

Tudor Bank Limited

Alt Park Nursing Home

Inspection report

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Date of inspection visit:
13 January 2020
14 January 2020

Date of publication:
30 January 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

Alt Park is a residential care home providing personal and nursing care for up to 35 adults. At the time of the inspection, the service was supporting 34 people across two floors. The upper floor was dedicated to accommodation while the ground floor provided a mix of accommodation, lounges, a dining area and office space.

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

Improvements had been made and sustained since the last inspection. Quality assurance processes were more robust and effective. Notifications to the Care Quality Commission (CQC) had been submitted as required. The service had a positive learning culture where people were supported to reflect on performance and improve practice. The provider regularly engaged people using the service, their relatives and staff through, surveys, meetings and informal discussions. People said communication with the registered manager was good.

Medicines were received, stored, administered and disposed of safely. Systems and processes were in place to safeguard people from the risk of abuse. Individual risks to people were assessed. There were sufficient numbers of staff deployed to meet people's assessed needs. Arrangements were in place for making sure that premises were kept clean and hygienic so that people were protected from the risk of infections.

The service operated in accordance with the principles of the Mental Capacity Act 2005 (MCA). 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 this practice.

Staff had good relationships with health and social care professionals who had contact with the service. People's individual needs were assessed before they moved into Alt Park. Staff received a good range of support including regular training. People were supported to eat a varied and nutritious diet based on their individual preferences. The premises were suitable for people's needs. However, the dining experience and environment could be further improved.

Staff treated people with kindness, compassion and respect. People's faith and cultural needs were recorded and understood by staff. People were encouraged to be as independent as possible. Staff understood the need to protect people's privacy and dignity when providing care.

Care records were electronic and personalised for each individual. Care plans were reviewed regularly to ensure they remained accurate and reflected people's needs. Staff adapted the way in which they communicated with people to engage them and to ensure important information was shared. People were supported to engage in a range of activities and to maintain important relationships. People's end of life wishes were considered as part of the assessment and care planning process.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 26 January 2019) and there were two breaches of regulation. 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?

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.

Alt Park Nursing 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

The team consisted of an inspector and an Expert by Experience. 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

Alt 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 took place over two days and was unannounced on the first day.

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 six people who used the service. However, because of various health conditions they were unable to provide responses which we could use in this report. We also spoke with six relatives about their

experience of the care provided. We spoke with eight members of staff including the registered manager, nurses, care workers, chef and senior managers. 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 five people's care records and multiple medication records. We looked at records in relation to staff supervision and a variety of records relating to the management of the service.

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.

Assessing risk, safety monitoring and management

- The service managed individual and environmental risk effectively.
- Individual risks to people were assessed; risk assessments provided detailed information around people's individual risks and included guidance for staff to keep them safe.
- Risk was assessed following incidents and adjustments made to keep people safe.
- Equipment and utilities were regularly checked to ensure they were safe to use.
- People had individual emergency evacuation plans in place.

Using medicines safely

- Medicines were received, stored, administered and disposed of safely.
- Staff involved in handling medicines had received training around medicines and were assessed as competent to support people with their medicines.
- People were given their medicines at the right time.
- The registered manager and provider completed regular audits of medicines to ensure policies and procedures were followed and any errors or concerns were identified.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from the risk of abuse.
- Staff received safeguarding training and had access to relevant information and guidance about how to protect people from harm.
- We observed staff intervening to reduce the risk of harm. For example, when people showed increased levels of anxiety.
- Staff were confident about how to report safeguarding concerns. We checked the record of incidents against safeguarding referrals and notifications to CQC. All incidents had been reported as required.
- Relatives told us that people were safe and secure.

Staffing and recruitment

- There were sufficient numbers of staff employed and on duty to meet people's assessed needs.
- Some relatives reported staff shortages in the evenings and at weekends. We checked the allocation of staff against the providers own assessment and found the correct numbers of staff were usually deployed to safely meet people's needs.
- When staff were not available due to sickness, regular agency staff were used.
- Staff had been recruited safely. However, some records required review to ensure they met regulatory requirements. This was completed before the end of the inspection.

Preventing and controlling infection

- Arrangements were in place for making sure that premises were kept clean and hygienic so that people were protected from infections.
- Staff used personal protective equipment (PPE) such as disposable aprons and gloves. Changes had been made to staff duties to further reduce the risk of infection.
- We found the home to be clean and tidy throughout. The comments of relatives supported this view.

Learning lessons when things go wrong

- Staff knew how to report accidents and incidents.
- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted.

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.

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

- The service worked effectively with other agencies to ensure people received specialist support.
- The registered manager and nursing staff had good relationships with health and social care professionals who had contact with the service. People's healthcare needs were addressed in a timely and effective manner. One relative commented, "They [staff] were very quick to pick-up a [serious health condition]."
- Regular meetings were held at the service to discuss people's needs. Healthcare professionals saw people regularly and referrals to services were discussed and taken forward.

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

- People's individual needs were assessed before they moved into Alt Park; this helped to ensure their needs were understood and could be met.
- Assessments were completed on an electronic system which alerted staff when reviews were required.
- Assessments of people's care and support needs were completed in appropriate detail and provided guidance for staff to support people based on their needs and choices. Where we identified gaps in information the service acted immediately to secure and record the relevant information.
- Staff knew people well and provided care in accordance with their needs and preferences.

Staff support: induction, training, skills and experience

- Staff received a good range of support including regular training.
- Training was appropriate and gave staff the skills to meet people's needs.
- Relatives told us staff were well trained and knew what they were doing.
- Training records showed staff training was kept up-to-date.
- Staff received regular supervision and appraisal to support their developmental needs.

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

- People were supported to eat a varied and nutritious diet based on their individual preferences.
- On the first day of the inspection we observed most people were eating their lunch in the lounges. We also noted the serving of meals was rushed. We discussed making better use of the dining room with the registered manager who introduced immediate changes. On the second day of the inspection more people were using the dining room and the atmosphere was more relaxed.
- The menu on day one did not clearly identify alternatives to the main meal. We discussed people's choice of food with the chef and registered manager. A more accessible menu with clearer choice was made

available on day two.

- Staff assessed people's nutritional needs and any risks related to their eating and drinking. People's weight was monitored.

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

- The premises were suitably adapted and decorated to meet people's needs.
- Accessible bathing equipment was provided and signage throughout the building promoted people's independence. However, signage and décor could be improved to better support people living with dementia. We discussed this with the registered manager and representatives of the provider who said they would secure specialist advice as part of their refurbishment programme.
- The building was designed to provide people with choices about where they could spend their time. For example, in one of the lounges, a quiet area or the conservatory/dining room.
- People's bedrooms were identified by photographs. This helped people find their rooms without assistance.
- Each room was personalised with photographs and other items.

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 for DoLS authorisations had been made when needed and were regularly reviewed.
- Mental capacity assessments had been completed to identify when a person had capacity to make a specific decision.
- Staff obtained consent from people before providing care.

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

- Staff treated people with kindness, compassion and respect.
- Positive and caring relationships had been developed between people and staff.
- Staff were able to identify people with different religious and cultural needs and explained how these needs were met. Important information about faith was recorded in care plans.
- Relatives spoke positively about staff and the relationships they formed. Comments included, "You can feel the empathy, they [staff] respond." and "There's lots of love and affection here. It's the best home [relative's] been in."
- Relatives said they were made to feel very welcome and they could arrive at any time. Relatives were present throughout the inspection and were clearly familiar with staff.

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

- Residents' and relatives' meetings were held to enable people to raise issues and contribute to the running of the service.
- Questionnaires were sent regularly to people and their relatives to monitor the quality of the service provided.
- We observed staff asking people for their views on several topics throughout the inspection. For example, where people would prefer to sit and what activities they would like to take part in.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to remain as independent as possible and their rights to privacy and dignity were protected.
- People's health conditions meant they sometimes behaved in a way which compromised their dignity. Staff were quick to identify situations and intervened in a respectful manner.
- Relatives told us staff encouraged people to do things for themselves when they could. We saw staff encouraging people to mobilise and engage in activities with minimal support.
- Staff understood the need to protect people's privacy and dignity when providing care.
- Confidential information was stored securely and treated in line with data protection laws.

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 personalised for each individual and contained details about their specific needs and preferences. For example, what time people preferred to get up and go to bed.
- Care plans were reviewed regularly to ensure they remained accurate and reflected people's needs. The electronic care planning system reminded staff when reviews were due.
- People's care records provided information about their life history, cultural and spiritual needs and activities they enjoyed.
- Daily notes were kept electronically and these detailed what care had been provided during the day and information about people's physical and emotional well-being. This information was used to handover to staff when shifts changed.

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's communication needs were understood, and different approaches were used by staff to promote engagement.
- Care plans contained information about the support people might need to access and understand information. For example, "[Name] likes a calm approach."
- Staff adapted the way in which they communicated with people to engage them and to ensure important information was shared. For example, staff spoke clearly and in a slightly raised voice for one person and used gestures and physical prompts for another.

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

- People were supported to engage in a range of activities and to maintain important relationships.
- The service employed activities coordinators who organised individual and group activities. The activities were developed in response to people's needs and wishes. Where people had difficulty with group activities, personal time was given to ensure they were supported and stimulated.
- People and their families spoke positively about the service and how they were made to feel welcome. This helped people to maintain their relationships. One relative said, "The staff are always very pleasant, they always ask how I am."

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which outlined how complaints would be responded to and the time scales.
- Each complaint was recorded and addressed in accordance with the relevant policy.
- The relatives we spoke with had not had to make a complaint but were satisfied that any complaint would be fully addressed.

End of life care and support

- People's end of life wishes were considered as part of the assessment and care planning process.
- Where people had declined to discuss their wishes, this was recorded. Other records contained specific details and instructions regarding preferences to their faith, funeral arrangements and pain management.

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.

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

At our last inspection quality assurance processes did not always assess and monitor the provision of care people received. 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 provider was no longer in breach of regulation 17.

At our last inspection we identified the provider had not notified CQC of all notifiable incidents which occurred at the service. This was breach of regulation 18 (Notification of other incidents) of the Registration Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The registered manager and provider completed regular safety and quality audits to measure performance and generate improvements.
- The response to issues raised during the inspection was positive and immediate.
- Each of the staff we spoke with had a clearly defined role within the service and understood their role and responsibilities.
- Notifications regarding important events had been submitted as required.

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

- The service had a positive learning culture where people were supported to reflect on performance and improve practice.
- People had good outcomes and their health and wellbeing was prioritised by the service.
- People and their relatives told us the care they received had a positive impact. One relative commented, "I've never seen [relative] so relaxed since [they've] been here."
- The registered manager and provider constantly monitored the provision of care and the environment to further improve people's experience of receiving care.

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

- The registered manager and provider understood their responsibility to share information with people when care had not met the expected standards.
- We checked records and found the provider had acted on the duty of candour regarding incidents and accidents. Family members, the local authority and CQC had been notified accordingly.

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

- The provider regularly engaged people using the service, their relatives and staff through, surveys, meetings and informal discussions. People said communication with the registered manager was good. Feedback had resulted in changes to the service. For example, cordless phones had been purchased after relatives discussed difficulties contacting the service.
- People were provided with information about Alt Park in the form of a welcome pack.

Continuous learning and improving care

- The provider placed continuous learning and improvement at the heart of their practice. They made use of audits, reports and other forms of communication to monitor and improve the safety and quality of care.
- Lessons learnt from incidents and accidents in other services were shared with managers and staff to improve practice.
- Learning from other services managed by the provider was shared with senior managers and staff as appropriate.

Working in partnership with others

- The service worked with internal and external partners to develop practice.
- There was clear evidence of working with healthcare professionals and commissioners to improve outcomes for people.
- The registered manager discussed the benefits of joining local meetings and forums to further develop practice.