Hometrust Care Limited

Carlisle Dementia Centre - Parkfield

Inspection report

Carlisle Dementia Centre (Parkfield)
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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This unannounced inspection took place on 27 and 28 September 2016. We last inspected the service in November 2014 under the regulations that were in force at the time.

Carlisle Dementia Centre- Parkfield (CDC) provides nursing and residential care for up to 44 people, some of whom may have dementia or a physical disability. The home is a three storey property and accommodation is provided on the ground and first floors. The bedrooms are single occupancy and have en-suite toilet and washbasin facilities. There are communal bath and shower rooms as well as lounge areas and dining rooms on all floors. There is a sheltered garden area and car parking at the home.

The service had a registered manager. 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.

Care plans were subject to regular review to ensure they met people's changing needs. They were easy to read, based on assessment and reflected the needs of people. Risk assessments were carried out, and plans were put in place to reduce risks to people' safety and welfare. The way the service gathered information on people's life history was being improved with the support of the local authority quality officer.

Where people were not able to make important decisions about their lives the principles of the Mental Capacity Act 2005 were followed to protect their rights. Staff were aware of how to identify and report abuse. There were also policies in place that outlined what to do if staff had concerns about the practice of a colleague.

There were sufficient staff to meet people's needs. They were trained to an appropriate standard and received regular supervision and appraisal. As part of their recruitment process the service carried out background checks on new staff.

The service managed medicines appropriately. They were correctly stored, monitored and administered in accordance with the prescription. People were supported to maintain their health and to access health services if needed. People who required support with eating and drinking received it and had their nutrition and hydration support needs regularly assessed.

Staff had developed good relationships with people and communicated in a warm and friendly manner. They demonstrated good communication skills in relation to supporting people who lived with dementia. They were aware of how to treat people with dignity and respect. Policies were in place that outlined acceptable standards in this area.

There was a complaints procedure in place that outlined how to make a complaint and how long it would take to deal with. People were aware of how to raise a complaint and who to speak to about any concerns they had. The registered manager understood the importance of acknowledging and improving areas of poor practice identified in complaints.

The home was well led by a registered manager who had a vision for the future of the service. A quality assurance system was in place that was utilised to improve the service.

We found some areas of the home to have an unpleasant odour, we made a recommendation about this.

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.

We made a recommendation about the environment.

Appropriate checks were carried out during the recruitment of staff.

Staff knew how to identify and report potential abuse.

Is the service effective?

Good

The service was effective.

Staff were trained and supported to ensure they had the skills and knowledge to provide the care people required.

The service worked in conjunction with other health and social care providers to try to ensure good outcomes for people who used the service.

People received adequate support with nutrition and hydration.

Is the service caring?

Good

The service was caring.

People appeared were well cared for.

Staff treated people in a dignified manner.

There were policies and procedures in place to ensure people were not discriminated against.

Is the service responsive?

Good

The service was responsive to people's needs.

Where possible people made choices about their lives and were included in decisions about their care. They were included in planning the care they received.

Support plans were written in a clear and concise way so that they could be easily understood.

People were able to raise issues with the service in a number of ways including formally via a complaints process.

Is the service well-led?

Good

The service was well-led.

The service had a quality assurance system in place.

The registered manager had a vision for the future of the service that was based on continuous improvement.

People were asked for their views about the service and knew how to contact the registered manager.

Carlisle Dementia Centre - Parkfield

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 27 and 28 September 2016 and was unannounced.

The inspection was carried out by one adult social care inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. In addition we spoke with representatives from adult social care and the clinical commissioning group (CCG). We planned the inspection using this information.

We spoke with four of the people who used the service and one relative. We also spoke with six members of staff including the registered manager, carers and the cook.

We read four written records of care and other policies and records that related to the service. We looked at two staff files which included supervision, appraisal and induction and examined the training record and quality monitoring documents.

Requires Improvement

Is the service safe?

Our findings

Prior to our inspection representatives of local adult social care and the CCG had informed us the home was failing to manage an issue with odours. The registered manager took us around the home when we arrived. We noted that the home was malodorous, particularly in the bedroom corridors.

We spoke with the registered manager about this. She informed us that she had been working to improve this since the CCG had provided her with outcomes of a cleanliness and hygiene audit they had carried out. The registered manager was in the process of re-structuring her housekeeping staff and ensuring they had robust cleaning schedules. This restructure included monitoring via observation and audit by the registered manager.

Staff had access to protective clothing such as gloves and aprons while carrying out personal care. Staff told us that infection control was part of their induction training and was regularly updated. This helped to ensure that people were cared for by staff who followed appropriate infection control procedures.

The registered manager had risk assessed the environment. This risk assessment included information about each area of the home, any risks present and the mitigation for the risk. The registered manager used this assessment to help inform her as to what areas of the home required refurbishment and why. For example she had noted that some surfaces in two of the bathrooms needed to be replaced to help with the prevention of infection. The risk assessments also identified the issues with odours in the home.

We recommended that the registered manager continue to review cleanliness and hygiene in the home.

We spoke with people who used the service and asked if there were sufficient staff. One person told us, "Yes, I have been looked after well today"

During our inspection we noted people did not have to wait long when they asked for assistance. Staff appeared calm and unhurried and when we spoke with the nurse on duty she told us, "Yes, we have enough staff."

According to the duty rota there was six care staff on duty during the day and one nurse. At night there were two care staff and one nurse. The registered manager told us that she was actively recruiting nursing staff in order to ensure there were sufficient nurses to cover shifts if a nurse was on holiday or unwell. In the meantime the registered manager, herself a registered nurse, was providing short term cover. In addition to the care staff there was also an activities co-ordinator, domestics, kitchen staff and a handyman. We looked at the needs of people who lived at the home and saw there were sufficient staff and nurses to meet their needs.

We look at the recruitment records for staff. We saw that safe systems were used when new staff were recruited. All new staff obtained a Disclosure and Barring Service disclosure to check they were not barred from working with vulnerable people. The registered provider had obtained evidence of their good character

and conduct in previous employment.

There were contingency plans in place to deal with emergency situations such as fire or power cuts. For example people had personal evacuation plans which outlined how they would be kept safe in a fire. The registered manager was always available to talk to out of hours via telephone and would attend the home if necessary. In her absence staff could contact the registered manager of another of the provider's homes or the provider themselves.

Providers of health and social care services are required to tell us of any allegations of abuse. The registered manager of the service had informed us promptly of all allegations, as required. From these we saw, where staff had concerns about a person's safety, both the staff and the registered manager had taken appropriate action.

The staff we spoke with knew how to protect people who used the service from bullying, harassment and avoidable harm. Staff told us that they had received training that ensured they had the correct knowledge to be able to protect vulnerable people. The training records we saw confirmed this. If staff were concerned about the actions of a colleague there was a whistleblowing policy which provided clear guidance as to how to express concerns. This meant that staff could quickly and confidentially raise any issues about the practice of others if necessary.

Potential hazards to people's safety had been identified and actions taken to reduce or manage any risks. We saw that people's written records of care held important information for staff about hazards and the actions to take to manage risks to themselves and the person they were supporting. For example some people were identified as being at risk of pressure ulcers, also known as bed sores. The home ensured that people had the correct equipment such as specialist mattresses and seat cushions to ensure that risks were reduced.

Medicines were stored appropriately and administered by registered nurses or people who had received training to do so. We carried out checks on medicine administration record charts (MAR charts). We noted that MAR charts had been filled in correctly. There were plans in place that outlined when to administer extra, or as required, medication. There were procedures in place for the ordering and safe disposal of medicines.

Good

Is the service effective?

Our findings

We spoke with people who used the service and their relatives. We asked them if they felt staff were able to provide appropriate support. One person told us, "They know their job." A relative confirmed that she thought staff knew what they were doing.

All of the staff we spoke with told us that they had received induction training before working in the home. They said they worked with experienced staff to gain knowledge about how to support people before working on their own. Where people had complex needs we saw that the staff who supported them had received specialist training in how to provide their care. For example the care of people's skin integrity.

The registered manager had good systems in place to record the training that care staff had completed and to identify when training needed to be repeated. Training the provider deemed mandatory included moving and handling and the prevention of infection. Additional training was also available, for example vocational qualifications. Staff we spoke with confirmed they had completed training courses and this was reflected in their personnel files. One member of staff told us, "We do face to face learning and distance learning." Another said, "Training is frequent."

The registered manager was ensuring that supervision and appraisal sessions were carried out regularly and in accordance with the provider's policy. Supervision sessions gave staff the opportunity to discuss training required or requested and their performance within their roles. Staff were able to discuss all elements of their role during supervision sessions and topics discussed included any issues that related to their work, directly or indirectly. When we spoke with staff they told us the registered manager was very supportive.

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 so that they can 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). 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 were being met. We found that DoLS applications had been made to the supervisory body (local authority) and were being correctly implemented and monitored. One person told us, "I can chose what I want to do and where I want to go."

The service acted in accordance with the Mental Capacity Act 2005. For example, if people lacked capacity, staff ensured that other professionals and family members were involved in order to support people in making decisions in their best interests. These best interest decisions were clearly recorded within people's files including who had been involved and how the decisions had been made in the person's best interests.

The service was aware that some family members had lasting powers of attorney and ensured that these people were involved in decisions about people's care. They updated them about their family member's welfare. Lasting powers of attorney give families or guardians legal rights to be involved in either financial decisions or health and welfare decisions or both.

People we spoke with told us that they were always asked for their consent before staff supported them to do something. Staff told us that they would not provide any support without first asking for permission. Care plans in the home contained references to consent throughout.

People we spoke with about the nutrition and hydration support in the home told us that they enjoyed the food provided. Each person in the home had a nutritional needs assessment. In addition to the service's assessment professional advice from dieticians and speech and language therapists had also been obtained. The kitchen staff were aware that some people required specialist diets and others required fortified food. People's weight was monitored on a regular basis and food and fluid intake was accurately documented. This helped staff to ensure that they were not at risk of malnutrition and dehydration.

Individuals' care records included guidance for staff about the circumstances in which they should contact relevant health care services if an individual was unwell. We found evidence to show people who used the service could be confident they would be supported to access appropriate health care services, for example a visit from a GP.

Good

Is the service caring?

Our findings

We spoke with people who used the service and they told us that staff were caring and treated them well. One person commented, "They are very respectful." A relative told us, "They are very good, as long as Mum's okay, I'm okay."

Throughout our inspection we observed staff speaking with people in a kind and caring manner. Some staff demonstrated good distraction techniques when interacting with people who lived with dementia and were able to help support people from becoming upset or distressed.

We looked at people's written records of care and saw that care plans were devised with the person who used the service or their relatives. This meant where possible, people were actively involved in making decisions about their care, treatment and support.

People we spoke with told us that staff always spoke with them in a respectful manner. We noted that the service had robust policies that referred to upholding people's privacy and dignity. In addition the service had policies in place relating to equality and diversity. This helped to ensure people were not discriminated against. We observed staff knocking on people's doors before entering and ensuring that people had a dignified meal experience.

The registered manager had details of advocacy services that people could contact if they needed independent support to express their views or wishes about their lives. Advocates are people who are independent of the service and who can support people to make or express decisions about their lives and care. The registered manager described what they would do to ensure that individual wishes were met when this was expressed either through advocacy, by the person themselves or through feedback from relatives and friends.

When we spoke with staff they appeared to know people well. They were able to tell us about people's preferences and what kind of support they required. Work was being undertaken to ensure that people's life histories were being recorded in peoples written records of care. The registered manager was overseeing this work with the support of the local authority quality officer. This showed that staff worked to build strong relationships with the people they supported in order to build trust.

The service had policies, procedures and training in place to support people who required end of life care. The registered manager told us staff had undertaken specific training for this. Staff were able to talk with us about how this would be delivered and the things that were important during this time in somebody's life. This included offering support to people's families as well as to the person themselves. The service worked alongside other providers to ensure that this care was carried out correctly.

Staff were able to explain to us how important it was to maintain confidentiality when delivering care and support. The staff members we spoke with were clear about when confidential information might need to be shared with other staff or other agencies in order to keep the person safe.

Care plans clearly identified the level of support that people required and gave staff clear instructions about how to promote independence. For example some people's care plans identified they required support when bathing. The care plans clearly stated what people were able to manage independently and what support staff would be required to provide. Where people were unable to manage tasks independently, staff described how they ensured that people were given choices to enable them to retain some control, for example what activities they liked to participate in.

Good

Is the service responsive?

Our findings

We spoke with a relative and asked if the home responded to people's needs. The relative told us, "Yes, Mum needed a specialist chair, so they had one made."

When people were first referred to the service an assessment of needs was carried out. This included assessing their mobility and their physical and mental well-being. The information was then used to write a care plan. This was then further developed and reviewed on a regular basis. It was also reviewed as people's needs changed. Written records outlined the support that people required in all aspects of their life.

The service was formulating clear and concise care plans that were easy to understand. Reviews of care plans were carried out regularly and involved the person receiving support or their relatives and health and social care professionals. The care plans gave clear instructions to staff about the support the person required and their preferences for how that should be delivered.

We saw evidence that confirmed that where possible people had been consulted with about their care plans. People had been able to express their wishes and preferences as part of the process and this was in line with what staff delivered.

Wherever possible, we could see evidence within the care plans that people had exercised their choice. For example some people enjoyed spending time in the outdoors. One person who enjoyed long walks had given permission for staff to contact them on their mobile phone to check on their welfare whilst out and about. The registered manager described how they were developing work on people's life story to ensure that people's care was personal to them. For example staff had recently established that one person had enjoyed a particular type of music throughout their lives. Staff now ensured this music was played regularly in the person's room. They reported that this person appeared calm and relaxed whilst the music played.

An activities coordinator had recently been appointed. They were keen to develop activities in the home both on a one to one basis and in groups. In the meantime staff were engaging with people on a daily basis. One person told us they were having their nails done on the afternoon of our inspection. Another person had gone for their lunch at a local Café.

People were aware of how to contact the provider if they had a comment, compliment or complaint about the support they received. People we spoke with indicated that they would tell staff or a relative if they had any concerns.

The service had a formal complaints policy and procedure. The procedure outlined what a person should expect if they made a complaint. There were clear guidelines as to how long it should take the service to respond to and resolve a complaint. The policy mentioned the use of advocates to help support people who found the process of making a complaint difficult. There was also a procedure to follow if the complainant was not satisfied with the outcome. The registered manager showed us a response to a recent complaint. It included an apology and an action plan outlining what would be done to prevent a further recurrence of the

incident raised in the complaint. The registered manager explained that wherever possible they would attempt to resolve complaints informally.

Where people were supported by more than one provider, the registered manager described how they liaised with both the other providers and the commissioners of the service to ensure that there were clear lines of communication and responsibility in place.

Good

Is the service well-led?

Our findings

We spoke with people and asked them about their experience of the leadership within the service. One person told us, "She's always cheerful!" The registered manager addressed all the people we spoke with by name and demonstrated knowledge of each person we spoke with them about. The staff told us they felt supported by the registered manager and said, "She is always out and about [in the home], she is very hands on."

We spoke with a nurse and asked how they provided leadership within the home. They told us, "I supervise the work that is being done. I talk to the care staff and check things have been done."

People were asked for their views about the support they received. They registered provider had sent out quality monitoring questionnaires so people and their relatives could share their experiences with them. We looked at the returned questionnaires and saw many positive responses. The registered manager used the information to help improve the service. For example, relatives had raised that they wanted a wider variety of activities made available to people. As a result of this the provider had recruited an activities worker to the home to help co-ordinate and broaden the range of activities and occupation on offer.

We spoke with the registered manager and asked how they saw the service developing in the future. She told us, "I want more for the residents, we are getting there but I want consistent person centred care. I want to be proud of my home, I want the staff to be proud and to continue doing what we are doing but do it faster and better. We are getting positive feedback and I want that to continue."

The registered manager carried out checks on how the service was provided in areas such as care planning, medication administration and health and safety. She was keen to identify areas where the service could be further improved. This included monitoring staff while they carried out their duties to check they were providing care safely and as detailed in people's care plans. This helped the registered manager to monitor the quality of the service provided.

All audits and checks were shared with the registered provider who visited the home regularly to monitor quality. As a result of a recent visit resources had been allocated to refurbish two bathrooms in the home.

During the inspection the registered manager and senior nursing staff were keen to work with us in an open and transparent way. All documentation we requested was produced for us promptly and was stored according to date protection guidelines.

The registered manager was aware of their duty to inform us of different incidents and we saw evidence that this had been done in line with the regulations. Records were kept of incidents, issues and complaints and these were all regularly reviewed by the registered manager in order to identify trends and specific issues.

There were regular staff meetings held with members of staff so that important issues could be discussed and any updates could be shared. These were clearly recorded so that members of staff who were not able

to attend could read them afterwards. We observed staff coming to speak with the registered manager throughout our inspection. Staff told us that they felt they were listened to and could influence the delivery if the service in order to improve people's experience of care and support.