

Indigo Care Services Limited

Archers Park

Inspection report

Archer Road
Sunderland
Tyne And Wear
SR3 3DJ

Tel: 01915225977

Date of inspection visit:
22 November 2019
26 November 2019

Date of publication:
27 December 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?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Archers Park provides accommodation for up to 40 people with residential care needs in a purpose-built building. 39 people were using the service at the time of the inspection. Some of the people were living with dementia.

People's experience of using this service and what we found

People told us the service was safe. The provider carried out appropriate security and identification checks when they employed new staff. There were enough staff on duty to meet the needs of people. Staff were suitably skilled and experienced and fully supported in their role.

Appropriate safeguarding procedures were in place and staff had been trained in how to protect people from abuse. Risks were well managed and the provider learned from accidents and incidents. Systems were in place for the safe storage, administration and recording of medicines.

The premises were clean and appropriate health and safety checks had been carried out. The home was purpose built and incorporated environmental aspects that were dementia friendly.

Regular assessments and reviews took place to ensure people's needs were being met. People were supported with their healthcare needs and had access to healthcare professionals when required.

People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People and family members told us staff were kind, considerate and treated them with respect. People were given information in a way they could understand. Staff included people in the care planning process and their preferences and choices were clearly documented in their care records.

Staff protected people from social isolation. People were provided with the opportunity to take part in activities that were relevant and important to them. There were good links with the local community.

People and family members were aware of how to make a complaint. Those who had raised a concern or complaint in the past told us they were satisfied with how it had been dealt with.

There was a person-centred culture at the service. The registered manager involved people in the running of the service and people were encouraged to provide feedback.

There was a strong emphasis on continuous improvement. The provider monitored the quality of the service to make sure they delivered a high standard of care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 25 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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?

Good ●

The service was 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.

Archers Park

Detailed findings

Background to this inspection

The 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector and an Expert by Experience formed the inspection team. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Archers Park is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

During the inspection

We spoke with five people who used the service and 16 family members about their experience of the care provided. We spoke with four members of staff, including the registered manager, and with two health or social care professionals. 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 reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- The provider had an effective recruitment and selection procedure in place. They carried out appropriate security and identification checks when they employed new staff.
- There were enough staff on duty to meet the needs of people. Staff responded to calls for assistance in a timely manner.

Systems and processes to safeguard people from the risk of abuse

- People and family members told us the service was safe. Comments included, "I am safe, the staff will do anything they can to help me" and "I feel very safe here, the staff are very friendly and nice to me."
- The registered manager and staff understood safeguarding procedures and had followed them. Staff had been trained in how to protect people from abuse.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks were well managed. Staff understood potential risks and how to mitigate them.
- Regular checks of the premises and equipment were carried out to ensure people lived in a safe environment.
- The provider learned from accidents and incidents. Incidents were appropriately recorded and analysed. Where necessary, changes were made to reduce the risk of them reoccurring.

Using medicines safely

- Systems were in place for the safe storage, administration and recording of medicines.

Preventing and controlling infection

- The home was clean and regular infection control audits were carried out. Appropriate personal protective equipment was readily available and used.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- The service carried out comprehensive assessments of people's needs before they started using the service. Regular assessments and reviews took place to ensure people's needs continued to be met.

Staff support: induction, training, skills and experience

- Staff were suitably skilled and experienced. Comments from people and family members included, "The staff are excellent" and "They [staff] go above and beyond in every way."
- The provider ensured staff were fully supported in their role. They received regular supervisions, an annual appraisal and training that was relevant and up to date.

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

- Staff supported people with their dietary and nutritional needs. People were provided with choices at meal times and care records described people's preferences.
- Mealtimes were pleasant, social occasions. People told us they enjoyed the food. Comments included, "The food is amazing, not processed" and "It's very nice and you can get anything to eat you want."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported with their healthcare needs and had access to healthcare professionals when required.
- Regular assessments were carried out and were up to date. These included oral care and skin integrity.

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

- The premises were purpose built and appropriately designed to meet the needs of the people who lived there.
- The home incorporated environmental aspects that were dementia friendly. Pictorial signage was in place to aid people's orientation around the home. Handrails clearly stood out, communal bathroom and toilet doors were painted a different colour, and corridors were light and clear from obstruction. There were themed corridors with tactile displays on the walls and some people had memory boxes next to their bedroom doors.

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager and staff were aware of the need for decisions to be made in a person's best interests if they were unable to make those decisions for themselves. However, some mental capacity assessments were not clear about what decision was being assessed. We discussed this with the management team and the deputy manager updated the documentation during our visit.
- Where people were unable to make their own decisions, the proper legal process was followed. DoLS had been applied for where necessary.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and family members told us staff were kind, considerate and treated them with respect. Comments included, "They [staff] are nice people here, they chat and are cheerful" and "They [staff] are very gentle and have a nice manner about them."
- Staff supported people who had specific religious or spiritual needs. One person was supported to visit a local church for services and coffee mornings, where they had made new friends.

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

- Staff included people in the care planning process and their preferences and choices were clearly documented in their care records. One person told us, "If I want to have a lie in or if I want the door closed, I can." A family member told us, "They [staff] are always willing to listen and talk things through, which has been very helpful."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. A family member told us, "They [staff] always knock on the door before they come in."
- Staff supported people to remain as independent as possible. Staff supported people who required assistance in a calm and unhurried manner.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care records were regularly reviewed and up to date. They were person-centred and written to meet people's individual needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were given information in a way they could understand. Records clearly described people's communication needs and their personal preferences.

End of life care and support

- The service supported people with end of life care needs. People's choices and preferences for their end of life care were documented in support plans.
- Family members were complimentary about the standard of end of life care at the service. Comments included, "They [staff] have become family" and "[Name] has been cared for with affection." A spare room had been converted into a family room so family members could stay overnight with their relative.
- The service had recently registered with the National Gold Standards Framework (GSF) for end of life care. The GSF supported services to develop and improve end of life care. This involved the completion of a portfolio of evidence that would then be assessed against the standards.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff developed ways to protect people from social isolation. One person was withdrawn and did not interact very well with other people. The registered manager visited the person in their room each day, building a rapport with them and increasing their confidence. The person now goes into the registered manager's office for a chat, goes out for walks with the registered manager and sits in the lounge with other people.
- Activities were tailored to meet people's individual needs. One person enjoyed playing bowls so the activities coordinator arranged for two of their friends to visit the home to play bowls in the lounge. Other activities included a beer tasting session and virtual reality reminiscence therapy.
- Regular trips were arranged to local attractions such as Beamish Museum, the seaside, an aquarium and local museums.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy. Procedures were in place to ensure complaints and concerns were acknowledged, investigated and responded to.
- People and family members were aware of how to make a complaint. Those who had raised a concern or complaint in the past told us they were satisfied with how it had been dealt with.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager was approachable and promoted a person-centred culture. A family member told us, "When something happened and I wanted to change how we dealt with it, I had a word with the [registered] manager. We talked it through and came to an agreement. I now have peace of mind. It makes a big difference to me." Another family member told us, "I was blown away with the atmosphere when I came here."
- The registered manager involved people in the running of the service. One person had been a silver service waitress and had worked in a hotel kitchen earlier in their life. The registered manager invited them to be on the interview panel for a new cook. They had also helped to serve tea and coffee at a charity coffee morning held at the home.
- People and family members were encouraged to feedback on the quality of the service via regular surveys and meetings.
- Staff were valued and supported. The registered manager had implemented a 'making a difference' award for staff. The provider ran a human resources workshop at the home every month where staff could drop in. There was a visible presence from the registered manager from early morning so they were available to night staff as well as day staff. A healthcare professional told us, "[Registered manager] goes the extra mile for the best interests of the staff."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager acted in an open and transparent way. They submitted notifications in a timely manner for significant events that had occurred, such as accidents and incidents.
- The registered manager and staff understood their roles and responsibilities.
- The provider monitored the quality of the service to make sure they delivered a high standard of care. This included the registered manager completing a monthly self-assessment that was reviewed with the provider's operations director.

Continuous learning and improving care; Working in partnership with others

- There was a strong emphasis on continuous improvement. The registered manager arranged dementia awareness training for family members. Following the training, family members were asked to complete

evaluations and provided positive feedback on the experience.

- The service had adopted the national early warning score (NEWS). NEWS improves the detection and response to deterioration in health. To complement staff training in this, the service was visited by the NHS training and simulation bus. Staff spent time on the bus reinforcing their knowledge and awareness.
- Staff had completed communication and interaction training (CAIT). CAIT is specific training aimed at improving communication with people who have a dementia type illness.
- The deputy manager told us, "I want to make sure we deliver the best care for the residents."
- The service had good links with the local community. Members of the public were invited to coffee mornings and garden fetes run by the service. Local school children were regular visitors and a theatre production group visited to perform for people, visitors and staff.