

Community Health Services Limited

Paisley Court

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection was carried out on 11 November 2016 and was unannounced.

Paisley Court is registered to provide support for 60 people. At the time of this inspection 56 people were living there. The home was split into four units, Newsham, Woolton, Sefton and Jubilee. At the time of this inspection Newsham provided support to men only.

Situated in the Dovecot area of Liverpool the home is near to local amenities and bus routes. All of the bedrooms are single and provide en-suite toilet and basin facilities. Accommodation is over two floors with a passenger lift available for people to use.

The home has a registered manager. 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.

During the inspection we spoke individually with four of the people living at the home and with five of their relatives. We also spent time observing the care and support provided to people.

We spoke individually with eight members of staff who held different roles within the home and held a meeting attended by 18 members of staff. We examined a variety of records relating to people living at the home and the staff team including care plans, health and safety records and training and recruitment records.

At this inspection we found a breach of regulations. This was because there was not always sufficient numbers of competent staff working in the home who had received sufficient training and support to carry out their duties.

You can see what action we told the provider to take at the back of the full version of the report.

Staff sickness and a shortage of staff impacted on planned staffing levels on occasions. This meant that staff sometimes felt under pressure and unsupported. It also meant that newer staff or agency staff did not always have the information or support available to support people as well as possible.

Relatives told us that they thought Paisley Court was a safe place to live. Safeguarding policies and procedures were in place to provide guidance for staff and these had been followed when needed. People knew how to raise concerns or complaints and systems were in place for dealing with them.

People's medication was safely managed with systems in place to ensure they received medication as prescribed and minimise the risk of errors occurring. Staff were aware of people's health care needs and monitored their health, providing the support people needed. Permanent staff were also aware of the support people needed to manage the effects of their dementia and ensured this was provided.

Individual care plans were in place for everybody living at the home. These contained guidance for staff to follow to monitor the person's care needs and ensure they were met.

People received the support they needed to eat their meals and were offered a choice of meals and drinks. Staff monitored people's food and drink intake when required.

The building was clean and tidy with sufficient space for people to use mobility aids. Equipment and aids and adaptations were in place to support people with their mobility, health and personal care needs. Systems were in place and followed to ensure the building and environment were safely managed.

Permanent staff knew people well and spent time interacting with them as well as meeting their care needs. Permanent staff received training that helped them to carry out their role effectively and to understand and support people living with dementia.

The home had a registered manager who was knowledgeable and enthusiastic about the service provided and in planning further improvements.

Systems were in place for auditing the quality of the service and were effective at identifying and planning future improvements to the service people received.

Staff had mixed views about the support they received from senior staff and the organisation. Although steps had been taken to support staff and keep them informed, these had not been fully effective.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

Staffing levels set by the provider were not always met.

Robust recruitment procedures were in place and followed.

Staff understood and followed policies and procedures for safeguarding vulnerable adults.

People's medication was safely managed.

Is the service effective?

Good 

The service was effective.

People received the support they needed with their health care.

Support was provided to people to ensure their rights under the Mental Capacity Act were protected.

People received the support they needed to eat and drink and enjoyed the meals provided.

Permanent staff had a good understanding of their role in supporting people and received appropriate training.

Is the service caring?

Good 

The service was caring.

Staff were committed to providing a caring service to people living at Paisley Court.

Staff spent time with people reassuring and distracting them when they were confused as well as meeting their personal care needs.

Relatives said staff had a caring approach to people living at the home. Staff had built positive relationships with people living there.

Is the service responsive?

Good ●

The service was responsive.

Staff understood and responded well to people's verbal and non-verbal communication.

A number of activities were organised to provide occupation for people throughout the day.

People's support needs were assessed and guidance was available to inform staff on how to support people safely and well.

People felt confident to raise concerns or complaints with staff and systems were in place for dealing with complaints.

Is the service well-led?

Good ●

The service was well led.

The home had a manager who was registered with the CQC.

Systems for auditing the quality of the service were in place and used effectively to monitor and improve the quality of the service people received.

Systems were in place to obtain the views of people's relatives and staff working the home.

Paisley 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.

The inspection was carried out on 11 November 2016. An Adult Social Care (ASC) manager and an ASC inspector carried out the inspection which was unannounced.

Prior to our visit we looked at any information we had received about the home including any contact from people using the service or their relatives and any information sent to us by the home.

During the inspection we looked around the premises and met with many of the people living at the home, four of whom we spoke individually with. We spoke with relatives of five people living at the home and with 22 members of staff who held different roles within the home.

We also spent time observing the day to day care and support provided to people, looked at a range of records including medication records, care records for six of the people living there, recruitment records for five members of staff and training records for all staff. We also looked at records relating to health and safety and quality assurance.

Is the service safe?

Our findings

We asked people if they felt safe living in the home. One person told us "I'm happy with the care, more or less but they are sometimes short of staff. A relative told us "I'm more or less happy but sometimes they are short of staff. I've sat in the lounge and stayed in the room because there have been no staff in the room and I've been worried what might happen if I leave."

We looked at staffing levels and saw that they were relatively consistent although we did note that the service was short on the day of the inspection because staff members had called in sick and the home was unable to source cover.

The majority of relatives we spoke with told us that they thought the home was sometimes short staffed with one relative explaining that on the day of the inspection their relative had had to wait to be supported to use the toilet due to staffing issues. However another relative we spoke with told us that they thought staffing levels were "Fine."

Staff had mixed views about staffing levels with a number stating that they did not think there were sufficient care staff available. They said sometimes this was due to sickness but also the number of people requiring one to one or two to one support sometimes left them short staffed. Staff said this sometimes meant they did not get their breaks or could not spend the time with individuals that they wanted to. They acknowledged that the provider was taking steps to recruit new staff. One member of staff commented, "You still do the care but we sacrifice for it. We make sure it's covered." However another member of staff commented that "If we had regular staff it would be okay." A senior member of staff told us that there was always a permanent nurse on duty with agency nurses and that they thought staffing levels were fine.

We spoke with an agency staff member who was supporting a person on a one to one basis. We asked them to tell us about the person that they were supporting. They told us that they didn't know the person, that it was their first day. They told us that apparently the person could be aggressive but they didn't know any details. We reported our concerns regarding this to the manager. This staff member's lack of induction and lack of knowledge was a risk to their well-being, the well-being of the person that they were supporting and potentially the well-being of other people in the building.

These are breaches of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because sufficient numbers of competent staff were not working in the home and they had not received sufficient training and support to carry out their duties.

We saw that a number of people were supported by one to one staffing. The manager explained that usually the one to one cover was provided by agency staff members and the home's permanent staff provided the general cover. The manager told us that every effort was made to use the same agency and to request consistent cover from known staff members. The manager also told us that the service provider listened as the manager had requested a night manager and one had been provided.

Staff told us that they were aware a recruitment drive was taking place with a number of people having been interviewed. This was confirmed in our discussions with the manager. Following the inspection the manager sent us a copy of the dependency tool they used to assess staffing levels required. This showed that they had more staff available each week than their dependency tool assessed they needed. However this was not what we observed on the day of our inspection.

Staff had a good understanding of safeguarding vulnerable adults and their role in identifying and reporting any concerns that may arise. Policies and procedures were in place to guide staff on recognising and dealing with potential safeguarding incidents. A policy was also available on whistle blowing which protects staff who report something they believe is wrong in the work place and is in the public interest.

Records showed that the home had responded appropriately to potential safeguarding concerns including reporting them to the appropriate authorities and carrying out an investigation when requested to do so.

We asked some of the staff what actions they would take in the event of an emergency such as a fire alarm sounding or a medical emergency. Staff gave answers that demonstrated they understood their role in responding to and dealing with any incidents that may occur.

We looked at the safety of the building and the maintenance checks that were carried out to ensure that the building was safe and fit for purpose. We saw that all the appropriate checks were carried out on a regular basis. The gas and electricity certificates were up to date. Regular health and safety checks, water checks, fire safety and window restrictor checks were clearly carried out on a regular basis. The maintenance records were clear and well maintained which made it easy to see that the appropriate checks were made regularly.

We looked at general risk assessments in the home in relation to health and safety and saw that these were reviewed and updated regularly and this had been done earlier in the year.

We looked at accident and incident management in the home. We saw that the manager maintained a clear audit trail of all accidents and incidents. This included documenting the date; time and cause of the incident, the actions taken following the incident and the date these actions were taken. The manager also explored 'lessons that could be learned' from each investigation. This demonstrated that the manager was trying to ensure that the service learned and responded safely to any issues.

We looked at the arrangements for management of people's medication. The home had two locked medication rooms for medication storage and we looked at one of these. The room was clean and tidy and we found medication stored correctly including medication requiring refrigeration. Stocks of medication were controlled well so that people did not have a surplus or run out of their required medications. Guidance was available for staff to follow including how to order emergency prescriptions and how to give individuals the medication prescribed for them on an 'as and when needed' basis. We checked a sample of medication against the medication administration records (MARs) and saw that these tallied. This included medication prescribed in variable doses or short term. We observed part of a medication round and saw that it was carried out safely with people given time to take their medication. Although morning medication was being given out mid-morning the member of staff told us this was unusual and that they intended to adjust the later medication rounds accordingly.

We viewed five staff recruitment files and found that all of the appropriate pre-employment checks on staff suitability had been made. For example, all files contained an application form, two previous employer references, proof of identification and evidence that a criminal records check had been undertaken prior to employment. Each new staff member had received a comprehensive induction and this was clearly recorded. This demonstrated the provider had robust recruitment process in place to ensure the staff

employed were safe to work with vulnerable people.

Is the service effective?

Our findings

We asked people who lived in the home if they were happy with the support that they received. One person told us "It's very nice here. I have wine with my meal." A relative told us "I wouldn't move [my relative] from here under any circumstances. Here he gets all the care he needs. The staff help him stay nice and smart which is how he liked to be."

Staff told us that they received a lot of training to help them carry out their role and understand the needs of the people they supported. One member of staff told us "We have good training." and another member of staff said "They encourage it." A nurse working at the home told us that they had received support to undertake appropriate training and also received clinical supervision to support them with their role as a registered nurse.

We looked at the arrangements for staff training and saw that that training was well organised. Staff received a comprehensive training programme on a regular basis. The training matrix showed that the majority of staff had received training in all the key areas that they would need to provide safe and effective care. The staff had received additional training including end of life care and dementia awareness. We also saw that the manager and the deputy manager had completed Level 3 Best practice in Dementia Care facilitation training at Stirling University and they were now cascading this training to all the staff in the home.

We looked at the arrangements for staff supervision and saw that this was well organised and recorded. Staff met regularly with a senior staff member to discuss any concerns and look at their performance and development.

Staff we spoke with had varying ideas about the support they received overall from senior staff and the provider. Some staff said they felt supported with one person saying, "Things are improving." However other staff told us that they did not feel supported by senior staff or the organisation. During a meeting with staff one person said they felt "Morale has dipped," and several other people agreed with this statement. Some staff also said that they had not felt supported or recognised by the provider organisation although other staff disagreed with this. A relative commented that they felt there were "morale issues amongst staff." We passed their concerns on to senior staff from the organisation as part of the feedback we gave at the end of the inspection. The manager was able to show us the steps they were taking to ensure staff were informed and supported. This included regular meetings, supervision and informing them the home had been short listed for an award from the provider.

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 be 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 checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met and found that they were.

Staff had an understanding of mental capacity and how to support people. In addition a register of people living at the home who had a DoLS in place was maintained and senior staff were aware of this and how it would impact on the people they supported.

The home had been awarded a five star rating for food hygiene in September 2015. This is the highest rating that can be awarded.

Facilities were available throughout the home for people to make drinks and we saw that cold drinks were available constantly and hot drinks served regularly.

Dining rooms had been decorated with pictures and signs to help people identify their dining space more easily. A copy of the menu was displayed although this was written in small italics and may not be easy for people with poor eyesight to read.

Crockery was a bright plain colour which is considered good practice as it can help people with poor eyesight or who are living with dementia to identify the food on their plate more easily. We also saw that adapted cups and plate guards were made available for people who needed them. We observed the lunchtime meal and saw that staff sat with people patiently supporting them to eat their meal, for example we saw a member of staff warming somebody's meal up as they were taking a while to eat it.

Information about the support people required with their meals and monitoring of their weight was available within their care plans. People were offered a choice of meals and appeared to enjoy the food provided.

Care plans contained information about people's health care needs and the support they needed with these. Records also showed that people's health, such as their weight, were monitored regularly and people were supported to access and attend health appointments when needed.

Paisley Court is a purpose built care home with accommodation over two floors. All bedrooms are single and provide en-suite toilet and basin facilities with adapted bath and shower rooms available. Corridors were wide enough for people who used mobility aids including wheelchairs. Aids and adaptations include a passenger lift, call bells, electric beds, and grab rails and handles. Each unit had a lounge area and there were dining areas throughout the home. Externally there was a car park and enclosed garden space for people to use.

Is the service caring?

Our findings

We asked people if staff were caring towards them. One person told us "The staff are very sweet and caring towards us." Throughout the inspection we observed how staff interacted with people living at the home. We saw that staff were kind and patient with people and took the time to interact with them as well as meet their care needs. For example we saw one staff member support a person who was getting upset because they were confused. The staff member skilfully and unobtrusively supported the person, distracted them and encouraged them to refocus on eating their lunch. We then saw that the staff member stayed with the person quietly chatting to them whilst they ate their meal without any further upset.

We spoke to a relative of a person who had recently moved into the home. They told us that so far they considered the support provided by staff to be "excellent" and said that they had been impressed with the 'low key' approach staff took to providing one to one support. Another relative told us that they thought "Staff are brilliant."

Staff we spoke with expressed commitment to their job and the people they supported. A member of care staff told us "We always make sure people get the care they need even if we don't get a break." Another member of staff said "The care is second to none. I would put a relative here." other staff present agreed with these remarks.

We spoke to staff who worked in the laundry and were impressed with their enthusiasm for their role. For example they explained the actions they had taken to ensure people's clothes were correctly identified so that they did not get mixed up. They told us they had been supported with this by senior management.

Staff spent time in lounge and communal areas supporting people and chatting with them. We also noticed that when someone needed one to one support this was provided in an unobtrusive manner with staff walking with the person rather than following them or sitting in the lounge and engaging with the person. We observed that staff spoke respectfully to people and encouraged newer members of staff to do the same. We saw that staff knocked on the door and waited for permission before entering anybody's bedroom. Staff also offered people day to day choices such as what they wanted to eat or drink and gave people time to make a decision.

Throughout the day we saw that staff spent time with people and knew them well. Staff adapted their communication methods and approach to meet people's needs and choices. In discussions with permanent members of staff they displayed a good knowledge of people as individuals and the things they enjoyed as well as their care needs.

Information about the home and how it operated was made available to people via a guide to the service. A relative of somebody who had recently moved into the home told us that they had been provided with this information.

Is the service responsive?

Our findings

During the inspection we observed that staff responded quickly when people needed support. In particular we noted that staff were observant and read people's non-verbal communication responding appropriately. For example if somebody appeared to become upset or agitated staff chatted with them and distracted them.

A visiting social care professional told us that they had worked closely with the home to support somebody during the planning and initial stages of them moving in. They told us that this had worked well with senior staff from the home being fully involved in assessing the person's needs and planning how to support them whilst minimising any risks and preparing for the person to move in.

Individual care plans were in place for everybody living at the home. These contained a series of assessments of the person's health and support needs followed by a care plan where required to give guidance for staff. We looked at six care plans and found that they generally provided the information needed to support people safely and well. One care plan we looked at contained conflicting information about the person's mobility needs. However they had very recently moved into the home and when we brought this to the attention of the manager she agreed to update it immediately.

We noted that where people care plans stated the person needed equipment this was in place. For example one person's plan said they required a pressure mat to alert staff when they got out of bed and we saw that this was available.

The home employed dedicated activities staff. We spoke with one who told us that they enjoyed their job role. They showed us pictures of how they had encouraged people to engage with different celebrations throughout the year. These included St Patrick's Day, St George's Day and the Queen's birthday. The home had been decorated to commemorate the celebration and people had been encouraged to join in a party and some activities. The day of our inspection was Remembrance Day and we observed staff providing poppies for people and ensuring the ceremony was shown on the television and people who wished to were supported to join in with the traditional two minute silence followed by a glass of sherry. We saw that staff not only supported people with this but also took part themselves and were respectful of an occasion that clearly meant a lot to some of the people living at the home.

Later in the day a film was shown on a large screen television and people were encouraged to sit and enjoy this.

A member of staff described to us how they engaged with people in the home who were at different stages in their dementia journey. They told us how some people benefitted from one to one time or a walk around the garden for some fresh air. They told us how other people enjoyed trips to concerts in Sefton Park or outings to the local Labour Club which happened twice a month. We were also told that the budget for activities had been significantly increased and this enabled the staff to take people out to more activities.

We saw that the complaints procedure was displayed in the home. The people we spoke with told us that they had not had reason to make a complaint but understood the process and would feel comfortable doing so if they had a problem. We looked at the complaints log and found that complaints were responded to in a timely manner and issues were followed up at a later date to minimise any reoccurrence of the same complaint. We saw that actions taken in response to complaints were documented.

Is the service well-led?

Our findings

The home had a registered manager who was supported by a deputy manager and unit head for each of the four units. She had a good knowledge of the people who lived there and the support they needed. We found that she also had a good knowledge of good practice guidance in supporting people living with dementia and was enthusiastic about the home and future plans to further improve the quality of the service.

A visiting professional told us that they had been impressed with the manager and her "positive attitude" towards supporting people who could be challenging.

A member of staff told us "She listens and reacts. You can always ring her too." A second member of staff said "She is visible, she gets stuck in." All of the staff we spoke with agreed that the manager was a visible presence throughout the home. However some staff we spoke with told us that they did not always feel supported by the manager or the provider organisation. Staff told us that they did not feel they had always been listened to although they acknowledged that this was improving.

We discussed with the manager and senior staff from the organisation the fact that a proportion of the staff team staff had expressed the view they did not always feel supported. They told us about some of the actions they had taken to keep staff informed and to provide support. This had included regular meetings and supervision with staff. However it was apparent from staff comments that not all staff had as yet found these actions effective.

We saw that the home had recently been shortlisted for an award by the provider organisation for "most improved home". The home was in the final three for the award. The manager had thanked the staff for all their hard work in a recent staff meeting when the staff were informed about the award.

A daily meeting was held attended by the manager and senior staff in charge of the various units that day. One member of staff explained that this was used to ensure everyone was up to date with important events in the home. Topics of discussion included any falls, accidents or incidents that had happened to people living at the home and any on-going concerns. In addition there was an identified senior member of staff to provide site cover and advice to staff working at the home 24 hours a day.

We saw that there were a number of quality assurance systems that were completed by the manager and the provider. These systems were all linked up to produce one action plan that the manager worked on. A clear audit trail was maintained of the action the manager had taken. It was clear to see the improvements that had been made.

The provider had carried out telephone interviews with relatives to complete satisfaction surveys and that this happened every six months. We saw generally feedback was positive about the staff and the service provided. Staff also told us that they had been given questionnaires to complete.

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 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	sufficient numbers of competent staff were not working in the home and they had not received sufficient training and support to carry out their duties.