A L A Care Limited

ParkHouse Grange

Inspection report

47 Park Road
Earl Shilton
Leicester
Leicestershire
LE9 7EP
Tel: 01455 851222
Website: www.ala-care.co.uk

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Ratings

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

Overall summary

The inspection took place on 27 April 2015 and was unannounced.

At our last inspection on 27 June 2014 the service was meeting the regulations.

ParkHouse Grange provides accommodation and care for up to 40 people. On the day of our visit there were 27 people at the service. Accommodation is arranged over two floors and there was a passenger lift to assist people to get to the upper floor.

There should be a registered manager at the service. 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. At the time of our inspection there was a manager in post

Summary of findings

but they were not actually registered with the Care Quality Commission to manage the service, although they previously had been. During our visit the manager started the registration process.

Staff had a good understanding of the various types of abuse and were aware of their responsibilities under safeguarding. Staff felt able to raise any concerns and were aware of how they were able to escalate concerns if appropriate action had not been taken.

Risks associated with people's care were identified and control measures had been put in place to reduce the risks.

There were appropriate policies and procedures in place to ensure that medicines were managed safely. There were personal emergency evacuation plans and transfer notes available should a foreseeable emergency situation arise.

Staff received training and supervision to enable them to carry out their roles. Staff felt supported in their roles and able to approach the manager with any concerns.

People's capacity to consent to their care and treatment had been considered but this had not always been recorded and documented in line with the Mental Capacity Act 2005. The Mental Capacity Act 2005 (MCA) is legislation used to protect people who might not be able to make informed decisions on their own about the care and support they received.

People were provided with a balanced diet that met their dietary requirements. Health professionals were involved as required in people's care.

People told us that staff were caring in their approach. We observed staff supporting people without explaining who they were, what they were doing or why. People were moved in their wheelchairs without any explanation of what was happening, where they were going to and people were supported with their meals without any explanation of what they were going to have to eat or the help that was being offered.

People's needs were assessed and care plans put in place to ensure that their needs were met. Activities that took place did not always take into consideration people's abilities and needs. There were limited activities available and only a small number of people chose to participate.

Regular audits were undertaken and any concerns that were identified were addressed. Quality assurance audits were carried out and regular meetings held with staff, people that used the service and their relatives.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People felt safe at the service. Staff were aware of the various types of abuse and knew how to report any concerns. People received their medicines safely. There were arrangements in place to deal with foreseeable emergencies.

Good

Is the service effective?
The service was effective.

Staff received training and regular supervision to enable them to carry out their roles. The manager had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards legislation and was aware of the requirements of it. People's dietary needs were met and people were provided with a balanced diet.

Good

Is the service caring?
The service was not consistently caring.

People said that staff were caring. Staff had a good understanding of how they were able to respect people's privacy and dignity. We saw staff supporting people without any communication with them and no explanation.

Requires Improvement

Is the service responsive?
The service was not consistently responsive.

People had assessments in place to ensure that their needs were met. Staff had a detailed understanding of people's needs. Complaints that had been raised were acted upon. People's abilities and needs had not always been taken into consideration when planning activities.

Requires Improvement

Is the service well-led?
The service was well led.

There were effective systems in place to monitor and review the quality of service provided. Meetings were used as an opportunity to hold open discussion about the service. People, their relatives and the staff told us that the manager was approachable and had an open door policy.

Good

ParkHouse Grange

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 27 April 2015 and was unannounced.

The inspection was carried out by two inspectors 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, their area of expertise was for older people with dementia.

We reviewed information that we had received about the service and notifications that we had received from the provider. A notification is information about important events which the service is required to send us by law. We contacted the local authority who had funding responsibility for people who were using the service. We spoke with a district nurse, a doctor and a community psychiatric nurse who all visited the service on the day of our inspection.

We spoke with 14 people that used the service and four people that were visiting relatives at the service. We also spoke with the manager, the head senior carer, a senior carer, two care assistants and the cook. We also spoke with an agency member of staff that was covering a shift and the housekeeper that was on duty. We looked at the care records of four people that used the service and other documentation about how the home was managed. This included policies and procedures, staff records and records associated with quality assurance processes.

Good

Is the service safe?

Our findings

People told us they felt safe at the service. One person told us, “I am safe here.” Another person told us, “Oh yes I feel very safe here.” Family members told us that they felt their relatives were safe at the service.

Staff members had a good understanding of the various types of abuse and were aware that they all had a responsibility to report any safeguarding concerns. Staff told us that they were able to report any concerns to the manager. We saw that there was a detailed safeguarding policy in place that included descriptions of the various types of abuse. It also provided details and contact numbers of where staff were able to report any safeguarding concerns to. Staff understood that they were able to raise any concerns and were aware of the whistleblowing policy. They knew how they were able to escalate any concerns.

From the information that we looked at prior to our visit we saw that the provider did report any safeguarding concerns appropriately to both the local authority and to CQC. The local authority has the lead role for investigating safeguarding incidents.

We saw that where risks relating to people’s care had been identified, risk assessments had been carried out and control measures to reduce the risks put in place. For example where a person had been identified as being at high risk of falls, a falls sensor had been put in place and they received frequent visual checks by staff. For another person a risk around their behaviours had been identified. There was detailed guidance about triggers relating to their behaviours in place and guidance for staff to follow to deescalate these. Staff had good understanding and knowledge about people’s specific needs.

Fire safety checks were carried out and there were procedures in place for staff to follow. There were personal emergency evacuation plans in place that could be used in the event of an emergency or an untoward event. Staff knew about people’s individual needs and where aware of where emergency plans were kept. There were also transfer forms available for each person that provided relevant details about people’s medical history should people need to use another service in an emergency.

People told us that there were enough staff to meet their needs. One person told us, “I have been here for 8 years, if I call the buzzer the carers come straight away.” Another person told us, “The carers come straightaway at night if I call.” Staff told us there were adequate staff on duty to meet people’s needs.

We discussed staffing levels with the manager. They told us about the current staffing levels that were in place and they believed that they were adequate to meet people’s needs. The manager told us how agency staff were used to maintain the staffing levels if they were unable to cover them with permanent staff. They advised us that recruiting permanent night staff was an ongoing process and at the current time existing staff members were helping to cover night shifts. The manager told us that they always had a permanent member of staff working alongside an agency staff member and there was always an on call senior member of staff for people to phone should they need to for advice or support. They advised us that they had recently found a new administrator for the service who was waiting for their pre-employment checks to be carried out before they started work.

We looked at the recruitment files for four staff members. We found that all relevant pre-employment checks had been carried out before staff commenced work. Although there was one staff member for whom a full working history had not been obtained.

We observed a senior care staff member administering medication safely. We saw the majority of medicines were provided from the pharmacy in a monitored dosage system. This reduces the risks associated with the administration of medicines as doses are already prepared for specific times of the day. We saw that Medication Administration Record (MAR) charts contained a summary of possible side effects and contraindications next to the name of the person’s medicine. This meant that care staff were aware of the possible side effects of people’s medicines to watch out for.

There was a list of authorised signatories for medicines with the names of care staff who supported people with their medicines. We saw that staff signed the MAR chart to confirm that people had received their medicine after observing them taking it. We observed one person decline their medicine and we saw that staff recorded this appropriately. Staff told us that where people declined to take their medicines more than once then they would contact the person’s GP to report this.

Good

Is the service safe?

Medicines were stored safely. There were procedures in place for the ordering and disposal of medicines. We saw that these were being followed. We carried out a stock check of two controlled drugs that were currently at the service. We found that for one medicine the stock amount did not match the amount actually in stock. We discussed this with the manager and found that it was actually a transcription error in the register. The amount recorded was 197 there were actually 97 tablets in stock. The previous day a total of 98 tablets had been in stock and no more had been supplied to the service since the previous day. It appeared that the total had just been recorded incorrectly. We discussed with the manager how this could be recorded as a 'near miss' incident and how the service could use it as a discussion point with staff to highlight the importance of good practice in relation to the recording of medicines.

Good

Is the service effective?

Our findings

Staff told us that they received adequate training to enable them to fulfil their roles. One staff member told us, "I have training on the computer, I've been asked to do other courses and I think I will." We saw that staff had attended training to enable them to carry out their roles, although some people required refresher courses in some areas to ensure that their practice and knowledge was up to date.

Staff told us that they received regular supervision and records that we saw confirmed this. This was a meeting with the manager to support them in their work and discuss any problems. Staff also told us they received an annual appraisal. An appraisal is the opportunity for staff to reflect on their work and learning needs in order to improve their performance. Staff confirmed that through their supervision and appraisals they received feedback about their work and discussed improvements that they could make. Staff received effective supervision and appraisals to enable them reflect and improve in their roles.

We saw that people signed a copy of a contract with the service to demonstrate their consent to using the service. People were also asked to sign an information sharing consent form to enable staff to share relevant information, on an as required basis, with other health professionals relating to their care.

We discussed the Mental Capacity Act 2005 with the manager. The Mental Capacity Act 2005 (MCA) is legislation used to protect people who might not be able to make informed decisions on their own about the care and support they received. We found that care records showed people's mental capacity to consent to their care and treatment had been considered. However, we found that where there was a concern about a person's capacity to make a specific decision a two stage mental capacity assessment in relation to that decision had not been fully documented as is required by the MCA. The manager advised us that although this had not been recorded, this had been considered and in this instance the service had made a formal request under the Deprivation of Liberty Safeguards (DoLS). DoLS is legislation that protects people who lack mental capacity to make decisions about their care and support, and protects them from unlawful restrictions of their freedom and liberty. This showed that the manager had an understanding of the MCA and DoLS legislation and was aware of the requirements of it. The manager told us they were going to ensure that a two stage capacity assessment was recorded.

People told us that they were able to choose what they had to eat. One person told us, "I can choose what I want for my meals, they come and ask me." Another person told us, "They give you a choice for your lunch and we have three courses." A relative went on to tell us, "[my relative] can choose what they want to eat, they tell [my relative] the choices verbally, there are no photographs [of the meals] but if [my relative] changes their mind when they see the meal they can have another choice."

We spoke with the cook who was on duty and who had a detailed knowledge of people's individual dietary requirements. She explained how she ensured that people's individual dietary needs were catered for. For example she told us how she ensured that there was always a vegetarian meal option available and for a meal that was gluten free. We saw that where people had been assessed as at risk of malnutrition, nutritional records to record their food and fluid intake were in place.

One person told us, "I had to lose weight when I came here and the home managed it, I have lost weight and I have nice food." The cook told us how the menu was designed to provide people with a balanced diet and that people were encouraged to have a healthy diet but other options were available at times throughout the week. This included chips on the menu once a week.

People's experience of mealtimes varied. We saw that some people were engaged in conversation with other people who were sitting at the same table. For other people who required the assistance of staff to eat their meals the communication they received was limited and so it was not such an enjoyable experience.

People had access to health professionals as they required. A relative told us, "[my relative] had a health problem and they called the doctor straight away and are monitoring it." We spoke with three visiting health professionals on the day of our visit. They told us that appropriate referrals were made to their services and that the service followed instructions in relation to people's care and treatment that they left. Health professional visits were recorded in

Good

Is the service effective?

people's care records. We saw involvement of district nurses, GP's, physiotherapists, dieticians, opticians, a community psychiatric nurse and a speech and language therapist in people's care.

Is the service caring?

Our findings

People and their relatives spoke very highly of the staff. One person told us, "The carers are lovely, I'm in the best place." Another person told us, "I am well looked after, staff are very kind." Relatives echoed their praise. One told us, "Staff are extremely good," and another went on to tell us, "Staff are very kind, I'm pleased [my relative] is very happy with the home, I would stay here." However our observations throughout the day did not always reflect the positive feedback that we received.

During the morning of our inspection we observed people being assisted from one area of the service to another. We saw that this was done without any communication from the staff member to the person and people were pushed in their wheelchair without any prior notification or choice of where they were going to. We found one person who remained in bed and was in a lying down position provided with a cup of tea while still in this position. Within a few minutes the person had spilt the tea all over themselves so we called a carer for assistance. The carer and housekeeper were very kind and gentle in their approach and assisted the person to change their clothing. The person did not suffer any injuries from the spilt drink but we were concerned that staff had not supported the person to a more suitable position prior to leaving them with a hot drink. Following our inspection we discussed this with the manager who advised that she would discuss this with staff.

At lunchtime we observed two people who required support to eat. Care staff sat next to the people they were supporting but did not engage in conversation with them while they were supporting them. One member of care staff did occasionally ask the person to open their mouth, but the other did not. We saw that one person reached out towards their drink. This was not acknowledged by the staff member and the drink was moved further away. One member of care staff got up in the middle of supporting a person with their dinner to attend to something else. They then returned a few minutes later. At no point was the person offered an explanation of why the member of staff had left them or how long they could expect to be without support and no apology was offered.

During the afternoon we observed people being assisted in their wheelchairs into the lounge area without any communication from staff. We saw that people were left in wheelchairs by the side of the chair in which they were going to sit until people were all in the lounge then staff began to assist them together. We also saw a person being hoisted without any communication at all from staff. Whilst we also observed some good practice when staff supported people to move we were concerned by the lack of communication from care staff while they were assisting people with certain tasks. This showed a lack of compassion and respect and a disregard for people's wellbeing.

One person told us, "I can refuse male carers if I want to." They went on to tell us, "They close the door and the curtains when they wash me." Staff had a good understanding of how they were able to promote independence and respect people's privacy and dignity in their daily roles. We saw that people's bedrooms had people's photographs on the doors to aid people to identify their own room. We also saw that there were signs on people's doors that stated whether people could enter or not. Although these signs were in place we saw that staff still knocked to obtain people's consent to them entering before they went into someone's room. We saw that staff used the signs when they were assisting people with personal care so people were not disturbed.

One person told us, "The staff are very good, I can tell them any problems I have." Staff were knowledgeable about people's specific care interests and needs and we saw that the service operated a key worker system. This enabled people to have a named staff member to contact and oversee their care. We saw that people's preferences such as the times that people liked to get up and go to bed, hobbies and interests and people that were important to them were recorded within people's care records.

We saw that for people who were unable to make decisions about their care, either by themselves or with the support of a family member, information about advocacy services was available at the service and contact information for these services was on display.

A relative told us, "I can come [and visit] any time but they would rather you didn't come at mealtimes." There was a notice at the service that stated that they had protected mealtimes and therefore did not allow visitors throughout these times. The sign stated that this enabled people to eat and drink without disturbance and staff to offer the support as required. We discussed this with the manager who advised that it was in place more for health professional

Is the service caring?

visits and people's relatives were still able to visit during these times. We saw a person's relative visit them during the lunchtime period and this was not prevented in anyway.

Requires Improvement

Is the service responsive?

Our findings

One person told us, "I like colouring." They showed us some pictures that they had completed and some that they were planning to complete. Another person told us, "I have made pictures and collages in the craft activities with the staff." They showed us these as they were on display on the wall. This showed us that some people enjoyed the activities that they took part in. A relative told us, "I don't think that they have activities every day, but they have very good activities when people come in, not very often, but they can't come in very often, one lady comes in once a month and she is very good."

One person told us, "There are not activities every day." Another person told us, "They all just go to sleep, nothing happens." There were limited opportunities for people to participate in activities. There was a list of activities on display at the service for the month of April. We saw that there were 17 days out of the month where a group activity had been arranged. These included some musical entertainment, art and craft sessions, baking sessions, and games and movement. There were also two afternoons where one to one sessions were scheduled to take place.

On the day of our visit a sing-a-long session was scheduled but this did not take place. Instead there were board games available in the dining room for people to play. People were asked if they would like to participate and we observed that two people expressed an interest and were assisted into the dining room. One person did not understand the game that staff were trying to help them to participate in but they did enjoy the face to face contact with the staff member. The other person was provided with a snakes and ladders board but they became frustrated and upset. The games that had been chosen by staff were not appropriate for the people that were participating on this occasion. People's abilities and needs had not always been taken into consideration when planning activities.

A visiting health professional told us how prior to the person they were supporting moving into the service, the manager and a care staff member came out and met with the person and carried out an assessment of their needs. We saw that this assessment was then used to develop plans of care to meet the person's needs. We saw that people had care plans in place that described in detail under each section, what staff needed to know about them, what support people needed and how staff should support them. These contained information about preferences and interests. Staff had a good understanding of people's needs relating to their care and how they should support them.

People told us they would be able to speak to staff if they had any concerns. One person told us, "If there is anything wrong I can ask the carers and I can speak to the manager but I haven't got any complaints." Another person told us, "The staff are very good I can tell them any problems I have." We saw that a copy of the complaints policy was on display within a communal area of the service. This was along with other information updates for people to read such as the monthly planned activity timetable.

We looked at complaints that had been received and we saw that the manager had investigated the concerns and taken action in response to them. We also saw that they provided a response to the complainant about the action they had taken. However we did find one complaint that did not have a response recorded, although the manager advised us that this had been investigated.

Good

Is the service well-led?

Our findings

People told us that they regularly saw the manager and that she was approachable. One person told us, “I see the manager regularly. ” Another person told us, “The manager visits me.” Staff told us that they were able to talk to the manager about any concerns. One staff member told us, “The manager’s door is always open and she is always interested in any concerns staff have about residents.” A relative told us, “The manager is very approachable, senior staff are very good, you are welcome 24 hours per day, it’s an open door policy here.”

We saw that quality assurance questionnaires were used as a way of obtaining people’s feedback about the service. These were sent out to people that used the service, health professionals and staff. We saw that where some concerns had been raised these had been addressed with staff in a team meeting.

We were told that meetings were held with people that used the service and their relatives every six months. We saw minutes from these meetings. They were used as an opportunity for open discussion about the service and also to discuss relevant legislative changes that had an impact on the service. For example we saw that at one meeting a recent safeguarding concern had been discussed and at another there had been discussion around The Deprivation of Liberty Safeguards (DoLS) following a high court ruling. However, one relative that we spoke with was not aware that these took place and there were no notices relating to them on the notice boards at the service.

We received very positive comments about the manager. Staff told us that they felt supported and able to raise any concerns. They also told us that they received feedback, from the manager, about the care they provided and any improvements to their practice that they could make. They told us that they had completed a feedback questionnaire that included topic areas such as uniforms and shift patterns which were discussed at appraisal meetings. Staff also told us that they were able to contact the manager at any time to discuss anything.

The manager at the service had previously been a registered manager with the Care Quality Commission and was aware of the responsibilities of their role. The manager had ensured that notifications of incidents and allegations had been sent to CQC in a timely manner.

Effective systems were in place to monitor and review the quality of service provided. These included regular audits, undertaken by the manager of care records, medication, health and safety checks and infection control. We saw that where any areas of concern had been identified action had been taken to rectify it. For example we saw that the care records check had identified that there were some gaps on some people’s nutritional records. The manager discussed this with the senior staff and they were asked to check them throughout their shifts. We saw that this was being done.