

A L A Care Limited

ParkHouse Grange

Inspection report

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Date of inspection visit:
21 June 2019

Date of publication:
31 July 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Parkhouse Grange is a residential care home providing accommodation for up to 40 older people some of whom are living with dementia and/or physical disabilities. At the time of our inspection 36 people were using the service.

People's experience of using this service:

The home had a warm and friendly atmosphere. People liked living there and got on well with the staff. Relatives were made welcome and said they would recommend the home to others. The registered manager and staff were kind and approachable. They listened to people and involved them in the running of the home.

The staff team was established and knowledgeable about people's needs. They knew their likes, dislikes and preferences and what made them happy. If a person was distressed staff provided them with comfort and reassurance. Staff treated people with dignity and respect.

Staff knew how to care for and support people safely. There were enough staff employed to meet people's needs promptly. Staff supported people with their medicines and ensured they had them on time. The home was well-decorated, clean and tidy, and staff were trained in infection control.

People's needs were assessed, and care plans put in place, so staff knew how to support them in the way they wanted. Staff were well-trained and able to meet people's diverse needs. People liked the food served at the home and had plenty of choice at mealtimes. Staff worked with healthcare professionals, for example GPs and district nurses, to ensure people's medical needs were met.

People took part in a range of group and one-to-one activities arranged by the home's activity co-ordinator. The home had pets and people enjoyed looking after them. The home has its own social media page which people, relatives and staff contributed to.

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

Rating at last inspection:

At the last inspection the service was rated Good. (Report published 18 November 2016.)

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor this service and plan to inspect in line with our reinspection schedule for

services rated Good. If any concerning information is received, we may inspect sooner.

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

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.

ParkHouse Grange

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

An inspector and an expert-by-experience completed this inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert-by-experience was knowledgeable about dementia care.

Service and service type:

Parkhouse Grange is a care home. People in care homes receive accommodation and nursing or personal care. 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:

Inspection site visit activity took place on 21 June 2019 and was unannounced.

What we did:

We reviewed information we had received about the service. This included statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the health and social care commissioners who monitor the care and support that people receive.

We used all this information to plan our inspection.

During the inspection we spoke with five people who used the service and five relatives to ask about their experience of the care provided. We spoke with the registered manager, care manager, and three care workers.

We reviewed a range of records. This included three people's care and medicines records, and records relating to staffing, management and other aspects 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 Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Most people and relatives said the home was safe. One person told us, "I feel safe because there's always people around if you need any help, even at night, I only have to ask and they're there for me as soon as they can be." A relative said, "[Person's] never asked to come home, that must tell you they feel safe and secure here."
- Three relatives said they were a little worried by the distressed behaviour of one of the people using the service. The registered manager was addressing this issue with the support of a GP and a mental health team. Risk assessments were in place and care workers were carrying out increased observations to check on people's safety.
- Staff were trained in safeguarding and knew how to identify if people were at risk and report concerns to external agencies including the local authority and CQC.

Assessing risk, safety monitoring and management

- People had risk assessments telling staff how to care for and support them safely. These were regularly reviewed and any changes documented and shared with staff.
- Staff knew how to reduce risk to people. For example, they used distraction and other techniques if people became distressed, assisted them to mobilise, and knew how to support people to eat safely.
- The premises were risk assessed and safely maintained. Equipment was regularly checked and tested by competent persons.
- People had personal emergency evacuation plans so staff knew how to assist them to leave the building safely in the event of an emergency.

Staffing and recruitment

- The home was well staffed. Staff were present in communal areas and regularly checked on people in their rooms. A relative said, "[Family member] likes company and the staff always have time for her."
- Staffing levels were flexible. The registered manager put extra staff on duty if people were unwell and needed extra support.
- The registered manager did spot checks at night to check there were enough staff on duty and that people's needs were promptly met.
- Safe recruitment and selection processes were followed. Personnel files contained all the necessary pre-employment checks to show that only fit and proper applicants were offered roles.

Using medicines safely

- People's care plans contained information for staff on how to administer their medicines safely and in the way they wanted.
- Staff were trained in the safe management of medicines and their competency checked before they were authorised to support people with their medicines. Staff knew what action to take if a medicine error occurred.
- Staff used an electronic system supplied by their contract pharmacist to monitor and administer medicines. This produced an audit record so senior staff could see that medicines had been administered on time.
- The care manager did weekly and monthly audits of medicines records and stocks to ensure they were safely managed.

Preventing and controlling infection

- The home was hygienic, tidy and fresh. A person said, "It is always clean, the housekeepers work hard."
- The home had been refurbished with new flooring fitted. A person told us, "It's a big improvement and easier to keep clean. You can spot clean or mop the whole lot. It [the home] has been transformed."
- Staff were trained in infection control and had personal protective equipment (PPE) such as disposable gloves and aprons to wear when providing care.

Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored to check for trends and patterns and identify learning to share with staff.
- The registered manager reviewed the findings and used them to reduce risk and improve safety in the home.

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 Good. At this inspection this key question rating has remains the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Managers assessed people prior to them using the home to ensure staff could meet their needs.
- Assessments considered people's background, culture and life history. The assessment form needed updating to ensure it covered the protected characteristics of the Equality Act. The registered manager has now done this.
- When people first came to the home they had a seven-day evaluation period so staff could get to know them and find how they wanted their care and support provided to. The information gathered was used to create care plans.

Staff support: induction, training, skills and experience

- Staff were skilled and knowledgeable about their roles. A relative said, "They're well trained and they know my [family member] well." Another relative told us, "New staff shadow until they are capable of doing the job, they aren't let loose until management think them capable."
- The home's training programme ensured staff met people's needs effectively. If staff needed specialised training this was provided. For example, some care workers were trained to administer insulin by district nurses.
- To ensure staff could meet people's diverse needs they were trained in equality and diversity, dementia awareness, and person-centred care
- Staff told us they received the support and supervision they required to assist them in putting their training into practice.

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

- People said they liked the food and had plenty of choice at mealtimes. Relatives said staff knew people's likes and dislikes and served them meals that met their preferences.
- People's nutritional needs were assessed, and staff supported them to eat and drink enough. If people needed support with their nutrition staff referred them to dieticians and speech and language therapists who assisted people with swallowing difficulties.
- During lunchtime staff provided discreet support to those who needed it and ensured people had plenty of drinks with their meals and as much food as they wanted.

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

- Staff were knowledgeable about people's healthcare needs and knew when to involve medical professionals. A relative told us how staff had sought medical attention for a person who was experiencing pain. They said, "If they have any concerns [about a person's health] they call the GP immediately."
- Staff supported people to access a wide range of healthcare professionals including GPs, district nurses, dieticians, and opticians.
- In the wake of the publication of the CQC's 'Smiling Matters: Oral Health in Care Homes' the registered manager booked oral health promotion training for staff to ensure they knew how to support people with oral healthcare.
- Staff were trained in medical emergencies and first aid. A relative said when their family member needed urgent healthcare staff arranged for them to go to hospital immediately for tests and ensured their relatives were kept informed.

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

- The home was spacious and accessible throughout with a range of communal areas so people had a choice as to where they spent their time.
- The home was being refurbished at the time of our inspection. A person said they liked the new flooring and told us, "I think it's safer because it's non-slip and there's nothing to trip over like you can with a carpet. It's easier to keep clean too."
- Pictorial and other signage was minimal. The registered manager said this was due to the re-decoration programme and told us suitable signage would be put up once the re-decoration was completed.
- There was level access to garden areas although this was not being used at the time of the inspection due to weather conditions. The registered manager said once the weather had improved people would have the option of going outdoors.
- The home had a sound system that enabled suitable music to be played in different parts of the home to create atmosphere.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met and found that they were.

- Staff asked people for their consent before supporting them and explained how they would be providing their care.
- Staff understood people's individual capacity to make decisions and encouraged them to make independent decisions where possible.

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 Good. At this inspection the key question remains 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 relatives said the staff were caring and thoughtful. A person told us, "The staff read me stories and all sorts." The person was laughing and bantering with the staff and had a lovely rapport with them." A relative said, "The friendliness of the staff is nice, they care for us too as family, we feel well-cared for."
- Staff had excellent relationships with the people they supported. A relative said, "All the carers have been here years and know my [family member] really well. They call her 'the one and only.'" Another relative told us, "They [the staff] are really caring. [They give] hugs and kisses on request."
- People told us they liked the home's pets and pointed out the home's tortoises in one of the lounges. A staff member's dog that visited was popular with people and relatives. A person said, "When the little dog comes in it makes my day."
- The care manager told us, "The residents are amazing, and everybody genuinely cares. When I'm in the office I can always hear laughter – staff and residents – it's lovely to hear."
- Staff were kind and reassuring if people were distressed and knew how to comfort them. The home had a large 'reassurance board' on display to remind people they were safe. It featured statements such as 'Your family know you are here', 'We will help you', and, 'You don't need any money'.
- Staff valued people and made them feel special. A relative said, "[Family member] has had parties with an entertainer and cake on their birthday and all the residents join if they want to, it is lovely. This is [family member's] home."

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

- Staff encouraged people to make decisions about all aspects of their care and daily routines. A relative said, "[Family member] was involved in all the planning involved in coming here and in planning their own care."
- Information about people's likes, dislikes and preferences was in their care plans so staff could ensure they received care and support in the way they wanted. A relative said, "They know [family member] well and make a good job of their care."
- During our inspection the registered manager updated a relative on the welfare of their family member and invited them to a forthcoming medicines review. This was an example of staff involving a relative in a person's care.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. They treated people courteously, knocked on their bedroom doors before entering, and ensured people received discreet personal care.
- Staff encouraged people to be independent and retain their skills. For example, a relative said, "Family member] likes to keep busy and the carers give her little jobs to do like folding laundry or dusting, she enjoys that."
- The home had won a local award for providing dignified care. Some staff members were 'dignity champions' and/or 'dementia friends' which meant they had recognised skills in providing dignified and compassionate care and support.

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 Good. At this inspection this key question remains 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

- People's care plans were personalised and identified how people wanted their needs met. Staff worked around people's preferred routines. A relative said, "Staff never rush people to do things. If they want to lie in bed in the morning they can. At night time [family member] goes to bed when they're tired. They are never rushed."
- Some people had made progress and increased their independence. For example, staff noticed one person, who had come into the home as 'non-weight bearing', trying to get up. They supported the person to regain their mobility and the person now walked with a frame.
- Staff knew what was important to people and this was in their care plans. For example, one person had new friends in the home who they liked to sit with. Their care plan stated, "Staff to ensure [person] is able to sit with the friends she has made at the home."
- Care plans were reviewed and updated regularly, and the managers ensured staff were made aware of any changes at handovers and meetings.

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

- The home's activity co-ordinator provided group and one-to-one activities for people. Visiting entertainers came to the home, as did a 'travelling zoo' and miniature horses.
- The home has its own social media page where people, relatives and staff posted pictures, videos and information about the home. This gave a snapshot of life in the home and included some lovely footage of people and staff interacting and singing together. (People only appeared on the page if they or their families had consented in writing.)

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.

- The home provided information for people in accessible formats including large print and pictorial. Staff were trained to work with people with sensory disabilities and understood their communication needs.

Improving care quality in response to complaints or concerns

- People said they would speak with staff if they had any concerns about the home. A person said, "I'd talk to one of the girls [staff] if I had a problem. They'd sort it out for me."
- The home's complaints procedure was on display in the home and in the service users' guide.
- The registered manager responded positively if a complaint was made. She kept a records of the complaint and ensured the complainant had a written or verbal response so they knew the outcome.

End of life care and support

- If people needed end of life care staff worked closely with healthcare professionals to ensure people were comfortable and pain-free.
- Staff were trained in end of life care and knew how to provide compassionate and responsive care and support to people.
- People's wishes for how they wanted to be supported at the end of their lives were recorded so staff knew how to care for them and their families in the way they preferred.

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 Good. At this inspection the key question remains the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The home had a happy and friendly atmosphere. The environment was bright and clean. People were listening to music in the lounges and socialising with staff and each other. Relatives said they liked visiting the home and were always made welcome.
- A relative told us, "In one word it is excellent here. We looked at other homes and as soon as we came here we knew it was the right one for [family member]. We were welcomed immediately and told to come and look around whenever we wanted to, no appointment was needed."
- Staff said they would recommend the home. A staff member told us, "I would be happy for any of the staff here to look after a family member of mine. It's a homely place and the residents come first."

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 provider and registered manager understood regulatory requirements and completed statutory notifications and the provider information return (PIR). The information given in the PIR reflected what we found on the inspection.
- People told us the managers and staff were open and approachable and made improvements if they were needed. A relative told us, "Nine out of 10 times things are sorted out immediately, the rest are sorted out in time." The registered manager said, "The culture of the home is that if something's wrong people will speak out – staff, residents and relatives – and we [managers] put it right."

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

- Staff understood their roles and responsibilities and knew who to tell if they had any concerns about people's well-being. They said the managers were approachable, supportive and knowledgeable about the people using the services and how best to meet their needs.
- Managers followed the providers' audit system to ensure the home ran effectively and provided good-quality care. The providers visited regularly to support staff and check records were in order. The registered manager said, "The owners are caring people. If we provided poor quality care they would know about it and deal with it."

Engaging and involving people using the service, the public and staff

- The registered manager carried out regular surveys to get people's and relatives' views of the home. The results of the latest survey, carried out in March 2019, found that respondents rated all aspects of the home as 'good' or 'very good'.
- People and relatives attended meetings to discuss the home with managers and staff. A relative said, "We have regular meetings and we discuss everything. We speak about hygiene, medication, future events, and finding a room for relatives when a resident reaches the end of life, so they can stay."
- Staff shared their views at meetings, supervisions and appraisals. A staff member said, "The managers always want to hear our views and if we've got any ideas to improve the home they are willing to try them out." Another staff member told us, "The management support we get is fantastic. Out of all the places I've worked this is the best support I've ever had."

Continuous learning and improving care

- The registered manager used innovative methods to ensure staff had empathy for the people they worked with. During training staff took turns being the people being supported and those supporting them. This gave the staff insight into the experience of what both good and bad care felt like.
- The registered manager spent the day as a person using the service and used the learning from this to make improvements to the home.
- The care manager had introduced music therapy into the home and created the home's 'dignity board' and other displays to improve the environment for people living with dementia.
- Some relatives told us the laundry was not very effective with items going missing on occasions. We discussed this with the registered manager who was aware of the problem and in the process of addressing it.

Working in partnership with others

- The registered manager and staff worked in partnership with health and social care professionals to ensure people's needs were met and they had the community services they were entitled to.
- Staff supported people to engage with the local community. A local school and a scout troop visited the home and a local church came in to provide religious services.