

Tudor Bank Limited

Alt Park Nursing Home

Inspection report

Parkstile Lane
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The focused inspection took place on 30 July 2018 and was unannounced.

Alt Park is a 'care home', registered to provide accommodation and nursing or personal care for older people. The care home is registered to provide support for up to 35 people. At the time of the inspection there were 30 people living at the home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Alt Park is a purpose-built care home situated in Gillmoss, a suburb of Liverpool. Accommodation can be found over two floors, there is an available passenger lift and stairwell, as well as a lounge/dining area and garden areas located around the home.

At the time of the inspection there was no registered manager in post. A registered manager is a person who has registered with CQC 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 and how the service is run. The registered provider had appointed a manager in April 2018 but they had not submitted the relevant documentation to CQC.

At the previous comprehensive inspection which took place in November 2017, the home was rated as 'Requires Improvement'. This focused inspection was carried out due to notifications of concern which CQC received in relation to the clinical support people received, particularly in relation to effective wound care management.

This focused inspection was carried out to ensure people received effective care and the registered provider was meeting all legal requirements. The team inspected the service against two of the five key questions we always ask: is the service effective and is it well-led?

Consent to care was not obtained in accordance with the Mental Capacity Act (MCA) 2005; records did not indicate that principles of the MCA were being followed and it was not clear to see if people were involved in the decisions which were made in relation to the care provided.

Quality assurance systems were not always effectively assessing, monitoring or identifying areas of improvement and development. Audits and checks were not identifying the areas we identified during the inspection and were not effectively monitoring the safety and quality of care people received.

We recommend that the registered provider reviews the quality assurance systems which are currently in place.

During this inspection we looked at the clinical care people received in relation to wound care and the management of vulnerable skin. We did this in order to assess whether relevant risks had been effectively

assessed by nursing and care staff. People's vulnerable skin conditions were clearly recorded and staff followed specific care and treatment plans to support the risks that presented.

We reviewed clinical support processes that were in place manage and mitigate risk. These included repositioning charts, topical (medicated) administration records, waterlow assessment tools and pressure relieving equipment. The clinical support measures which were in place helped to provide an evaluation of the care provided and demonstrated how risks were assessed and monitored.

The day to day support needs of people living at Alt Park were being met. We found staff liaised with external health and social care professionals at the appropriate time to optimise people's health and well-being.

Staff received regular supervision and were supported with their learning and development. Staff told us they felt supported and were able to develop the necessary skills and competencies to deliver effective care. Relatives also told us that staff were well equipped and trained to provide the care which was expected.

The overall governance of the home required improvement. Quality assurance systems which were in place were not always effectively assessing, monitoring or identifying areas of improvement and developments. The manager was responsive to the feedback we provided in relation to the improvements that were required.

Policies and procedures were up to date, contained the relevant information and were available and accessible to staff. Staff were able to discuss specific procedures and processes with us during the inspection.

The registered provider was aware of their responsibilities and had notified CQC of events and incidents that occurred in the home in accordance with their regulatory requirements. The registered provider ensured that the ratings from the previous inspection were on display within the home, these were also available for the public to review on the registered provider website, as required.

Improvements were identified during this inspection however, we have not revised the overall rating from 'requires improvement'. To receive a rating of 'good', this requires evidence of consistent long term good practice.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

Requires Improvement 

The service was not always effective.

The principles of the Mental Capacity Act 2005 were not being followed.

Clinical care was effectively provided; although further developments could be made in this area of care.

Staff were trained and supported to ensure that they held the appropriate skills and knowledge to carry out their role.

People's nutrition and hydration support needs were effectively monitored and assessed.

Is the service well-led?

Requires Improvement 

The home was not always well-led

We recommend that quality assurance systems are reviewed to improve the quality and safety of care people received.

There was no registered manager in post at the time of the inspection.

People and staff spoke positively about the management team and told us recent improvements had been made.

Staff were familiar with a variety of different policies and procedures which the registered provider had in place.

Alt Park Nursing Home

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.

The inspection took place on 30 July 2018 and was unannounced.

The inspection was prompted by the notification of an incident whereby a person being supported at the service died. This incident was subject to a criminal investigation and as a result this inspection did not examine the circumstances of the incident.

However, the information shared with CQC about the incident indicated potential concerns about the management of risk of in relation to clinical support. This inspection examined those risks.

At the time of the inspection we were assured that effective clinical support was being provided, risks were being mitigated and people were receiving safe care.

The inspection team consisted of two adult social care inspectors.

Before the inspection we reviewed the information which was held on Alt Park. This included notifications we had received from the registered provider such as incidents which had occurred in relation to the people who lived at the home. A notification is information about important events which the service is required to send to us by law.

A Provider Information Return (PIR) had previously been submitted and reviewed prior to the inspection. This is the form that asks the registered provider to give some key information in relation to the service, what the service does well and what improvements need to be made. We also contacted the police and local authority prior to the inspection. We used all of this information to formulate a 'planning tool' and to identify key areas which needed to be focused on during the inspection.

During the inspection we spoke with the manager, five members of staff, chef, one person who lived at the home and six relatives.

We also reviewed specific records and documentation to support the inspection. These included four care records of people who lived at the home, staff training records, audits and checks and other records relating to the management of the service.

Is the service effective?

Our findings

When we conducted a comprehensive previous inspection in November 2017 we found the registered provider was in breach of Regulations 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people's consent to care and treatment was not always gained in line with principles of the Mental Capacity Act (MCA) 2005.

The 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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).

Applications to deprive people of their liberty had not been made appropriately and correct procedures were not always followed. We found that mental capacity assessments were not always completed in line with the principles of the MCA. Capacity assessments were generic and were not always decision specific. For example, a 'best interest' decision had been made in relation to bed rails that a person was assessed as needing. The capacity assessment made no reference as to why the person required bed rails and did not indicate any other areas of day to day care the person required support with.

In other care records we checked, we found that key decisions requiring best interest decisions and assessment of capacity were not evidenced. For example, one person's next of kin had signed 'consent for photograph' proforma, however there was no evidence to suggest that the person did not have the capacity to provide their own consent or make necessary decisions. This is not in line with principles of the MCA, which states that people should be assumed as having capacity unless an assessment finds otherwise.

This remains a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff expressed that they were fully supported in their roles. Staff received supervisions and annual appraisals. Supervisions are regular meetings between the staff member and their manager to discuss any issues which need to be addressed in a one to one setting. Appraisals are used to identify goals and objectives for the year ahead to ensure staff are supported to develop within their role.

Staff were supported with a range of training, learning and development opportunities. Mandatory training that staff needed to complete included, moving and handling, health and safety, safeguarding, infection control, dementia awareness, DoLS/MCA and medication administration. 80 per cent of staff had completed moving and handling, 77 per cent had completed health and safety but only 67 per cent of people had completed infection control. We were informed that the necessary training had been scheduled for staff to complete.

New staff who did not have the relevant National Vocational Qualification (NVQ) in Health and Social Care were enrolled on to the 'Care Certificate'. The Care certificate was introduced by the Government in 2015. This is a set of standards that social care and health workers comply with in their daily working life. The Care Certificate is a new set of minimum standards that should be covered as part of induction training of new care workers.

The manager informed us that although there was a consistent level of staff, who were skilled and experienced at delivering effective care, the home did not have a full complement of nursing staff. Nursing support was provided by routine (nurse) agency staff, however at the time of the inspection, the manager was recruiting more registered general nurses (RGNs). We were provided with positive feedback about the staffing levels during the inspection, although it was explained to us that full time RGN's were required rather than relying on agency staff.

People's support needs and risks were often monitored throughout the day and night. People had a range of different clinical tools in place to ensure risk was effectively managed. Clinical tools and charts included, food and fluid, wound management, re-positioning, weight assessment and blood sugar monitoring and Malnutrition Universal Screening Tools (MUST). A Malnutrition Universal Screening Tool provides guidelines which can be used to develop a care plan using a five-step screening tool to identify people, who are malnourished, at risk of malnutrition (undernourished), or obese.

We reviewed one particular wound care risk assessment where the person was assessed as being high risk of developing pressure sores. We saw that staff had completed the relevant clinical tools and were following a prescribed treatment plan with the support of professional input including GP, district nurses, and podiatrist. The care records had recently been updated and provided good descriptions of all wounds being treated including current prescribed dressings and prescribed creams used. Photographs of wounds were taken, dated and gave clear description of vulnerability. Records also indicated that staff had completed 'react to red' training (specialist training around wound care and vulnerable skin).

We identified that the clinical tools were in place however, further improvements could be applied to this area of care. In one care record we reviewed, we found that a person's fluid intake chart was not completed as regularly as it should have been. In another record, we identified that one person did not have their weights recorded for a period of two months. We discussed our concerns with the manager at the time of the inspection who was responsive to the feedback we provided.

People were supported with their nutrition and hydration support needs; the relevant care plans and risk assessments were in place and staff were familiar with the necessary guidance which needed to be followed. Appropriate assessments were in place to identify people who may be at risk and the appropriate referrals were made to a variety of healthcare professionals such as dieticians, tissue viability nurses (TVNs) and speech and language therapists (SALT). Care records also provided staff with information in relation to people's likes, dislikes and preferences in relation to their food and drink.

We observed the meal time experience during the inspection and people were effectively supported in a calm, compassionate and effective manner. Staff were familiar with the different specialist dietary requirements, staff provided support to people who could not independently eat their meals and people appeared happy and relaxed in a social environment. There was a visible menu board on the wall in the dining room which represented the food people received and we were informed that people could 'choose' to eat their food where they wished to. One relative told us, "The quality of food is lovely, they [staff] cater for the age group who live here and there's always plenty of cake, which we all enjoy."

Is the service well-led?

Our findings

We inspected this key question to follow up the concerns raised in relation to the clinical support people were receiving. We reviewed quality assurance and governance systems as to ensure the home was 'well-led'.

At the time of the inspection there was no registered manager in post. The previous registered manager had voluntarily de-registered with CQC in April 2018. A new manager was appointed however, the relevant registered manager application had not been submitted at the time of the inspection.

During the inspection we checked to see if the quality assurance systems were in place. At the last comprehensive inspection, the registered provider had implemented a new annual audits system which helped them to maintain oversight of the quality and provision of care people received. These included the maintenance of the building, safeguarding, the interior and exterior of the building, personal care, care planning, admission to the home and the environment.

There was also routine audits and checks being completed in a number of areas such as medication, health and safety, care records, dining room, complaints, infection control, and accident and incidents. However; we found that these were not always effective. Audits and checks were not always identifying some of the areas of improvement we identified during the inspection. For example, they did not identify that MCA principles were not being complied with, fluid balance charts were not consistently completed and action plans did not always identify if actions had been addressed.

This meant that the governance systems which were in place to assess and monitor the quality and safety of care were not sufficiently robust. We discussed this with the manager at the time of the inspection who was responsive to our feedback and agreed that further improvement was required.

We recommend that the registered provider reviews their quality assurance systems to ensure they are effectively assessing and monitoring the quality and safety of care people receive.

The feedback provided about the overall service was positive. Comments we received included, "[Manager] is excellent and very organised. [Manager] has brought the staff together well", "I'm very happy to live here", "Manager is very good and very approachable. Very caring", "Much improved. New manager has made all the changes and is very good. Staff are very responsive" and "It's absolutely fantastic, I can't speak highly enough about the home, we have peace of mind."

Good communication and recording systems were in place. Staff were familiar with the specialist care needs of the people they were supporting and the risks that needed to be mitigated. Staff handovers, team meetings, supervisions and daily contact notes were all in place, staff were able to refer to updated care plans and risk assessments as and when they needed to. We also received positive feedback from relatives about the levels of communication which were in place, comments included, "There is lots of contact between us and the staff, the communication is fab, we're really involved in the care [person] receives."

Team meetings were regularly taking place amongst the staff team and managers. Agenda items focused on infection prevention control, safeguarding, activities, meal times, complaints, confidentiality, communication and medication administration. Business manager meetings also took place, discussions focused on policies, quality of care, legislation and regulation, health and safety, equal opportunities, staffing levels and training.

'Relative and Resident' Questionnaires' were circulated on a regular basis. Questionnaires focused on many different aspects of the care provided such as, bedrooms and accommodation, the approach of staff, quality of food, privacy, respect and dignity and activities. Feedback we reviewed from the surveys was positive. Comments we reviewed included, 'There appears to be great improvement' and 'Happy with the care and feel treated with dignity and respect.'

We reviewed a range of different policies that the registered provider had in place. Policies provide guidance to staff when dealing with issues which could be of critical importance. Policies we reviewed included safeguarding, health and safety, confidentiality and administration of medication. Staff were aware of the range of different policies and were able to explain their understanding of specific policies when they were asked.

The registered provider had notified CQC of events and incidents that occurred in the home in accordance with their regulatory requirements. This meant that CQC were able to monitor information and risks that took place at the home.

As of April 2015, providers were legally required to display their CQC rating. The ratings are designed to provide people who use services and the public, with a clear statement about the quality and safety of care being provided. The ratings inform the public whether a service is outstanding, good, requires improvement or inadequate. The rating from the previous inspection for the home was displayed for people to see as well as the rating also being displayed on the website.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	Consent was not always sought in line with the principles of the Mental Capacity Act 2005.