

Park Avenue Care Limited

# Park Avenue Care Home

## Inspection report

8 Park Avenue  
Roundhay  
Leeds  
West Yorkshire  
LS8 2JH

Tel: 01132731115

Date of inspection visit:  
12 February 2020  
13 February 2020

Date of publication:  
28 April 2020

## 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

Park Avenue Care Home is a residential care home providing personal and nursing care to people aged 65 and over. At the time of the inspection the service was supporting 32 people, they can support up to 43 older people.

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

People and their relatives said they felt safe and that there were enough staff sufficiently skilled to meet their needs. There were appropriate safeguarding systems in place.

People received their medicines as prescribed and people had good access to health and social care professionals. We found isolated incidents of recording errors in topical medicines administration records. We have made a recommendation around this area of care.

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

People were supported to eat and drink enough to maintain their health. There were a range of activities available which met people's interests.

People were supported by staff who were kind and caring and demonstrated they knew people and their needs well. Staff respected people's independence and privacy.

Care plans contained person-centred details for staff to help them meet people's needs in a way the person wanted.

Systems and processes for monitoring the quality of the service and making improvements were adequate.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update:

The last rating for this service was requires improvement (published 13 February 2019) and there were two breaches of regulation. Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### 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?**

The service was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-Led findings below.

**Good** ●

# Park Avenue Care Home

## 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

This inspection was completed by an inspector.

#### Service and service type

Park Avenue Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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

Day one of the inspection was unannounced. Day two of the inspection was announced to the provider.

#### What we did before 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 used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and four relatives about their experience of the care provided. We spoke with eleven members of staff including the registered manager, assistant manager,

senior care workers and care workers. 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 spoke with a visiting health professional to gather their feedback on the service.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four 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 provider to validate evidence found. We looked at training data and quality assurance records.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection we found medicines records did not show people received their medicines in a safe way. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the service was no longer in breach of regulation 17.

### Using medicines safely

- People received their medicines as prescribed, and systems around the storage, ordering and recording of medicines were safe and improvements had been made since the last inspection. We found isolated incidents of recording errors in relation to topical medicines administration records (TMARS). We raised this with the registered manager who agreed to investigate and review TMARS. We found no evidence people had come to any harm as a result of this error.
- Staff who administered medicines had their competency checked to ensure they were safe to do so.
- Medicines records and systems were audited regularly to ensure they were safe and improvements could be identified. We identified that TMARS were not part of the audit form we were provided with. We raised this with the registered manager who agreed to review audit forms.

We recommend the provider review how topical creams are recorded and audited.

### Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to protect people from the risk of abuse. Staff we spoke with knew how to identify and report abuse.
- Staff were provided with training in protecting vulnerable adults from abuse, and incidents were raised and investigated appropriately following the service's safeguarding policy.

### Assessing risk, safety monitoring and management

- Risks to people were monitored and managed appropriately. There were a range of regular health and safety checks in place both internal and provided by accredited third party organisations, for example gas and electrical safety checks.
- People had individual risk assessments in place to manage identified risks for example falls, skin damage and challenging behaviours.

### Staffing and recruitment

- There had been a change in provider since the last inspection which had cause disruption, there had been a turnover of staff, however staff at this inspection said things had improved and staffing levels were now safe. Comments included, "We had that struggle, we had to use agency staff which didn't help but now we are getting fully staffed you can see the difference to our home. Stable staff team now", "We had agency in

before Christmas due to the fact three people left, waiting for DBS, it was taking time. But we are in a good place now, there is a stable team."

- We found that there were enough staff recruited and deployed to meet people's needs. Staff, people and their relatives said generally they were satisfied with staffing levels. We observed that there were enough staff deployed during the inspection which met planned staffing levels.
- Staff were recruited safely, this included a background and identity check and a period of induction and 'shadowing' with support from experienced staff.

#### Preventing and controlling infection

- The building was visibly clean from our observations, with no malodours.
- The catering team had received a five star food hygiene rating from the food standards agency. Five stars is the highest rating.
- Staff received training in preventing infections. The registered manager conducted regular infection control audits.

#### Learning lessons when things go wrong

- The registered manager monitored incidents such as falls and analysed them to ensure lessons were learned and actions put in place individually to ensure they did not happen again. Incidents were investigated and responded to appropriately.



# 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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection we found systems and processes around staff support and training were not adequate. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the service was no longer in breach of regulation 18.

Staff support: induction, training, skills and experience

- Staff were positive about the training and support they received to meet people's needs. One staff member said, "I think training is brilliant. For example, training with medical devices like catheters that I like to do, they offer a lot of training and access to national qualifications. Training was good. We learned a lot". Another staff member said, "I think I have enough support even if I have a problem I can always go to my senior, who is always happy to help. One thing I can say is colleagues are so helpful and understanding."
- Staff received an induction programme followed by a period of 'shadowing' experienced staff and training the provider considered mandatory. There was regular contact between staff and management to ensure staff felt well supported.

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

- People's needs were assessed appropriately before they used the service, this included gathering information about people's clinical needs, life histories and personal preferences.

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

- People were supported to eat and drink enough to maintain a balanced diet. People had specialised diets where this had been recommended by health professionals. People's food and fluid intake was recorded where necessary.
- People were supported patiently and in a dignified way to eat and drink. There were regular snack trolleys throughout the day for people to access. People were offered choices visually to help them make decisions about what they wanted to eat.

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

- Records showed staff worked well with other agencies to ensure people had good access to healthcare services and support.
- Relatives told us staff looked after people's wellbeing and ensured their clinical and health needs were met. One relative said, "Staff do referrals and appointments and let me know if there are any medication problems, also [Name] is having trouble with dentures, staff alerted me to that, so a dentist is coming out

now. I'm not left wondering, I feel totally clued up" and "Staff have had the doctor sent for every issue, they pass it on to the doctor if they can't deal with it. He comes to the place".

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

- The home was clean and tidy however elements of the building's interior were tired and in need of refurbishment. There were plans in place for refurbishment which we discussed with the provider.
- There were clear signs on brightly coloured doors to help people get around the building.

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.

- Applications to deprive people of their liberty were made within the principles of the MCA.
- People had their capacity assessed for individual decisions and where people were found to lack capacity to make certain decisions. Where people lacked capacity, a best interests meeting was held involving professionals and family members to ensure least restrictive measures were considered.

# 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 their relatives said staff were kind and caring. Comments included, "Carers are polite and respectful. Always patient, pretty good. I'm here five hours a day" and "Staff always kind and respectful, I joke with them, must be a hard job, staff don't show it."
- Staff were kind and attentive to people and clearly knew people and their personalities well. Staff were able to describe in detail people's personal routines, families and backgrounds, which indicated they had a good relationship with the people they cared for.
- People's religious and cultural preferences were recorded in people's care plans. However, we found care plans would benefit from a greater level of detail to ensure people's level of engagement with their faith was captured. We fed this back to the registered manager to take action who told us they would ensure this area of people care plans was reviewed.

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

- Relatives said people's wishes and choices were respected. One relative said, "If [Name] doesn't like something they always offer an alternative, you can have what you want."
- There was information available on accessing advocates. Advocates are people who help vulnerable adults make important decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- Staff were able to describe how they protected and promoted people's privacy and dignity.
- People's relatives said staff respected people's privacy, dignity and independence. One relative said, "People know this place is their home. They send staff out the room. They will say this is my home and I decide. Staff respect people's decisions, very caring, will do anything".
- Staff promoted people to maintain their independence and peoples care plans reflected this.

# 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 requires improvement. At this inspection this key question has now improved to good. 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 plans contained detailed person-centred guidance for staff on what people's needs were and how they wanted them to be met.
- Care plans were reviewed regularly to ensure they contained up to date information on people's needs and that any changes to people's health and wellbeing were reflected.

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.

- Care plans contained information about people's communication needs, including language skills, sensory aids and personalised information for staff on meeting people's individual needs.

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

- Activity provision was provided by an activities coordinator who was responsible for planning and carrying out activities relevant to people's needs. Comment included, "They have activities [Name] is engaging with. Had a chat with the activities coordinator about what [Name] likes and doesn't like, they are really engaging with painting", "If staff knows residents enjoy an activity, they make sure it's booked in again", "Staff try to make people happy, reacting, singing and dancing. They sit with [Name] and they do some drawings."
- People had an individual activities log which recorded what people did, their mood, and whether they enjoyed the activity. This information was used by the activities coordinator to review which activities were popular or not, as well as which people would benefit more from individual one to one engagement.

Improving care quality in response to complaints or concerns

- There were policies and processes in place for responding to complaints. We reviewed the complaints file and found complaints were responded to appropriately and in line with the provider's policy.
- People and relatives, we spoke to told us they knew how to raise complaints.

End of life care and support

- There were policies and procedures in place for providing end of life care and staff had received appropriate training.

- People had advanced decisions in their care plans where these had been requested. There was no one receiving end of life care at the time of the inspection.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection we found systems and processes around governance and quality monitoring were not robust. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the service was no longer in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The new management had introduced a clear programme of audits and quality assurance processes to ensure quality of care was monitored and improved. Audits covered a range of care quality areas including infection control audits, daily walkarounds and three-monthly quality audits covering all incidents, staffing levels and other key areas of performance. At the last three monthly audit, actions included a more robust controlled drugs stock check and a new medicines cabinet which had been implemented at the time of the inspection.
- Spot checks were carried out at night by the registered manager or deputy manager to review the quality of care delivered. We saw an example where poor practice had been observed. As a result, a team meeting was held where actions were signed by all staff present, actions included further spot checks and moving more senior staff on to nights to provide stronger leadership. Further monitoring indicated improvements had been made.
- Improvements had been made since the last inspection, as the new provider had introduced more robust systems around medicines administration, storage and recording as well as improved staff training and ongoing support. When we discussed topical medicines administration the registered manager agreed to review and amend the existing audits in place.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management of the service had changed, and staff who were working when the transition took place said they were initially apprehensive but that the change was a positive one and that morale amongst staff had improved as a result. One staff member said, "Still happy here, there was a point when I was going to leave but I held on and I'm glad I didn't. It's run differently. I think it's better now a lot better, paperwork everything. More organised now. Residents are happy which is the main thing."
- Staff said they were confident in the leadership of the registered manager. Comments included, "Positive, definitely. She is one of the best managers I worked for, because of her openness and how she's turned it round" and "She is such a good manager not a bad word to say, she puts 100% in to this place."

- Relatives were positive about the service in terms of improving people's outcomes. One relative said, "They are amazing they really are. Wasn't happy about moving [Name], brought them here, keep surprising me how on the ball they are. Feel [Name] is looked after, I am happy to leave this place now. [Name] has done really well since coming here".

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

- There was a duty of candour policy in place. Where incidents had occurred, we saw that people's representatives and families were informed where appropriate.

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

- The service engaged with people, their relatives and staff to ensure their opinions were used to improve the service.
- There was a staff survey in 2019 which provided overall positive results. Actions taken as a result of the survey included booking additional training for staff, reminding staff of the service's open-door policy, rewriting and resending job descriptions, and encouraging senior staff to be mindful and offer praise to staff more frequently.
- There were regular staff meetings with different staff groups which were attended by the provider. A member of staff commented that this was reassuring.
- The provider also sent questionnaires to health and social care professionals such as pharmacists to gather information on how the service was performing in terms of communication and engagement.
- There were frequent resident and relative meetings. One relative said, "I attend meetings for relatives. Similar to CQC interview questions, are you satisfied, things like that. They would take on board my opinions. If I've anything to say I will say it". There was also a resident's relatives survey with actions which had been completed such as the hiring of an activities coordinator.

Working in partnership with others

- The activities coordinator had taken a role in outreach to community groups to help provide activities, for example local student groups, entertainers and religious organisations.
- There were links with local care homes in the area and plans were in place for a joint fundraising event between two care homes.