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Park Lane House

Inspection report

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Tel: 01902884967

Date of inspection visit:
22 March 2017

Date of publication:
24 May 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Requires Improvement
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Park Lane House Care Home is registered to provide accommodation and personal care for up to 30 people, who are mainly older people with dementia. At the time of our inspection 25 people were using the service. Our inspection was unannounced and took place on 22 March 2017.

The service was last inspected on the 28 April 2016 where we found that although the provider was meeting the regulations we assessed associated with the Health and Social Care Act 2008, they were deemed to require improvement. Areas of concern where improvement was required was around staff's knowledge of people's needs, the Mental Capacity Act 2005 and how to apply its principals and the language used by staff when communicating with people. We were also not notified of incidents or accidents as required by law. At this inspection we found that some improvements had been made, however some improvements could still be made, in particular around the Mental Capacity Act 2005 and staff's knowledge of people's needs.

The manager was registered with us as is required by law. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. The registered manager was available on the day of the inspection visit.

Staff only had a basic understanding of the Mental Capacity Act 2005. Staff were unable to tell us who was deprived of their liberty and why. Staff were not always aware of people's specific needs and how to give them the care that they required. People were asked for their consent prior to care being carried out. People enjoyed the food and were assisted to eat where required. People's health needs were addressed and GP and hospital appointments were attended.

Staff did not always maintain people's privacy and dignity when they were supporting them in the giving of medicines. People's personal belongings were often misplaced, affecting their quality of life, for instance people were unable to see well without their glasses. People made their own choices where possible and staff encouraged people to retain skills by remaining as independent as possible.

Audits were carried out by the registered manager to assess any patterns or trends and to monitor the quality and safety of the service provided, however they did not always identify concerns. The registered manager had not identified where staff required additional training in order to support people to the best of their ability. People, their relatives and staff spoke positively about the skills of the registered manager. Structures for supervision of staff were in place. The provider gave the registered manager support and visited the home weekly. Notifications were sent to us where required.

People told us that they were kept safe and risk assessments were put in place. Enough staff were on duty to support people with basic requirements. The recording of medicines administered to people was clear and concise and medicines given to people were signed for on a Medicine Administration Record (MAR) sheet.

Systems for updating and reviewing risk assessments and care plans to reflect people's level of support needs and any potential related risks were effective. People were able to raise any concerns they had and felt confident they would be acted upon.

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 received medicines when they required them.

Sufficient staff were available to people.

Risk assessments were in place.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff had limited awareness and knowledge of the Mental Capacity Act 2005.

Staff were not always aware of people's needs.

People enjoyed the food provided to them.

Is the service caring?

Requires Improvement

The service was not always caring.

Staff did not consistently maintain people's dignity.

People's personal belongings were not always cared for appropriately.

People were encouraged to remain independent.

Is the service responsive?

Good

The service was responsive.

Care plans were in place and reviewed in a timely manner.

Activities were available to people who chose to participate.

A complaints procedure was in place.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Quality assurance audits were carried out, but they did not always pick up on concerns affecting the quality of people's lives.

The registered manager was not always aware of when staff required additional support or training.

People knew the registered manager well.

Park Lane House

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 22 March 2017 and was unannounced. The inspection was carried out by two Inspectors and an Expert by Experience. An Expert by Experience is someone who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information we held about the service including notifications of incidents that the provider had sent us. Notifications are details that the provider is required to send to us to inform us about incidents that have happened at the service, such as accidents or a serious injury. We liaised with the Local Authority Commissioning team to identify areas we may wish to focus upon in the planning of this inspection.

We requested that the provider sent us a completed Provider Information Return (PIR). This is a form that asks the provider to give us key information about the service, what the service does well and improvements they plan to make and we used this information to assist with our inspection.

We spoke with nine people who used the service, three relatives, five staff members, one visiting professional and the registered manager. We reviewed a range of records about people's care and how the service was managed. This included looking closely at the care provided to four people by reviewing their care records. We reviewed three staff recruitment and/or disciplinary records, the staff training matrix, three medication records and a variety of quality assurance audits.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care, to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People and their relatives who we spoke with told us that they felt the service was safe. One person told us, "I feel safe, it is safe here". A relative shared with us, "It's alright here [person's name] had some falls previously, but not recently. I think it's safe here". A second relative said, "[Person's name] has had no falls in the time they have been here. The care is safe [person's name had three falls at home, but here they are safer". I'm satisfied. I know [person's name] is safe". A staff member told us, "People are safe here I have not seen any poor practice but if I did I would say".

Staff understood how to report any concerns and described the procedures to follow if they witnessed or received any allegations of abuse. They were knowledgeable about the types of potential abuse that people may experience and spoke of physical abuse, financial abuse and emotional abuse. Staff told us that they would go to the registered manager if they had concerns regarding safeguarding. We saw that there was a procedure in place to follow to notify the relevant external agencies of any safeguarding concerns, but the registered manager informed us that none had occurred since the last inspection was carried out. Staff were aware of what they should do in the event of an emergency and told us that they would support the person, seek help from colleagues and call 999 if it was appropriate to do so. Staff were aware that each person had a personal evacuation plan, which detailed the most efficient way to get them to safety should an emergency arise and staff were able to speak with us about this.

Risk assessments had been completed for each person in order to assess any potential risk to them and to minimise the risk where possible. We saw that risk assessments covered, slips, trips, falls and mobility. Medicines, health, personal care and nutrition and hydration. People's weight was measured where required. Where equipment was assessed as being required within the risk assessment we found that it was in place in the home. The water temperature of the home was checked monthly and was of an acceptable level. A professional visiting the home told us, "Staff keep people safe by their use of monitoring". A staff member told us, "Seniors [staff] review risk assessments, they can be reviewed at any time if changes occur".

We saw that where people were hoisted this was carried out appropriately and sensitively, with staff reassuring the person during the process. Where any incidents or accidents had occurred these had been recorded appropriately and evidenced on a body map. We saw an example of this where a bruise on a person's hand had been recorded when they caught it slightly on a door.

Staff confirmed that checks had been completed before they started work. We looked at three staff recruitment records and saw that pre-employment checks had been carried out including references and checks with the Disclosure and Barring Service (DBS). The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concerns. We found that there wasn't always a full work history in place for every member of staff. The registered manager would not be aware of where the staff member had been employed previously and if any issues had arisen. We spoke with the registered manager who told us that they would obtain the information retrospectively and ensure that a full history was taken in future, but we have not confirmed that this has been carried out. We found that disciplinary procedures were dealt with appropriately.

People told us that they felt that sufficient numbers of staff were available to support them. One person said, "Look, they are everywhere in every room, lots of staff". A relative told us, "There are enough staff. Well, I see staff. There seems to be quite a few, but I don't know about when I am not here". A second relative said, "I think that there are enough staff care wise but could do with an extra one on for activities to stimulate people a bit more". Staff members told us, "I feel that we have sufficient staff for day to day. We don't use agency staff we help each other out and pick up any shifts", and, "Sometimes we could do with extra staff, but we work hard and support each other as a team". We saw sufficient staff were on duty and that they made themselves available to support people whenever required.

There were safe systems in place for managing medicines. One person told us, "I always get my medicines on time". A relative told us, "[Person's name] gets their medicines ok". A professional told us, "Staff work alongside us regarding medicines, if somebody requires more fluids due to a medication, they do it". We saw that where painkilling patches were used these were moved to different sites around the body regularly as required. We saw that medicines were stored and recorded correctly. The staff member administering medicines completed the Medicine Administration Record (MAR) sheet after each person had taken their medicine and we saw that it was explained to people what the medicine was for prior to them being taken. We found that medicines not used were disposed of appropriately. Where medicines were given, 'as required' no individual protocol was in place, but a generic one was available for each medicine which could be referred to easily and staff were able to tell us how they were aware that PRN medicines may be required.

Requires Improvement

Is the service effective?

Our findings

At our last inspection in April 2016 we found concerns around some members of staff not knowing people's needs well enough to provide them with appropriate care. We found that this had not improved. We saw one member of staff almost gave a person a full cooked meal, when they should receive a pureed diet only. Other staff told us an incorrect number when we asked how many people living in the home were diabetic. One person told us, "They [staff] don't know me as they don't bother with us". This was discussed with the registered manager who informed us that they would raise these issues with staff.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We had previously found that there was not a robust mental capacity assessment in place in order to determine if a person required a DoLS application to be made. At this inspection we found that a small amount of assessments had been carried out, but they were not effective in assessing the person's capacity and they had not been used consistently. Where no assessment had been carried out it was not clear if a DoLS application was required or not. Where people had a DoLS application submitted there was no evidence as to how the decision had been made. Staff had very little awareness of why a DoLS application may be considered and this level of knowledge had not been improved upon since the last inspection. We discussed this with the registered manager who told us that additional training would be put on, but this would be followed by questions on the subject to be sure that the information given had been retained. We found that three applications had been submitted to the relevant external agency, but these were still awaiting processing.

People told us that staff asked for their consent with one person saying, "The staff ask my permission". We saw staff asking people for consent, with examples being; 'Can you stand up for me please?' and, 'Shall we go to the lounge, can I help you into a comfortable chair?' A staff member told us, "I always ask for people's permission".

We saw that new employees received an induction, which included basic training, familiarising themselves with the providers policies and procedures and shadowing a more senior member of staff before taking on their role fully. A staff member told us, "My induction was good and my training has helped me to carry out my day to day job and I have learnt from it". We saw that recent training undertaken by staff included safeguarding, hoisting and continence needs. Staff told us that they received regular supervision and records reinforced this. Staff also told us of how they experienced competency checks in the form of observations and we saw that these were recorded. There had been no observations of night staff since last year, but the registered manager told us that these were planned for the future. We saw that staff appraisals were carried out and these were used as an opportunity to learn from the previous years practice and to set future goals.

We were given mixed views about the food on offer, most people gave positive opinions, such as, "The food is good, very nice" and, "We have some nice meals here". However one person told us, "We don't get a lot of choice [of food] and it is very bland". Relatives told us, "They don't rush meals. [Person's name] loves the food. I don't know what it tastes like, but when I'm here it looks alright". A second relative said, "The food and drink [person's name] gets is more than enough, and they can eat by themselves. The food is decent, it looks nice". We saw a visiting relative joined their family member who was having lunch, and helped them eat pudding. Staff assisted people appropriately where required.

We saw drinks being given to people throughout the day, at regular times and on demand. A relative told us, "[Person's name] has drinks, and I saw that they had water all the time when they had been poorly and required some rehydrating". We saw that people's fluid intake was recorded where required.

We found that people were able to access healthcare provision in order to promote their well-being. One person told us, "I do see a doctor when I need to". A relative told us, "When [person's name] was ill the staff called for a doctor". Records showed people were supported to access a range of healthcare professionals such as opticians, podiatrists, dentists and doctors.

Requires Improvement

Is the service caring?

Our findings

We saw on two occasions that people's dignity was not always promoted when they were given their medicines. At times when giving people their medicine the staff member administering it entered the person's mouth with their gloved fingers to put the tablet into the person's mouth. We spoke with the registered manager about this, who told us that they would speak with all staff who administered medicines to ensure this did not happen again.

Where a person was being nursed in bed, we found that upon entering their bedroom the temperature felt colder than the rest of the home. We asked the person if they were warm and they told us, "Not really". We checked the radiator in the room and it was turned off. We checked with staff and they were unable to tell us why. We were also told numerous times by people and their relatives that they constantly had personal items such as glasses and hearing aids go missing, which meant that they found that their communication was compromised. Relatives told us that they were often told by staff members that these items were put in the wash with the person's clothing and that is how they were displaced. The registered manager told us that they would ensure that staff were more mindful of these issues in the future.

We had previously found that words were not always used appropriately, although this time during the inspection we could see some improvements had been made. Clothes protectors were now called napkins and not bibs, which was a positive change, however some staff didn't always address people properly, for example we saw a staff member addressing a room of people as, 'ladies' when men were clearly present. When we spoke with staff they told us that this had been an unfortunate oversight and would not occur again.

People we spoke with told us that staff respected their dignity when supporting them with personal care. One person told us, "They [staff] cover me up when I am changed or washed". A relative told us, "I put great value on [person's name's] privacy and dignity and would say something about it to staff, if it wasn't right". A second relative told us, "When [person's name] was ill, the staff made sure that she was kept clean and feeling fresh". A staff member told us, "When I assist people I will ask if they are comfortable with what I am doing and happy for me to assist them, I do all I can to not breach the persons privacy".

People and their relatives told us that staff were kind and caring. One person said, "The girls [staff] here are good to me". A relative shared with us, "The staff are alright. I think they're kind. When they speak to [person's name], they're always smiling. They're nice to me". A staff member told us, "I hope that people think we care about them, because we do". An example we saw was a member of staff returning to a person once they had been given a cup of tea. We heard the staff member ask the person, 'Have you enjoyed your cup of tea?' and the reply was, 'It was very nice, thank you very much'. Another example we saw was a person who became upset when they could not find their bag. A staff member reassured them and informed them that the bag was safe in the person's room.

People told us that they were able to make their own choices, with one person saying, "I choose things for myself, I am still able to". Staff members shared with us, the following, "If people push their meal away or say

they don't like it, I will offer them an alternative and give them a choice. I show people their clothes and ask what they want to wear", and, "I ask people what time they want to get up, what they want to eat and drink, even if I know the answer I still ask the question so the person can make the choice". We saw examples of choice being given to people including people being asked where they wanted to sit, what activity they wanted to do and which magazines they would like to read.

People told us that they were encouraged to be as independent as possible and one person said, "I do what I can for myself". A relative told us, "I think the staff encourage people to stay independent for as long as possible". A staff member told us, "When carrying out personal care I always ask if people want to do things for themselves, It is their own choice". We saw that where people were more able they walked to the kitchen and asked for a drink if they wanted one. The Provider Information Return [PIR] told us that independence was promoted in the home and this was assisted by specialist equipment related to the person's needs. We saw that where equipment had been recommended in the care plan it was in place.

A person said, "My family come to see me". A relative told us, "We are welcome at any time". Although relatives told us that they were asked to observe meal times, as a time to restrict visiting they said that if they wanted to come in and assist relatives to eat, this was encouraged and we saw it occurring. We observed positive interactions between staff and visitors.

The registered manager told us that should people require advocacy support the services of a local agency were utilised and people were assisted to make contact with them, however nobody was currently using such a service. Advocates assist people to understand their rights and to express their views regarding decisions made about them.

Good

Is the service responsive?

Our findings

People we spoke with were unable to tell us if they had been involved in developing their care plan, but one relative told us, "They [staff] asked us lots of questions at the beginning about what care [person's name] needed.

We saw that care plans held pre-admission information and also included information regarding personal care, nutrition and hydration, skin viability and mobility. It also covered the person's past medical history and what medications they were currently taking. We saw that care plans were reviewed in a timely manner. We saw that within people's care plans people's religious needs were recorded and staff were able to discuss these with us. People told us that they received religious visitors and that staff prayed with them when this was requested.

We saw that some people had developed friendships and it was evident from their discussions that they enjoyed spending time together and that they did it often. We were told by relatives that some people were unable to develop friendships because of communication difficulties and that due to this they were isolated at times.

We saw some people participating in activities, these included reminiscence discussions with a staff member and a game of bingo held in the dining room. The bingo was well attended and some people chose to sit and watch instead. One person told us, "I like it when we do dancing and singing it is my favourite". Staff confirmed to us that a singer came in once a fortnight. Another person wasn't so positive about the activities and told us, "There is no stimulation, just the television all day". We saw that some people were placed where they could not see the television comfortably. We spoke with the registered manager about this and the handyman arrived in the afternoon to set the television on the wall, where it was better positioned. Relatives told us, "I am happy with the home, but I think that staff could provide more stimulus for people in the form of more activities". A second relative said, "'[Person's name] doesn't do much activity, as they go to sleep, it all depends on if they are asleep. I know they have done a bit of exercise with a ball'. A staff member told us, "We do a lot of activities, such as board games and baking, but lots of people will say no when we ask them to get involved and that is their choice". We found that recording of activities over a number of weeks often noted activities undertaken as, 'walking around', relaxing in the lounge' and talking to other residents'. There was no audit trail to give clarity on whether people had been offered or refused to do other activities.

People we spoke with were not aware of how to make complaints, but relatives told us that they would feel comfortable going straight to the registered manager should they encounter a problem. Some relatives gave examples where they told us that they had gone to staff about issues such as people's personal items going missing, but stated that this was raised as a general issue, not a formal complaint and so was not recorded as such. We saw that the complaints procedure was displayed on the noticeboard and also gave information on external agencies that people could speak with if required. The registered manager showed us the complaints log and told us that there had been no written official complaints received since the last inspection. The registered manager told us that as they were always accessible to visitors they dealt with

any issues face to face with people. The registered manager told us that people were advised at that point that they could raise the issue as a complaint, but that nobody had.

We saw that surveys were sent to people and their relatives requesting feedback on the service. Questions asked were around staffing, activities and the home environment amongst others. We saw that a good amount of responses had been received and that people had put their names to them. Responses given were, "I am very happy with the service provided to [person's name], "Excellent never had to make a complaint and, "Excellent for everything no faults at all". Relatives and staff told us that the results of the feedback had been given to them verbally at regular meetings.

Requires Improvement

Is the service well-led?

Our findings

We found that throughout the year since the last inspection no action had been taken to improve the staff member's knowledge on MCA and DoLS. The most recent training had taken place prior to the previous inspection. This lack of knowledge had not been identified by the registered manager until we raised it. The service has been rated as Requires Improvement on consecutive inspections dated 2015, 2016 and 2017.

The issues of people's property going missing had been raised by relatives numerous times, and staff were very aware of the situation. However we found that it was still a regular occurrence and that some people were without items such as glasses and hearing aids on the day of the inspection. We found that no positive action had been taken to address this issue and staff we spoke with told us that no information had come from the registered manager with regards how to improve this situation. The registered manager had not taken on board the concerns raised by people and their relatives and the issue had not been identified as part of discussions with staff.

Audits were undertaken regularly to monitor the safety, effectiveness and quality of the service provided. These were completed by the registered manager and covered a variety of areas, including records, finances, health and safety and staffing. We saw that where actions had been taken in relation to audits completed this had been recorded. We saw that the registered manager carried out regular staff observations and staff reinforced this and that where any concerns arose these were discussed in the staff member's supervision. We found that staff observations had not discovered the issue of the staff member putting their fingers into a person's mouth whilst they administered medicines, despite the fact that we saw this occur twice in a morning and we had received previous concerns.

We saw where records were completed to evidence how often a person had been turned this had been done retrospectively later in the day. We saw that the person had been moved, as their position had changed, but the recording had not been done at the time of the person being moved. This might have caused some confusion, as records did not reflect the actions taken by staff. We spoke with the registered manager who informed us that this would be raised with staff members.

At our last inspection we found that we did not always receive notifications as required. These notifications allow us to see how staff respond to any incidents or accidents. We saw that incidents and accidents had occurred, but these were not considered 'notifiable'. We had been notified of any deaths that had occurred as expected. The registered manager understood the process to take in order to make us aware of any notifiable incidents.

People told us that they were happy to be living in the home and one person said, "I love it here". A second person told us, "'I'm quite settled here', I feel very comfortable here'. A relative told us, "It is great, [person's name] is always clean and tidy and the staff make sure that they do [person's name's] hair and nails as they want them. A staff member told us, "I have worked here a long time I love it".

Of the registered manager people told us, "Yes I know the manager, we see her all the time". A relative told

us, "We know the manager well and she is approachable". A staff member told us, "[Registered manager's name] is a good manager we can go to her at any time". We observed people, their relatives and staff speaking with the registered manager and all interactions were positive.

We were told by people and staff about the links that the home had with the wider community. We found that visitors came from local religious groups and children from a nearby school visited to spend time with people. We saw that the school had given each person living in the home a bulb to flower in the garden and people told us that they enjoyed such visits.

Staff we spoke with told us that they attended team meetings. One staff member said, "We have team meetings every few months, we can talk about things that affect us and the manager will listen". People and relatives told us that they attended regular meetings and that they were an opportunity for the registered manager to update them on any changes or events occurring. We saw that minutes of previous meetings were available for people to pick up within the home.

Staff members and the registered manager told us that they felt supported by the provider. A staff member said, "We see the owners every week, they check how things are going and they are very supportive to the manager". The registered manager told us that any issues were raised weekly with the provider and that they would do all they could to provide support.

Staff told us that they would whistle-blow if they witnessed any practice that they felt was unacceptable. One member of staff told us, "I would whistle blow if I felt that my complaint had not been taken seriously". We saw that a whistle blowing procedure was placed on the noticeboard for staff to follow.

We found that the previous rating given to the home was displayed appropriately as is required by the law.