Tudor Bank Limited

Alt Park Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This unannounced inspection was conducted on 29 March 2016.

Situated in North Liverpool and located close to public transport links, leisure and shopping facilities, Alt Park Nursing Home is registered to provide accommodation for up to 35 people with nursing and personal care needs. The location is a two storey property with a passenger lift giving access to the upper floor.

A registered manager was in post. 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.

People's medication was generally stored and administered in accordance with good practice. However we saw that administration instructions relating to the use of covert medicines were lacking in detail and some records relating to topical medicines (creams) were not complete.

Staff were not always suitably trained and skilled to meet the needs of people living at the home. The staff we spoke with confirmed that they felt equipped for their role. However the training records that we saw showed that not all training had been completed or refreshed according to the home's schedule.

During discussions with staff we found that not all people were able to demonstrate that they had the necessary language skills to communicate effectively with people living at the home, relatives, colleagues and healthcare professionals.

We have made a recommendation regarding staff training and support.

We asked people and their relatives if they felt safe living at the home. All of the people that responded told us that they felt the home was safe.

Staff knew how to recognise abuse and discrimination and were seen to intervene in a timely and appropriate manner when people showed signs of distress. This reduced the risk of behaviours escalating and reduced people's anxiety.

People living at the home had detailed care plans which included an assessment of risk. Each of the care records that we saw contained risk assessments relating to; nutrition, use of bed rails, falls, pressure area care, smoking, balance, eyesight, choking and moving and handling. These were subject to regular review and contained sufficient detail to inform staff of risk factors and appropriate responses. We saw that risk assessments had been reviewed and care plans amended following recent incidents.

The records that we saw showed that the home was operating in accordance with the principles of the MCA.

We saw staff engaging with people in a positive and caring manner. Staff spoke to people in a respectful way and used language, pace and tone that was appropriate to the individual.

Throughout the inspection we saw people moving around the building independently and engaging in activities of their own choosing. We saw that people declined care at times during the inspection and that staff respected their views.

People's privacy and dignity were respected throughout the inspection. We saw that staff were attentive to people's needs regarding personal care.

People's preferences and personalities were reflected in the décor and personal items present in their rooms. Important items and photographs were prominently displayed. All the bedrooms we saw were personalised.

We observed that care was not provided routinely or according to a strict timetable. Staff were able to respond to people's needs and provided care as it was required.

Information regarding compliments and complaints was clearly displayed and the provider showed us evidence of addressing complaints in a systematic manner. All of the people that we spoke with said that they knew what to do if they wanted to make a complaint.

Each of the people that we spoke with told us that the registered manager was aware of the day to day culture of the home. We saw that the registered manager's office was positioned to offer a good view of the reception/lounge and the main corridor. They were highly visible and actively involved with people living at the home, their relatives and staff throughout the inspection.

The registered manager understood their responsibilities in relation to the management of the home and their registration with the Commission. We saw that the majority notifications had been submitted in accordance with requirements. However some notifications relating to safeguarding referrals had not been submitted.

The home completed a series of quality and safety audits on a regular basis. We saw evidence of monthly audits of the physical environment, care records and catering. We also saw that focused audits relating to; meals, privacy and dignity and other topics had been completed on a regular basis.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Medicines were not always stored and administered in accordance with best-practice guidelines.

People living at the home had detailed care plans which included an assessment of risk. These were subject to regular review and contained sufficient detail to inform staff of risk factors and appropriate responses.

Staff were recruited following a robust process and deployed in sufficient numbers to meet the needs of people living at the home.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff were not always trained in accordance with the home's policy.

The provider applied the principles of the Mental Capacity Act (2005) meaning people were not subject to undue control or restriction.

People were provided with a balanced diet and had ready access to food and drinks. Staff supported people to maintain their health by engaging with external healthcare professionals.

Is the service caring?

Good

The service was caring.

We saw that people were treated with kindness and compassion throughout the inspection.

Staff knew each person and their needs and acted in accordance with those needs in a timely manner. People's privacy and dignity were protected by the manner in which care was delivered.

People were involved in their own care and were supported to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

People living at the home and their relatives were involved in the planning and review of care.

People's preferences were reflected in the environment and the delivery of care.

Information regarding compliments and complaints was clearly displayed and the provider showed us evidence of addressing complaints in a systematic manner.

Is the service well-led?

Good

The service was well-led.

Each of the relatives that we spoke with told us that the registered manager was always approachable and kept them informed.

Staff were clearly motivated to provide good quality care and were able to explain what was expected of them.

The home completed a series of quality and safety audits on a regular basis. There was evidence that issues had been identified during these audits and actions undertaken to improve quality and performance.

Alt Park Nursing 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 was planned to check 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 29 March 2016 and was unannounced.

The inspection team consisted of an adult social care inspector and a specialist advisor in nursing and dementia care.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the local authority who provided information. We used all of this information to plan how the inspection should be conducted.

We observed care and support and spoke with people living at the home and the staff. 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 spent time looking at records, including four care records, four staff files, medication administration record (MAR) sheets, staff training plans, complaints and other records relating to the management of the service. We contacted social care professionals who had involvement with the service to ask for their views.

On the day of the inspection we spoke with five people living at the home. We also spoke with four relatives. We spoke with the registered manager, the operations manager, two nurses, the activities coordinator, two other staff and a visiting healthcare professional.

Requires Improvement

Is the service safe?

Our findings

People's medication was stored and administered in accordance with good practice. However we saw that administration instructions for staff relating to the use of covert medicines were lacking in detail. These are medicines which are hidden in food or drink and are administered in the person's best interest with the agreement of the prescriber. Instructions did not detail which food or drink the medicines could be safely disguised in or what to do if the person did not consume all of the food or drink. This meant that there was a risk that people would not receive their medicines as prescribed or that their medicines would be adversely affected by the way in which they were administered as administration may be inconsistent. We looked at the policy for the administration of covert medicines and found that it was not produced in accordance with current best-practice guidance. During discussions with staff we saw that they did not have a full understanding of the use of covert medicines. We spoke with the registered manager about this. They told us that instructions for the administration of covert medicines would be reviewed as a priority, care plans amended and changes relayed to staff.

Controlled drugs were stored safely and associated records were completed correctly. Controlled drugs are prescription medicines that have controls in place under the Misuse of Drugs Act and associated legislation. We saw evidence of good PRN (as required) protocols and records. PRN medications are those which are only administered when needed for example for pain relief. We saw that the provider used body charts to indicate where topical medicines (creams) should be applied. However these had not been completed consistently. Other records relating to the use of topical medicines were detailed and complete. A full audit of medicines and records was completed monthly. A number of minor issues had been identified by the audits and had been subsequently addressed by the home.

We asked people and their relatives if they felt safe living at the home. Some of the people living at the home were unable to understand the question because of their health conditions. All of the people that responded told us that they felt the home was safe. One relative said, "The way everything is designed [relative] is always in someone's view." Another relative told us, "Staff are alert all the time."

We asked people living at the home what they would do if they were being treated unfairly or unkindly. They each said that they would complain to the manager or the senior staff. Relatives also told us that they would speak to senior members of staff or the manager if they had any concerns. All of the staff gave a good description of how they would respond if they suspected that one of the people living at the home was at risk of abuse or harm. Staff knew how to recognise abuse and discrimination and were seen to intervene in a timely and appropriate manner when people showed signs of distress. This reduced the risk of behaviours escalating and reduced people's anxiety.

People living at the home had detailed care plans which included an assessment of risk. Each of the care records that we saw contained risk assessments relating to; nutrition, use of bed rails, falls, pressure area care, smoking, balance, eyesight, choking and moving and handling. These were subject to regular review and contained sufficient detail to inform staff of risk factors and appropriate responses. We saw that risk assessments had been reviewed and care plans amended following recent incidents.

Accidents and incidents were accurately recorded and were subject to assessment to identify patterns and triggers. Records included reference to actions taken following accidents and incidents. The provider maintained a file with details of safeguarding referrals. The file detailed the nature of the incident, subsequent investigations and actions taken.

The home had produced a personal emergency evacuation plan (PEEP) for each person living at the home and had conducted regular fire drills and fire alarm testing.

Staffing numbers were adequate to meet the needs of people living at the home. A visiting healthcare professional said, "The home always appears to be well staffed when I visit, and the staff do sit and chat with the residents." The home recruited staff following a robust procedure. Staff files contained two references which were obtained and verified for each person. There were Disclosure and Barring Service (DBS) numbers and proof of identification and address on each file. DBS checks were completed to ensure that new staff were suited to working with vulnerable adults.

We saw evidence that poor performance had been addressed through counselling, re-training and observation by senior staff. This was in-line with the provider's policy and procedure.

Requires Improvement

Is the service effective?

Our findings

Staff were not always suitably trained and skilled to meet the needs of people living at the home. The staff we spoke with confirmed that they felt equipped for their role. One staff said, "I've done first aid, dementia and adult safeguarding. If I get stuck there's always someone there." The relatives that we spoke with told us they thought that the staff were suitably skilled. However the training records that we saw showed that not all training had been completed or refreshed according to the home's schedule. We spoke with the registered manager about this. They told us that the deficits had already been identified and that an action plan was being implemented to ensure that staff received mandatory (required) training. The timescale for completion of this training was not available at the time of inspection. We saw that some training had been scheduled. For example a session on manual handling had been booked for the day after the inspection. Not all new staff had been inducted in accordance with the requirements of the care certificate. Completion of the care certificate became an expectation for all new staff in 2015. Providers are required to ensure that staff receive appropriate training as is necessary to enable them to carry out their duties.

All staff that we spoke with confirmed that they had been given regular supervision. We saw that this was recorded in staff records.

During discussions with staff we found that not all staff were able to demonstrate that they had the necessary language skills to communicate effectively with people living at the home, relatives, colleagues and healthcare professionals. For example, we asked about one aspect of the administration of medicines. The staff member that we spoke with did not understand the question. The question was re-phrased and written down, but they still did not understand what was being asked. We also found evidence in care records of writing that was illegible. We spoke with the registered manager about these issues. They confirmed that they were aware of the issues and that steps were being taken to improve the quality of verbal and written communication.

We recommend that the home reviews it's arrangements for the delivery and monitoring of staff training in line with current best practice to ensure that all staff are suitably skilled to provide safe and effective care.

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 records that we saw showed that the home was operating in accordance with the principles of the MCA. Capacity assessments were not generic and were focused on the needs of each individual. Applications to deprive people of their liberty had been submitted appropriately. At the time of the inspection 24 applications had been made to deprive people of their liberty. We looked at notifications for DoLS and saw

that they had been correctly completed.

Meals were served to people in lounges and in a well presented dining room. Staff were attentive but busy serving and monitoring people. Staff wore personal protective equipment (PPE) in-line with good practice for food hygiene. The home had been recently inspected and achieved a score of four out of five regarding food hygiene. We sampled the food and observed people eating their lunch. The food was reasonably well presented and nutritionally balanced. However one relative that we spoke with said that they were concerned about the lack of fresh produce used in the preparation of meals. We checked stocks in the kitchen and found that some fresh fruit and vegetables were used in conjunction with tinned and frozen alternatives. People's preferences, allergies and health needs were recorded and used in the preparation of meals, snacks and drinks. The menu was displayed prominently, but did not detail what alternatives to the main meal were available. We spoke with the registered manager about this and adjustments were made to the menu to promote greater choice. People were offered tea, coffee and cold drinks with their meals and at other points throughout the day.

Most of the people that we spoke with did not have a good understanding of their healthcare needs and were unable to contribute to care planning in this area. For those people who did not understand the provider had identified a named relative to communicate with. A visiting relative told us, "They [staff] spoke to [family member] about [relative's] care." We asked people and their relatives if they could see health professionals when necessary. We were told that they saw Doctors, Chiropodists, Opticians and other healthcare professionals when they needed. We saw evidence of this in care records. The provider sought advice from other healthcare professionals to help manage healthcare conditions and reduce risk. A visiting healthcare professional told us, "The [registered] manager here is very good. They will ring me if they have any concerns. The home always follows my advice. The manager knows these residents and will tell me that a resident is going to get a urine infection or a chest infection. They know the residents and can spot the signs with a resident's behaviour."

Good

Is the service caring?

Our findings

We saw staff engaging with people in a positive and caring manner. Staff spoke to people in a respectful way and used language, pace and tone that was appropriate to the individual. However one person was showing signs of distress at various points during the morning. Initially we did not see staff respond. Their behaviour was creating disruption for other people. We spoke about this with the registered manager. We were told that the person had not responded positively to attempts to offer reassurance earlier. The manager then tried a different approach which appeared to reduce anxiety and had an immediate, positive impact on the person's behaviour. At other times staff listened carefully to people and responded to comments and requests. Staff at all levels demonstrated that they knew the people living at the home and accommodated their needs in the provision of care. All of the people that we spoke with said that staff listened to them. One relative told us, "The staff are wonderful. All the staff are really caring." Another relative said, "The staff are lovely, they have time to talk to me too."

The home employed a dignity champion lead for the home. They told us how staff gave people choice even though they may have lacked capacity. For example, one person was asked each time if they wanted sugar in their hot drink because they changed their mind on a regular basis. We saw examples of posters and leaflets promoting dignity throughout the home. A relative commented, "When we came with all of [relative's] stuff we spoke with the dignity champion. They made sure that everything was in place."

Throughout the inspection we saw people moving around the building independently and engaging in activities of their own choosing. We saw that people declined care at some points during the inspection and that staff respected their views. One relative said, "Staff talk to and encourage [relative] when they're providing care."

The majority of people living at the home had family members to advocate of their behalf. We saw that the services of independent advocates were promoted by the display of a poster in the reception area. We were told that none of the people currently living at the home made use of these services.

People's privacy and dignity were respected throughout the inspection. We saw that staff were attentive to people's need regarding personal care. People living at the home had access to their own room with facilities for the provision of personal care if required. A member of staff told us, [before providing personal care] "We knock before entering a room and we explain to them what we are going to do." Staff were attentive to people's appearance and supported them to wipe their hands, face and clothing when they had finished their meal. When we spoke with staff they demonstrated that they understood people's right to privacy and the need to maintain dignity in the provision of care.

We spoke with visiting relatives throughout the inspection. They told us that they were free to visit at any time. One relative commented, "I can come any time I want. I've never been refused." Relatives made use of the communal areas, but could also access people's bedrooms and a visitor's room for greater privacy.

Good

Is the service responsive?

Our findings

We asked people if they had been involved in their care planning and if they were able to make decisions about their care. Some people were unsure what this meant but had family members to represent them. Other people explained how they had been involved and what changes had been made as a result. A relative said, "I've been to a few meetings about [relative's] care." Another relative told us, "[Relative] has just had a review of care." We saw evidence of people's participation in care records. However some of the daily records were lacking in detail and had a focus on care tasks rather than the person.

People's preferences and personalities were reflected in the décor and personal items present in their rooms. Important items and photographs were prominently displayed. All the bedrooms we saw were personalised. For example, one man had a duvet cover and other items with his favourite football team logo. A member of staff said, "I always try and work with the relatives to finish the room off. If a resident has no relatives I try to find out what they like and put [appropriate] pictures in their room before they arrive."

We observed that care was not provided routinely or according to a strict timetable. Staff were able to respond to people's needs and provided care as it was required. We asked people living at the home if they had a choice about who provides their care. None of the people that we spoke with or their relatives expressed concern about the choice of carers.

The home employed an activities coordinator and we saw staff actively involved in organising activities and motivating people to take part. The activities coordinator told us, "If an entertainer does not go down well with the residents I will not ask them back again. We have just had a man come in and do a slide show of pictures of old Liverpool, the residents loved it and it got them all talking. This man is going to come back and do three more shows for us. I have also bought a dvd of this for the home." We saw evidence of various activities to promote arts and crafts, movies and reminiscence therapy.

Information regarding compliments and complaints was clearly displayed and the provider showed us evidence of addressing complaints in a systematic manner. All of the people that we spoke with said that they knew what to do if they wanted to make a complaint. The staff that we spoke with knew who to contact if they received a complaint. The home operated a system for receiving and processing feedback from relatives and other visitors. Records indicated that no complaints had been received in the previous twelve months.

Good

Is the service well-led?

Our findings

A registered manager was in post.

Each of the relatives that we spoke with told us that the registered manager was always approachable and kept them informed. One person said, "[Registered manager] has never refused to see me. [Registered manager] is always polite and sociable."

We spoke with people about their involvement in the development of the home and methods of communication. We saw that the home had distributed questionnaires asking for people's views. The number of responses had been limited, but comments were generally positive about the quality of the home. People's views had been sought about possible changes to the home. For example, relatives told us that they had been asked about changes to the décor. Staff told us how people living in the home and their relatives had been consulted about changes to colour schemes including a proposal to paint each bedroom door a different colour. This would make it easier for people living with dementia to identify their own bedroom.

Staff told us that they felt confident enough to question practice and make suggestions for improvements. One member of staff said, "We have team meetings and I feel confident to speak out."

The home had a clear vision and set of values. When asked how they would describe the values of the home one member of staff told us, "It's their home and our workplace." Another commented, "My job role is to make sure that people's needs are met and their dignity maintained." These comments were reflective of those made by the registered manager who said, "We're here to care for people in a person-centred way and to make sure their needs are met."

Each of the people that we spoke with told us that the registered manager was aware of the day to day culture of the home. We saw that the registered manager's office was positioned to offer a good view of the reception/lounge and the main corridor. They were highly visible and actively involved with people living at the home, their relatives and staff throughout the inspection. A member of staff said, "[registered manager] is always [alert and available] Their door is always open and they're always on the floor [present in the home]."

We discussed issues of concern arising from the inspection with the registered manager. They were already aware of some of the issues and were able to show us where action had been taken to address them. For example, we were shown evidence that the legibility of notes had been discussed previously with staff. In other matters they responded positively to comments and told us what action they would take to make improvements.

The registered manager understood their responsibilities in relation to the management of the home and their registration with the Commission. We saw that the majority notifications had been submitted in accordance with requirements. However some notifications relating to safeguarding referrals had not been

submitted. We discussed this with the registered manager who told us that the referrals were those that had not been subject to formal investigation by the local authority. Therefore, they did not think that a notification to the Commission was required. They agreed to ensure that all notifications were submitted in accordance with regulatory requirements.

Staff were clearly motivated to provide good quality care and were able to explain what was expected of them. One member of staff said, "I really love my job." Another person who was training to be a nurse told us, "I really like it here. When I qualify I'd like to stay."

The home completed a series of quality and safety audits on a regular basis. We saw evidence of monthly audits of the physical environment, care records and catering. We also saw that focused audits relating to meals, privacy and dignity and other topics had been completed on a regular basis. There was evidence that issues had been identified during these audits and actions undertaken to improve quality and performance. For example, the most recent audits of catering by the registered manager showed a reduction from 90% in February to 84% in March. We were told that this was in response to a finding by an external assessor that training in food hygiene had not been completed by some staff. The registered manager had booked staff on the appropriate courses. Audits were analysed by a senior manager who conducted a separate assessment and offered feedback on a monthly basis.