

Mrs Y Kerr and Mrs J Hartley

Parade Rest Home

Inspection report

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Blackpool
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection visit took place on 26 July 2016 and was unannounced.

At the last inspection on 29 May 2014 the service was meeting the requirements of the regulations that were inspected at that time.

Parade Rest Home is located in a quiet residential area of Blackpool and is close to the town centre. There are private parking facilities at the front of the building. There are six single and four double bedrooms located in the first and second floors. Communal space provided included a lounge and lounge/dining room both located on the ground floor. The service can accommodate a maximum of 14 people of whose primary care needs are those of persons who live with dementia. At the time of our inspection visit there were 12 people who lived at the home.

There was a registered manager in place. 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.

We found the registered manager had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

The environment was maintained, clean and hygienic when we visited. No offensive odours were observed by the inspector. One person visiting the home said, "My friend is very happy here and loves her room. It is clean and comfortable."

We looked at the recruitment of one recently appointed staff member. We found appropriate checks had been undertaken before they had commenced their employment confirming they were safe to work with vulnerable people.

Staff spoken with and records seen confirmed training had been provided to enable them to support people who lived with dementia. We found staff were knowledgeable about the support needs of people in their care.

We looked at how the service was staffed. We found sufficient staffing levels were in place to provide support people required. We saw the deployment of staff throughout the day was organised.

We found equipment used by staff to support people had been maintained and serviced to ensure they were safe for use.

Care plans were organised and had identified the care and support people required. We found they were informative about care people had received. They had been kept under review and updated when necessary to reflect people's changing needs.

We found people had access to healthcare professionals and their healthcare needs were met. We saw the service had responded promptly when people had experienced health problems.

Care practices observed confirmed people were supported by caring, kind and patient staff. One person who lived at the home said, "I love living here. The staff are brilliant and I feel safe and well cared for."

We found medication procedures at the home were safe. Staff responsible for the administration of medicines had received training to ensure they had the competency and skills required. Medicines were safely kept with appropriate arrangements for storing in place.

People who were able to talk with us said they were happy with the variety and choice of meals available to them. We saw regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration.

People told us they were happy with the activities arranged to keep them entertained. These were arranged both individually and in groups.

The service had a complaints procedure which was made available to people on their admission to the home. People we spoke with told us they were comfortable with complaining to staff or management when necessary.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included satisfaction surveys and care reviews. We found people were satisfied with the service they received.

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.

The service had procedures in place to protect people from abuse and unsafe care.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people who lived at the home. The deployment of staff was well managed providing people with support to meet their needs.

Recruitment procedures the service had in place were safe.

Assessments were undertaken of risks to people who lived at the home and staff. Written plans were in place to manage these risks. There were processes for recording accidents and incidents.

People were protected against the risks associated with unsafe use and management of medicines. This was because medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were sufficiently skilled and experienced to support them to have a good quality of life.

People received a choice of suitable and nutritious meals and drinks in sufficient quantities to meet their needs.

The registered manager was aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS). They had knowledge of the process to follow.

Is the service caring?

Good ●

The service was caring.

People were able to make decisions for themselves and be involved in planning their own care.

We observed people were supported by caring and attentive staff who showed patience and compassion to the people in their care.

Staff undertaking their daily duties were observed respecting people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People participated in a range of activities which kept them entertained.

People's care plans had been developed with them to identify what support they required and how they would like this to be provided.

People told us they knew their comments and complaints would be listened to and acted on effectively.

Is the service well-led?

Good ●

The service was well led.

Systems and procedures were in place to monitor and assess the quality of service people received.

The registered manager had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

A range of audits were in place to monitor the health, safety and welfare of people who lived at the home. Quality assurance was checked upon and action was taken to make improvements, where applicable.

Parade Rest 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 checked 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 26 July 2016 and was unannounced.

The inspection team consisted of an adult social care inspector.

Before our inspection on 26 July 2016 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people who lived at the home had been received.

We spoke with a range of people about the service. They included four people who lived at the home and one person visiting their friend, the registered manager and one staff member. Prior to our inspection we spoke with the commissioning department at the local authority and Healthwatch Blackpool. Healthwatch Blackpool is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at care records of two people, the services training matrix, supervision records of two staff, arrangements for meal provision, records relating to the management of the home and the medication records of four people. We reviewed the services recruitment procedures and checked staffing levels. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

People we spoke with us told they felt safe when supported with their care. Observations made during our inspection visit showed they were comfortable in the company of staff supporting them. One person who lived at the home said, "I love living here. The staff are brilliant and I feel safe and well cared for." One person visiting the home said they had no concerns about the safety of their friend. The person said, "My friend is well looked after and is very fond of the staff. She tells me she is getting the best care possible and feels safe with the staff."

We looked around the home and found it was clean, tidy and maintained. No offensive odours were observed by the inspector. One person visiting the home said, "My friend is very and happy here and loves her room. It is clean and comfortable."

We found equipment had been serviced and maintained as required. Records were available confirming gas appliances and electrical equipment complied with statutory requirements and were safe for use. Equipment including moving and handling equipment (hoist and slings) were safe for use. We observed they were clean and stored appropriately, not blocking corridors or being a trip/fall hazard. The fire alarm and fire doors had been regularly checked to confirm they were working. During a tour of the building we able to access most bedrooms and found windows were restricted to ensure the safety of people who lived at the home. We checked a sample of water temperatures and found these were delivering water at a safe temperature in line with health and safety guidelines. Call bells were positioned in rooms close to hand so people were able to summon help when they needed to.

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen confirmed the registered manager and her staff had received safeguarding vulnerable adults training. The staff members we spoke with understood what types of abuse and examples of poor care people might experience. There had been no safeguarding concerns raised with the local authority regarding poor care or abusive practices at the home since our last inspection. The registered manager was also aware of their responsibility to inform the Care Quality Commission (CQC) about any incidents in a timely manner. This meant that we would receive information about the service when we should do.

Records were kept of incidents and accidents. Details of accidents looked at demonstrated action had been taken by staff following events that had happened. The registered manager had fulfilled their regulatory responsibilities and submitted a notification to the Care Quality Commission (CQC) about a serious injury suffered by a person who lived at the home.

The staff member on duty had received mandatory moving and handling training and they felt competent when using moving and handling equipment. We observed the staff member assisting people with mobility problems. We saw people were assisted safely and appropriate moving and handling techniques were used. The techniques we saw helped staff to prevent or minimise the risk of injury to themselves and the person they supported.

We looked at the services duty rota, observed care practices and spoke with people supported with their care and their visitors. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who used the service. We saw the deployment of staff throughout the day was organised. People who required support with their personal care needs received this in a timely and unhurried way. The atmosphere in the home was calm and relaxed and we saw staff engaged with people they supported in conversation. One person visiting the home said, "The staff are always polite and friendly when I visit. Nothing is too much trouble for them and they never keep you waiting if you need anything."

We looked at the recruitment of one recently appointed staff member. We found appropriate checks had been undertaken before they had commenced their employment confirming they were safe to work with vulnerable people. These included Disclosure and Barring Service checks (DBS). These checks were required to identify if people had a criminal record. The staff member had provided a full employment history including reasons for leaving previous employment. References had also been requested from previous employers to provide satisfactory evidence about their conduct in previous employment.

Care plans seen had risk assessments completed to identify the potential risk of accidents and harm to staff and the people in their care. The risk assessments we saw provided instructions for staff members when delivering their support. We also saw the registered manager had undertaken assessments of the environment and any equipment staff used when they supported people. Where potential risks had been identified the action taken by the service had been recorded.

We looked at how medicines were prepared and administered. Medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. The registered manager had audits in place to monitor medicines procedures. This meant systems were in place to check that people had received their medicines as prescribed. The audits confirmed medicines had been ordered when required and records reflected the support people had received with the administration of their medication.

We observed the registered manager administering medicines during the lunch time round. We saw the medicines cabinet was locked securely whilst attending each person. People were sensitively assisted as required and medicines were signed for after they had been administered. The registered manager informed people they were being given their medicines and where required prompts were given.

Is the service effective?

Our findings

People received effective care because they were supported by an established and trained staff team who had a good understanding of their needs. Our observations confirmed the atmosphere was relaxed and people had freedom of movement. We saw people had unrestrictive movement around the home and could use either lounge or go to their rooms if that was their choice. We saw one person visiting the home was friendly with staff and made welcome by them. The person said, "I love visiting the home the staff are so friendly. I get an immediate update about [friends] care every time I arrive. I know [friend] is getting excellent care and they are happy and settled at the home."

We spoke with the staff member on duty and looked at individual training records. Records seen confirmed staff training covered safeguarding, moving and handling, fire safety, infection control and health and safety. Staff responsible for administering people's medicines had received medication training and had been assessed as being competent. Some staff had achieved or were working towards national care qualifications. This ensured people were supported by staff who had the right competencies, knowledge, qualifications and skills.

Staff had received dementia care training and were knowledgeable about how to support people who lived with dementia. Some staff attended training facilitated by Blackpool Borough Council regarding dementia awareness. 'Let's respect' training is provided specifically for staff working with people who lived with dementia. The course aimed to increase staff awareness of the need to create a welcoming environment for friends, family and visitors to the home. The course had addressed diet and nutrition, health and wellbeing, quality of life and rights. The staff member on duty told us they had attended the training which they had enjoyed.

Discussion with the staff member on duty and observation of their personnel records confirmed they had recently received regular supervision. These are one to one meetings held on a formal basis with their line manager. The staff member told us they had discussed their performance, development and training needs. They said they felt supported by the registered manager.

We found the registered manager and staff member on duty understood the importance for people in their care to be encouraged to eat their meals and take regular drinks to keep them hydrated. Snacks and drinks were offered to people between meals including tea, glasses of fruit juice and biscuits. Throughout the inspection we saw the registered manager and staff member were attentive towards the people in their care asking if they required a drink or snack. One person who lived at the home said, "I get spoilt with treats between meals."

Four people who lived at the home told us they enjoyed the food provided by the service. They said they received varied, nutritious meals and had plenty to eat. One person we spoke with said, "The meals are lovely I always have what is on offer." One person visiting the home said they thought the standard of meals provided was very good. The person said, "The meals are always freshly cooked, well presented and they smell wonderful."

The service didn't work to a set menu and people were asked daily about meals and choices available to them for the day. On the day of our inspection visit the choices provided were Cumberland sausage, mashed potatoes and assorted vegetables. We saw alternative meals were offered to people and one person chose to have rump steak. We saw most people were able to eat independently and required no assistance with their meal. The staff did not rush people allowing them sufficient time to eat and enjoy their meal. People who did require assistance with their meal were offered encouragement and prompted sensitively.

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).

The registered manager understood the requirements of the Mental Capacity Act (2005). This meant they were working within the law to support people who may lack capacity to make their own decisions. When we undertook this inspection the registered manager had completed a number of applications to request the local authority to undertake (DoLS) assessments for people who lived at the home. This was because they had been assessed as being at risk if they left the home without an escort. We did not see any restrictive practices during our inspection visit and observed people moving around the home freely.

People's healthcare needs were carefully monitored and discussed with the person as part of the care planning process. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. This confirmed good communication protocols were in place for people to receive continuity with their healthcare needs.

Is the service caring?

Our findings

Although a number of people had limited verbal communication because they lived with dementia, we were able to speak with four people who lived at the home. One person who lived at the home said, "It's very good here. The staff are kind and caring and they look after me." The person visiting the home told us they looked forward to visiting the home as the staff were so friendly. The person said, "The residents always seem happy and content when I visit. My friend is always clean and well presented and she loves the staff. I would recommend the home to anyone."

The staff member on duty was knowledgeable about people's individual needs and how they should be met. They said care plans were easy to follow so they always knew what people's needs were. This meant staff knew the people they were caring for and had the knowledge and understanding of support people required.

We observed routines within the home were relaxed and arranged around people's individual and collective needs. We saw they were provided with the choice of spending time on their own or in the lounge area. We observed the registered manager and staff member enquiring about people's comfort and welfare throughout the inspection visit. Throughout the inspection visit we saw they responded promptly if people required any assistance. For example we saw people being given drinks on request and assisted to the toilet where needed.

During our inspection visit we carried out our Short Observational Framework for Inspection (SOFI) observations. We saw staff were caring and treated people with dignity. Throughout lunch we saw positive interactions between staff and the people they supported. We noted people appeared relaxed and comfortable in the company of staff. People we spoke with during our observations told us they received the best possible care.

We looked at care records of two people. We saw evidence they or a family member had been involved with and were at the centre of developing their care plans. The plans contained information about people's current needs as well as their wishes and preferences. Daily records completed were up to date and well maintained. These described the daily support people received and activities they had undertaken. The records were informative and enabled us to identify staff supported people with their daily routines. We saw evidence to demonstrate people's care plans were reviewed and updated on a regular basis. This ensured staff had up to date information about people's needs.

We saw staff had an appreciation of people's individual needs around privacy and dignity. We observed they spoke with people in a respectful way, giving people time to understand and reply. We observed they demonstrated compassion towards people in their care and treated them with respect. One person who lived at the home said, "The staff are lovely people who treat me with kindness."

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered manager had information details that could be provided to people

and their families if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed. When we undertook this inspection visit one person was represented by an advocate who visited the person every four weeks. We saw entries on the persons care plan completed by the advocate confirming the person was happy with their care.

Before our inspection visit we received information from external agencies about the service. They included the commissioning department at the local authority. The information provided helped us gain a balanced overview of what people experienced accessing the service.

Is the service responsive?

Our findings

People who lived at the home told us they received a personalised care service which was responsive to their care needs. They told us the care they received was focussed on them and they were encouraged to make their views known about the care and support they received. We saw there was a calm and relaxed atmosphere when we visited. We observed the registered manager and staff member undertaking their duties. We saw they could spend time with people making sure their care needs were met. One person who lived at the home said, "The staff look after me really well and I am very happy." One person visiting the home said, "I find the staff respond very quickly if you need them for anything. You never have to go looking for them there is always someone available."

We looked at care records of two people to see if their needs had been assessed and consistently met. The care plans had been developed where possible with each person identifying what support they required and how they would like this to be provided. People who had been unable to participate in the care planning process had been represented by a family member or advocate.

The care records we looked at were informative and enabled us to identify how staff supported people with their daily routines and personal care needs. People's likes, dislikes, choices and preferences for their daily routine had been recorded. We found care plans were flexible, regularly reviewed for their effectiveness and changed in recognition of the changing needs of the person. Personal care tasks had been recorded along with fluid and nutritional intake where required.

People were having their weight monitored regularly. We saw where concerns had been identified with weight loss medical intervention had been sought. For example one person had suffered a considerable weight loss due to a medical condition before their admission to the home. The care notes showed the person had gradually gained weight from the date of their admission to the home. We saw during a recent hospital appointment the person's doctor had commented they were pleased to see the person's weight gain and health improving.

The service provided a variety of activities to keep people entertained. These were arranged both individually and in groups. The people we spoke with told us they enjoyed the activities provided for them. One person said, "We have entertainers who come to the home which I enjoy. The staff also organise activities for us including music and dancing and quiz afternoons. I enjoy the quizzes they are good fun."

The service had a complaints procedure which was made available to people on their admission to the home. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations.

People told us they were comfortable with complaining to the staff or the registered manager when necessary. They told us their complaints were usually minor and soon acted upon. One person said, "I am quite happy and don't need to complain. The staff are lovely and I enjoy my meals."

Is the service well-led?

Our findings

Comments received from the staff member on duty and people who lived at the home were positive about the registered manager's leadership. The staff member said they were happy with the leadership arrangements in place and had no problems with the management of the service. People who lived at the home spoke fondly of the registered manager and staff.

The registered manager and staff member were knowledgeable about support people in their care required. They were clear about their role and were committed to providing a good standard of care and support to people who lived at the home. People we spoke with said the registered manager was available and approachable if they needed to speak with her. Throughout the visit we saw people were comfortable and relaxed in the company of the registered manager and staff member on duty.

We found systems and procedures were in place to monitor and assess the quality of their service. These included seeking views of people they support through annual satisfaction surveys and care reviews. The service did not hold formal residents meetings. The four people we spoke with were all happy with the arrangements the service had in place. They told us they felt listened to and were given as much choice and control as possible into how the service was run for them.

We looked at the satisfaction surveys which had been completed by people who lived at the home. These were produced to get the views of how people thought the service was run. They also provided the opportunity for people to suggest ways to improve the running of the service. People said they were happy with the service they received, enjoyed the meals provided and liked the staff who supported them. We noted there were no negative comments recorded. Positive comments recorded included, 'Very happy with my care and staff attitude.' And, 'I am treated with respect and I love the food.'

We saw a sample of messages left by relatives of people who had lived at the home commenting on the service provided. Comments included, 'I would like to express my gratitude to you and your staff for the wonderful care [relative] has received.' And, 'Thank you for all your care and consideration when caring for [relative]. We really appreciate your kindness.'

Staff meetings had been held to discuss the service provided. We looked at minutes of the most recent team meeting and saw topics relevant to the running of the service had been discussed. These included training available to the staff team and preparation for the services CQC inspection. Staff spoken with confirmed they attended staff meetings and were encouraged to share their views about the service provided.

Regular audits had been completed by the registered manager. These included monitoring the environment and equipment, maintenance of the building, reviewing care plan records and medication procedures. Any issues found on audits were acted upon and any lessons learnt to improve the service going forward.

Discussion with staff members confirmed there was a culture of openness in the home to enable them to question practice and suggest new ideas.

Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met.