service was well led.

People lived in a home where the provider and registered manager were committed to improving the service and the environment.

The management of the home was open and approachable and people felt able to share their views and concerns.

Arthurs Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 7 June 2018 and was unannounced. It was carried out by two adult social care 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 the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

During the inspection we spoke with 22 people who lived at the home, four visitors and eight members of staff. Before the inspection two healthcare professionals provided positive feedback regarding the home. The registered manager was available throughout the inspection.

During the inspection we were able to view the premises and observe care practices and interactions in communal areas. We observed lunch being served and an activity session.

We looked at a selection of records, which related to individual care and the running of the home. These included five care and support plans, three staff files, records of complaints, minutes of staff and service user meetings, medication records and quality monitoring records.

Good

Is the service safe?

Our findings

People felt safe at the home and with the staff who supported them. One person told us, "I feel safe. The staff are very good to me, not like some places you hear about." Another person said, "There isn't much to do here but I do feel safe and well cared for."

People who lived at the home were safe because the provider had systems and processes in place to minimise risks to people. These systems included a robust recruitment process, a whistle blowing policy and training for staff.

Staff undertook training on how to recognise and report any suspicions of abuse during their induction programme. The minutes of a recent staff meeting showed all staff had been made aware of the updated policy on safeguarding people. They had also been advised that if they felt unable to raise concerns with the registered manager they could speak with the provider. Staff spoken with said they knew how to recognise abuse and would not hesitate to report any concerns to the registered manager. Staff were confident any issues raised would be fully investigated to make sure people were safe.

Staff recruitment files showed the provider ensured all staff were checked before they began work at the home. Staff files showed new staff had not begun work until the registered manager had received the appropriate checks and references.

People were supported by sufficient numbers of staff to keep them safe. The provider used agency staff to cover vacancies and the registered manager told us they were in the process of recruiting additional staff. One person said, "There always seems to be enough staff." A member of staff said, "We have enough staff. We are a good team and everyone does their bit. The nurses and manager are hands on if needed."

On the day of the inspection we saw people were supported with their physical care needs in a timely manner. However staff did not spend time socialising with people when they were not supporting them with a task. People told us when they rang their bell for help, staff responded to them promptly. One person said, "It's nice because there is always someone here. If you ring the bell someone appears."

People received their medicines safely from trained nurses. People said they received the correct medicines at the right time. Records of medicines administered were well kept and correctly signed. One person said, "I get the right tablets at the proper time. I never need to ask or remind them." The home's medicine practices had recently been audited by the dispensing pharmacy and the report provided showed evidence of consistently good practice in this area.

Risk to people's health and well-being were assessed and staff worked in accordance with measures in place to minimise risks to people. For example, where a person was being nursed in bed we saw the risk assessment stated that staff needed to assist them to change position to minimise the risks of pressure damage to their skin. Records showed staff were supporting people with this at the required frequency. No one at the home had any pressure ulcers showing the measures in place had successfully protected people

from this risk.

All accidents which occurred in the home were recorded and audited to identify any trends or patterns which may requires attention for the person or a change in practice. The registered manager told us they used accident and incident reports to monitor people's general well-being and look at how the service could be continually improved.

People lived in a home which was kept clean and fresh. Staff followed good infection control practices to minimise the risk of the spread of infection. Staff used personal protective clothing, such as disposable gloves and aprons appropriately. There was adequate hand washing facilities around the home and we noted that staff also carried alcohol gel to sanitise their hands when needed.

People lived in a home were the safety of the building and equipment was regularly checked by in house staff and outside contractors. For example, the building was fitted with a fire detection and alarm system which was regularly checked and serviced. There were also personal evacuation plans for people to enable them to be safely removed from the building in the event of an emergency, such as a fire.

Good

Is the service effective?

Our findings

People received effective care because staff had the skills and knowledge to meet their physical needs. People told us they had confidence in the staff who supported them. One person told us, "I used to be a nurse and the nurses here know what they are doing." Another person commented, "You really can't fault the staff."

People were cared for by staff who had received training to carry out their specific role. Registered nurses told us they had opportunities to keep their clinical skills up to date to make sure they were providing people with effective care. The majority of staff training for care staff was completed on line but some training, such as moving and handling and first aid were completed as practical sessions. Staff we spoke with said they preferred the practical sessions and thought they gained more from them.

People's legal rights were respected because staff had an understanding of The Mental Capacity Act 2005 (MCA) and worked in accordance with its principles. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Staff said most people were able to make day to day decisions but where people lacked capacity they worked in the person's best interests. One member of staff said, "If someone couldn't make a decision we would speak with family and do what everyone thought was best."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had an understanding of the mental capacity act and the Deprivation of Liberty Safeguards. Where people required this level of protection to keep them safe they had made applications to the appropriate authority.

Before people moved to the home the registered manager carried out a pre admission assessment to make sure their needs could be effectively met by the home. Care plans were personalised to the individual and gave information about people's likes and dislikes as well as their needs. However care plans focussed on meeting people's physical needs rather than their social needs.

People's day to day healthcare needs were monitored by trained nurses and they received the treatment needed to meet their specific needs. One person who needed support with wound care told us, "They have a really good routine for changing my dressings. Very efficient." Where nurses had concerns about a person's health they made sure they were referred to other healthcare professionals such as GP's, community psychiatric nurses and speech and language therapists. One person told us, "When I needed it, they got the doctor to visit me. And a chiropodist visits as well."

Healthcare professionals who provided feedback to us before the inspection said staff worked well with them. They told us they put advice into practice to make sure people received the support and treatment

they required. They said that where someone had mental health needs that could not be met at the home, staff had worked with professionals and family members to ensure they were able to move to a more appropriate setting.

People's nutritional needs were assessed and met. Where there were concerns about a person's nutritional intake, the staff monitored and recorded what the person ate and drank. One person told us one of the reasons they had moved to the home was because of their poor eating habits. They said, "I lost my appetite but I go to the dining room now and I do eat alright here." We looked at this person's weight records which showed there had been a slight increase in their weight since they had moved to the home. Another person told us the staff provided them with "Special milkshakes." One visitor said the staff had managed to get their relative to eat which hospital staff had not been able to do before they moved to the home.

People received food which met their needs and preferences. Where people were assessed as requiring their food and drinks to be served at a specific consistency we saw this was provided. The kitchen staff had details about people's individual preferences and needs to make sure they received the correct food. One person told us they did not like fish and said they were always provided with an alternative. Another person preferred a vegetarian diet and this was provided. One person said, "Food is alright. We get a choice." Another person told us, "I don't like big meals. I tend to eat the soup and the pudding."

The home was a large older style building with accommodation across two floors. Many areas of the home were tired looking and in need of refurbishment to make sure they provided a good standard of accommodation for people. Since the new provider had taken over the service they had begun some refurbishment, including redecorating some bedrooms and making improvements to the garden area.

People were able to spend time in communal areas or their room. The main lounge/diner was on the ground floor and was accessible to people with all levels of mobility. One person said they would like to spend time in a smaller area. They told us, "I don't appreciate being put in a big room with a lot of people I really don't want to spend time with." They also said "If you could have a smaller area where you could spend time with just your friends and not be sat in a room with a lot of people that would make you feel happier." There were two further communal seating areas but these were uninviting and not used by people. There was a lounge on the first floor but it was poorly furnished and did not present a homely or comfortable feel. There was also a conservatory but this was extremely warm and contained two dead plants which also did not make it appealing. The registered manager informed us both rooms were being refurbished to make them more inviting to people.

Good

Is the service caring?

Our findings

People were cared for by staff who were kind and patient. People told us the majority of staff were kind and friendly. One visitor told us, "The staff are fabulous and very caring." One person commented, "Cannot fault the staff in anyway whatsoever. They are so good and so caring."

The registered manager led by example to ensure people were treated with kindness and respect. One member of staff said, "She [registered manager] loves the people here and would not tolerate anyone being nasty or inappropriate." One person told us that when they reported a member of staff, who they did not feel was kind, the registered manager had dealt with the situation.

Staff showed patience when they supported people. For example, at lunch time some people required physical assistance to eat. We saw staff sat with people and took time for them to enjoy their meal. We heard staff talking to people in a kind and patient manner, making sure they understood what was being asked of them.

Some staff had worked at the home for a number of years and people who had lived there for some time felt they had built good relationships with them. One person told us, "I do OK here. We have a laugh." Another person said, "Staff are very good, you can ask for anything. We have a laugh and make the best of it."

People's privacy and dignity was respected. All personal care was provided in private. Staff hung signs on bedroom doors when they were assisting someone to make sure they were not disturbed. People all appeared clean and well-dressed showing staff took time to support people with their personal care. One person said, "They help me have a wash and get dressed. They are very kind and gentle with you."

People were able to state their preference about the gender of the staff who supported them with personal care. One person's care plan said they preferred to have a female member of staff. When we asked them about this they said they were always helped by a female.

Care plans showed that people were involved in planning their care as far as they were able. One person told us about their specific routine and we saw this was clearly recorded in their care plan. One visitor told us they had been involved in reviewing their relatives' needs and one care plan outlined how the care plan had been discussed with the person.

Requires Improvement

Is the service responsive?

Our findings

Improvements were needed to make sure people's care was responsive to their individual needs and preferences. Although interactions we saw between staff and people living at the home were kind and friendly, they were task focussed rather than people focussed. There was limited social interactions and on the day of the inspection staff did not spend time talking with people when they were not assisting them with a task.

On the morning of the inspection we saw a large number of people were sat in the lounge with the television on loudly. No one seemed to be watching the TV and people did not appear animated or engaged. People were sat in rows and were not able to converse easily with other people because of the seating arrangements and the television.

Activities had been highlighted as an area for improvement in the most recent satisfaction survey and a new activity worker had been employed. One person told us, "They are starting to bring back some activities. I'm waiting to see if new things start up." However on day of the inspection we saw the activity which occurred was not tailored to people's interests or abilities. The activity was a game of hangman carried out in the main lounge. This meant that, because there were limited alternative seating areas, everyone was expected to join in whether they were interested or not. There was no laughter or sense of fun and most people did not appear to be enjoying the activity.

A number of people told us they would like to have more activities and opportunities for social events and outings. One person said, "There's not really anything to do. I used to do all sorts of things but I suppose now I just have to put up with the ways things are." Another person told us although they were happy with their physical care "There is not very much to do. They do their best but it's not very good." One person said, "More activities would be a breath of fresh" and another person commented, "Some trips out would be lovely."

The home had a garden area, which the current provider had made improvements to, but this was not easy for people to access independently. One person said, "Last week a few of us went to sit in the garden. Feeling the sunshine and watching the fish in the pond was nice. They haven't asked again if I want to go out but I would like to."

People told us they were able to make choices about their daily care routines. One care plan clearly stated the time a person liked to be assisted out of bed and how they wished to spend their day. The care plan also stated that the person had refused some equipment and their refusal had been respected. However we saw some instances where choice was not offered. For example, at lunch time most people in the dining room were given a fabric clothes protector to wear. They were all one style and no alternatives were offered. Another person told us about one item of food they continually asked not to be given but at lunch time we saw this food was on their plate. When we mentioned this to them they laughed and said, "There's no getting through to them."

One person's care plan gave details of the care they required but when we met the person we noted their needs had changed significantly. They did not appear comfortable or relaxed. The care plan stated the person was 'eating and drinking independently.' However the daily records and fluid charts showed they were unable to swallow. We discussed with this with the registered manager who told us the person now required end of life care and this was being provided. All other staff spoken with were aware of the change but it was not recorded. The lack of a clear end of life care plan meant the person was at risk of not receiving care in accordance with their wishes and beliefs It also meant there was no plan to ensure their comfort and dignity, such as a plan for pain relief and mouth care.

Another person at the home was receiving end of life care and in contrast they appeared to be comfortable and well cared for. They told us, "It's a lovely home. They are very, very kind."

The provider had a complaints procedure which everyone received a copy of. Where complaints had been made, investigations had been carried out and responses given to the complainant.

People told us they would be comfortable to raise any concerns or complaints. One person said, "I would not be afraid to speak out. I would raise any issues with the staff." Another person told us, "I could talk to staff about any worries."

Good

Is the service well-led?

Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider and registered manager were committed to making on-going improvements to the care and support people received. The registered manager told us they wanted to "Create a home for people living here. Somewhere they can enjoy their life. Have good quality care."

People felt the service was well led by the registered manager who was open and approachable. One visitor said, "The manager is very approachable and lovely. Anything you want to know she will find out for us. Nothing is too much trouble." One person told us, "I feel the manager is a person that will do all she can to make the home safe and user friendly. She is more than willing to listen and find out how she can make things better."

The provider had owned the home for just over a year and the registered manager had been in post since July 2017. In this time they had carried out regular audits and put action plans in place to improve the service and accommodation offered to people. There had been some environmental improvements and these were ongoing.

The registered manager was developing the management team to enable responsibilities to be shared. They had recently appointed a clinical lead nurse who would oversee people's clinical needs and monitor nursing skills and training needs. One senior carer was undertaking further training to support them to lead the team of care staff.

The registered manager carried out audits to ensure people received a good standard of physical care. In response to audits they had put systems in place to make sure they had an overview of the care provided to people. For example, all food and fluid charts were checked on a daily basis to enable them to identify issues quickly. There was also a protocol in place to show what action should be taken if someone lost or gained weight. One healthcare professional who provided feedback to us, said they felt standards had improved.

People's views were listened to and acted upon where practicable. The provider had carried out a satisfaction survey to identify what people thought of the service and how they could improve people's experience. In response to comments made, menus had been changed and a new activity worker had been employed.

The registered manager was very visible in the home and had an excellent knowledge of people's needs. They worked alongside other staff which enabled them to monitor the standard of care provided to people and address any poor practice promptly. The registered manager also recognised and acknowledged good

practice. For example, records of a staff meeting showed they had praised the staff for how a difficult situation had been dealt with. One member of staff said "[Registered manager's name] is a brilliant manager." Another member of staff said, "You can ask her [registered manager] anything. She is always happy to help and give you advice."

The registered manager told us they felt well supported by the provider who visited the home on a weekly basis and was always available for telephone advice. There were no formal records of the provider's visits to the home so it was difficult to see how they assured themselves about the standard of care provided.

The staff worked in partnership with other professionals to make sure people received the care and support they required. Healthcare professionals who provided feedback said they were always made welcome in the home and felt they had good working relationships. The staff also liaised with the care home support team for advice and support.

People were supported by staff who had access to up to date policies and procedures. This helped to make sure staff were providing care in accordance with up to date best practice guidelines and legislation.