

Athena Healthcare (Albert Road) Limited

Hesketh Park Lodge

Inspection report

61 Albert Road
Southport
Merseyside
PR9 9LN

Tel: 01704772222
Website: www.heskethparklodge.co.uk

Date of inspection visit:
01 March 2019

Date of publication:
28 March 2019

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

About the service: Hesketh Park lodge is a Residential Home which is registered to provide care and accommodation to people who may or may not be living with dementia. The home is purpose built and has 79 single rooms with ensuite facilities. At the time of our inspection there were 32 people living at the home.

People's experience of using this service:

Some people told us they felt they sometimes needed more support than was offered. There was limited information completed with regards to people's likes, dislikes, hobbies and interests. The registered manager explained to us that this was something they were working towards. We also saw that information in people's care plans, which tracked how much food and fluid they were consuming was not always completed on the electronic system. When we queried this, we saw it was recorded in paper records. We raised this with the registered manager at the time of our inspection who assured us this was being addressed.

Everyone we spoke with said that they felt safe living at Hesketh Park Lodge. Medication was stored and managed well and people told us they received their medications on time and by staff who were trained to give them. There was enough staff in post to be able to support people effectively. We did raise that one area of the home was observed by us to be understaffed at one point during the day. There was a process in place to log, track and monitor any incidents and accidents. These were then analysed for patterns and trends. Contractual checks were up to date on the premises and lifting equipment and there was a good standard of infection control through the building. Staff were recruited and selected safely to work with vulnerable people.

The registered manager and staff team were complying with the principles of the Mental Capacity Act 2005. Where people lacked the mental capacity to make certain decisions these were made on their behalf following a best interest process. The home was decorated and furnished to a high standard. Staff attended all training deemed as mandatory by the registered provider and new staff were required to complete an induction before commencing work. Staff told us they were supported by the registered manager and had attended supervisions. The food was well presented and we received positive comments regarding the food. People were supported to access health care services when they needed to.

The staff were kind and caring and people told us that the staff respected their privacy, dignity and right to choose what they wanted to do with their time. Staff were able to describe how they provided dignified care.

Complaints were recorded and responded to in line with the registered providers complaints process.

The staff were in the process of completing further training in end of life.

There were audits in place which looked at service provision and the registered manager had used these

auditing tools to identify some of the improvements which were being made to people's person centred information.

The registered manager had acted within the remit of their role and had notified the Care Quality Commission of any reportable incidents.

Rating at last inspection: This is the first inspection at this location.

Why we inspected: This was a planned inspection in line with our methodology.

Follow up: Ongoing monitoring

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below

Is the service responsive?

Requires Improvement ●

The service was not always responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Hesketh Park Lodge

Detailed findings

Background to this inspection

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

Inspection team:

The inspection team consisted of an adult social care inspector, a hospitals inspector for part of the inspection, and a an Expert by Experience with expertise in care of older people with dementia.

Service and service type:

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.'

Notice of inspection:

The inspection was unannounced.

What we did:

As part of planning the inspection we looked at information the provider had sent us in their 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 any improvements they plan to make. We looked at information we held about the service as part of our ongoing monitoring; including any statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We also spoke with the local authority to gain their perspective of the home. We used this information to populate our planning tool, which is a document we use to help us plan how the inspection is to be conducted.

During the inspection we spoke with eight people who were living at the home, four relatives of people, eight members of staff including the registered manager. We received feedback from a GP via email. As some people were unable to give us their views 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.

We also looked at records at the home which included records relating to staff recruitment and support, audits and quality assurance reports and the care plans for six people.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff were able to describe the course of action they would take if they felt anyone was at risk of harm or abuse. This included reporting the concerns to the registered manager or whistleblowing to the Care Quality Commission or the police.
- The registered manager had reported all alleged abuse to the local authority as required and notified CQC using a statutory notification form.
- There were safeguarding champions in the home and information was displayed in the communal areas for people to access.

Assessing risk, safety monitoring and management

- Risks to people's health and well being were routinely assessed and any updates or changes were recorded onto people's care plans. Risks were assessed in areas such as pressure care, diet and hydration, mental health, and falls. Action was documented which instructed staff how to support the person in order to minimise the risk of harm occurring.
- The home had been open a year, and all contractual checks on the environment had been completed. A regular fire drill had taken place, and there were weekly checks on the water temperatures and communal areas to ensure they were safe.
- Incidents and accidents were logged and analysed for patterns and trends. We saw that there was a high number of low injury falls in the home. We saw that the registered manager had identified this and had taken preventive measures, such as assistive technology to help people.

Staffing and recruitment

- Records we viewed evidenced that staff were recruited safely.
- Checks were undertaken on potential new staff in the form of reference checks, checks on identification, and a disclosure and barring service check. This is a check conducted on staffs suitability to work with vulnerable people. It helps new employers make safer recruitment decisions.
- People who lived at the home took part in the interview process.
- Rotas showed there was enough staff employed at the home to provide safe care. Staff told us they did not feel rushed or pressured, however we received some mixed feedback from people who lived at the home, and one person said there was not always enough staff around.
- We observed at one stage in one of the communal lounges someone almost spilt their tea and there was no staff around to assist at that time. We raised this with the registered manager. We saw throughout the

remainder of our inspection there was plenty of staff around and call bells were answered quickly.

Using medicines safely

- We spot checked the medications on one of the units. Medications were stored in a dedicated medication room which was kept locked throughout the course of our inspection. The temperatures of the room were taken twice daily and we saw they were within the appropriate range.
- The process for storing controlled drugs was safe, and two staff had signed when these drugs had been administered. Controlled drugs (CD's) are medications with additional safeguards on them.
- Where people required medication as and when required, often referred to as PRN medication, we saw there was a separate process for this recorded in people's medication files.
- Each person had a Medication Administration Record (MAR) in place which was correctly completed and had a photograph of the person on large enough to identify them.
- We spoke to senior who was in charge of the medications that day, who was able to explain the correct process for giving medications, and how medication stock is booked in on behalf of people.
- People who required some of their medications to be applied topically, such as creams or ointments had a separate sheet for this which clearly highlighted where on the person's body this was to be applied.

Preventing and controlling infection

- There was personal protective equipment such as gloves and aprons in the storage areas of the home. We saw staff used these when they supported people with personal care.
- There was hand washing facilities and hand sanitizer at various areas of the home.
- Staff were trained in infection control and were able to describe the importance of reporting illness such as vomiting and influenzas.

Learning lessons when things go wrong

- The registered manager had only been in post for ten weeks and had identified that more detail was needed within the care plans.
- The registered manager informed us that some personalised information was not always documented in people's care plans and that they wanted to ensure these documents were completed. We saw an action plan which was partly completed to show that this would be addressed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were assessed before they came into the home. We saw that the person and their family members were asked for information regarding their likes, dislikes and routines. This information was recorded in the assessment. This information then went on to form the person's care and support plans, to ensure their choice was at the forefront of everything.

Staff support: induction, training, skills and experience

- We spent time speaking to staff who all agreed that the training programme was robust and thorough. All staff we spoke with had completed most of the training that the registered provider considered to be mandatory.
- We spoke with a staff member who had only been in post for two weeks and they told us that before they even came to the home they were expected to complete a two-week induction process, which consisted of classroom based learning and practical tests.
- Staff had attended supervisions in line with the registered manager's supervision policy. We saw that appraisals were due as the home had been open for a year.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they liked the food and drink and had a choice and variety. One person said, "They care for my special diet". Another person said, "The food is great and very tasty. There is plenty of choice."
- In most cases, staff had completed appropriate documents to evidence that people had had enough to eat and drink.
- Special ingredients were bought to enable people who had diabetes to have the same choices as others.

Staff working with other agencies to provide consistent, effective, timely care

- We received feedback from the local GP who visited the home. They said, "I visit the home regularly and have always found them extremely helpful and request home visits and telephone consultations appropriately."

Adapting service, design, decoration to meet people's needs

- The home was a newly built building and was decorated to an exceptionally high standard. There were large communal areas and dining rooms for people to spend time together if they chose to.
- There was a 'cinema room' complete with an extra-large television, and red reclining seats.
- The dementia floor of the home contained directional signage to help people orientate their way around.
- Additionally, there was memorabilia on the walls and 'twiddle muffs' to help keep people living with dementia stimulated throughout the day.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to attend appointments when needed.
- We received feedback from a local GP who confirmed staff make appropriate referrals when needed.
- Additionally, referrals were made to Speech and Language (SALT) and dieticians on behalf of people and the outcome of these was recorded in people's care plans.

Ensuring consent to care and treatment in line with law and guidance

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's capacity had been appropriately assessed in line with legislation. Capacity assessments undertaken were decision specific. Where people lacked capacity to make decisions we saw that an appropriate best interest meeting was arranged which involved the person as much as possible, and any family members.
- Care plans contained information with related to decision making and what decisions people could make themselves without staff support.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People we spoke with told us that staff treated them with kindness and respect. Comments included, "The staff give 100 per cent" and "The staff are kind and gentle".
- Relatives we spoke with told us that their family member was treated kindly and supported well and staff respected their diverse needs. One person said, "The care is not intrusive."
- We observed mostly caring and kind interactions between staff and people who lived at the home. We did raise that in one of the areas of the home there was not many staff around, however, we saw there were sufficient numbers on duty.
- There was a party at the home on the day of our inspection and people were supported to attend the celebrations with the staff and their families. We observed people were very smartly dressed and were engaging continuously with staff who were up dancing with people. □

Supporting people to express their views and be involved in making decisions about their care

- People told us they made their own choices and the staff respected their privacy.
- We saw that care plans had been completed in consultation with people and their relatives.
- People told us they decided how they spent their time.

Respecting and promoting people's privacy, dignity and independence

- People told us they felt respected and that their possessions were well cared for. One person said, "The way my clothes are looked after is excellent".
- We spent time talking to staff who described how they provided care which was dignified. One staff member said, "I always ask them if they want support, I don't just assume." Another staff member said, "I make sure I knock on the door and introduce myself before I go into the room."
- We saw from looking at care plans, people were supported to do as much for themselves as possible. Care plans contained information such as 'always ask [person] if they require assistance and what they would like.'
- There were various dignity champions at the home who looked for creative ways to actively promote dignity and respect.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- We spoke to some people and their relatives who said that despite the home being a lovely place, they sometimes felt they required more support from staff than they were getting. One person told us how some time they felt a bit 'pushed' or pressured to complete tasks alone and would like a little bit more hand son support.
- We observed that people were in receipt of personalised care and support, however, there was little information in people's care plans in relation to their hobbies, background, interests and likes.
- We saw there was a document in people's care plans entitled 'all about me' which was about to be introduced to help capture some more person centred information. The registered manager emailed over to us a completed 'all about me' after our inspection and is working through the rest.
- We also saw some records which documented people's food and fluid intake which were not always completed.
- When we raised this with the registered manager, we saw that some staff were still keeping paper records for people, while others were using the electronic system. This meant that the information was available, it was recorded in different places.
- The registered manager had also identified in an audit that more training for staff with regards to the electronic system was needed and assured us they would arrange this.
- There was a full and varied programme of activities available at the home. People told us they enjoyed the activities. Activities were person centred and were based around what people had asked for during a consultation process.

Improving care quality in response to complaints or concerns

- We checked the process for documenting and recorded complaints. We saw that there had been three recorded complaints in the last 12 months.
- We tracked one of these complaints through and saw that it had been investigated and responded to in line with the registered providers complaints process.
- The complaints procedure was displayed in the communal areas for people to access and was available in different formats to support people's understanding.

End of life care and support

- The registered manager had arranged for staff to complete the 'Six Steps' programme of training with the local hospice.

- People were supported to remain at the home when they were at the end stages of their lives. Staff we spoke with said they had undertaken training in end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager had informed CQC of incidents which are notifiable by law.
- The culture of the home was friendly, and family orientated. People said they liked the registered manager, and staff we spoke with confirmed they felt comfortable promoting the friendliness of the home. All of the staff we spoke with said they recommend the home and it was good enough for one of their own relatives.
- The registered manager was responsive and had acted on feedback throughout our inspection.

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

- There were policies and procedures in place which ensured that staff were knowledgeable within their roles and knew what was expected of them.
- There were audits in place for all areas of service provision. Some of these audits had picked up on some of the information we highlighted in the responsive section, which meant they were effective. All audits had action plans drawn up which had been assigned to the appropriate people.

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

- People who lived at the home were invited to attend 'resident' meetings' which took place every month. We saw the minutes of some of these, and saw that topics discussed including the menus and activities. People living with dementia were also supported to attend residents' meetings where the minutes of these meetings were presented in an alternative format to support people's understanding.
- Staff meetings also took place every month. We saw that following these meetings minutes were available for staff to read and sign.

Continuous learning and improving care

- The registered manager acknowledged during our inspection that some aspects of service provision required improvement, such as the person centred plans and the recording of some information.
- The registered manager had drawn up action plans to ensure that progress was tracked and timely. The

registered manager has since sent us some email updates with regards to what they have actioned since our inspection.

Working in partnership with others

- The service had good links with the local community and the staff team worked in partnership with them to improve people's wellbeing. For example, the local churches were involved with the care home and regularly came in to provide spiritual care for people.
- In addition, the children from a local playgroup often came to the home to visit people.