

J Parker (Care) Limited

Alistre Lodge Nursing & Care Home

Inspection report

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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

Alistre Lodge Nursing Home is a nursing home providing personal care to 38 people aged 65 and over at the time of the inspection. The service is registered to support up to 43 people.

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

People were protected from the risk of abuse and avoidable harm by staff who understood how to recognise and respond to concerns. People told us they felt safe when supported by staff. Risk assessments had been developed to minimise the potential risk of avoidable harm to people during the delivery of their care. People were safely supported to receive their medicines as prescribed. The registered manager had robust safe recruitment procedures.

People were positive about the service and said staff were kind and caring. People were treated with dignity and respect and their right to privacy was upheld. The registered manager worked in partnership with people's advocates.

People's care and support had been planned in partnership with them and their relatives. Staff had received regular training and supervision to support them in their roles. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests.

People received person-centred care which was responsive to their needs. People's communication needs had been assessed and where support was required these had been met. The registered manager managed people's concerns and complaints appropriately.

The service worked in partnership with a variety of agencies to ensure people received all the support they needed. People were happy with how the service was managed. Staff felt well supported by the registered manager and management team.

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

Rating at last inspection

The last rating for this service was good (published 14 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Alistre Lodge Nursing & Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

Two inspectors and one Expert by Experience carried out the 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.

Service and service type

Alistre Lodge Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, including information from the provider about important events that had taken place at the service, which they are required to send us. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care

services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

We spoke with eight people who lived at the home and two relatives about their experience of the care provided. We spoke with eleven members of staff including the registered manager, deputy manager, nurses, care workers, activities and housekeeping staff the cook and the handyperson. 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 had a walk around the home to ensure the environment was a safe and homely place for people to live.

We reviewed a range of records. This included three people's care records and multiple medication records. We spoke with staff about their recruitment and looked at a variety of records relating to the management of the service.

After the inspection –

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data and quality assurance records and read feedback from one health professional.

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.

Systems and processes to safeguard people from the risk of abuse

- People were safe and protected from abuse and their human rights were respected and upheld. Staff told us training was provided and regularly updated.
- People we spoke with told us they thought the service was safe and felt secure. One person said, "Yes I feel safe there are locks on the windows and regular fire checks, the staff keep an eye on me." A second person told us, "Yes I feel safe, when night time comes and you're in bed you know that you're not entirely on your own."

Assessing risk, safety monitoring and management

- The service assessed and managed risks to keep people safe. There were risk assessments to guide staff on safe working practices and to keep people safe from avoidable harm.
- Staff knew how to support people in an emergency. People had personal emergency evacuation plans which ensured in case of a fire staff had guidance on how to support people out of the building.

Staffing and recruitment

- The registered manager followed safe staff recruitment procedures. All the necessary background checks, including criminal records checks being carried out with the Disclosure and Barring Service were carried out. This ensured only suitable people were employed to support people.
- People, relatives and staff told us staffing levels were enough to keep people safe. We observed the service had appropriate staffing levels to keep people safe.

Using medicines safely

- People received their medicines and creams when they should. One person told us, "The nurse brings my tablets, they look after that side of things, I never have to wait for them."
- Medicines administration systems were robust and well organised.

Preventing and controlling infection

- People were protected against the risk of infection. We completed a tour of the home found the environment to be clean and well maintained.
- Staff had access to personal protective equipment (PPE) such as gloves and aprons. We saw staff used PPE when appropriate. Staff confirmed there was enough PPE, such as disposable gloves, hand gels and aprons to maintain good standards of infection control.
- The home had been awarded a five-star rating following their last inspection by the 'Food Standards Agency'. This graded the service as 'very good' in relation to meeting food safety standards about

cleanliness, food preparation and associated recordkeeping.

Learning lessons when things go wrong

- There was a process that ensured when accidents and incidents occurred these were appropriately recorded, investigated and areas for improvement identified and acted on. The registered manager followed good practice guidelines and had a post falls assessment tool that guided staff on the appropriate action to take and who to inform.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had their needs assessed before they came to live at Alistre Lodge Nursing Home. Information gathered during assessment was then used to create people's care plans.
- We saw the provider was referencing current legislation, standards and evidence based on guidance to achieve effective outcomes. This ensured people received effective, safe and appropriate care which met their needs and protected their rights. Care and support for people was reviewed regularly or when people's needs changed.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and carried out their roles effectively. Staff told us they regularly updated their training. In addition, staff told us induction training was provided and supported them to get to know people well and provide the right support for them.
- Staff told us they felt supported by the registered manager and senior staff. One staff member told us, "[Registered manager] is very approachable."

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

- People were supported to maintain a balanced diet. Records, when appropriate documented any associated risks with eating and drinking. We saw guidance from professionals was requested when needed.
- Food, drink and snacks were available throughout the day. One person told us, "The food is not up to my standard but its ok, some of it can be very good. In the morning someone comes and asks you what you might like, there is always a good breakfast. It's a bit like a hotel."

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

- The registered manager worked effectively with healthcare professionals to ensure people's healthcare needs were met. They worked with services including GPs and community-based health professionals. We saw documented outcomes and the support people required in care plans. One person told us, "I sometimes have hospital appointments and the staff will come with me; they will stay all day if needed."
- Staff had a good understanding about the current medical and health conditions of people they supported. One staff member said, "The G.P.'s will come out when we need them."

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

- Accommodation was accessible, safe, homely and suitable for people's needs. Bathrooms could

accommodate people who required support with moving and transferring to the bath.

- People were able to bring their own items into their rooms and to personalise their rooms as they wanted to.
- Communal areas were provided where people could relax and spend time with others. There was signage around the building which helped support people who lived with dementia. Corridors were free from clutter which promoted people's independence.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider took the required action to protect people's rights and ensure people received the care and support they needed. Appropriate applications had been made to the local authority for DoLS assessments. Staff knew how to support people in making decisions and how to offer choice with day to day decisions and activities. From records viewed, we saw consent to care and treatment was routinely sought.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by caring and respectful staff. One person told us, "I sometimes have a bad day and staff notice; they say are you ok?" One day [Staff member] said "Your looking a lot better today than yesterday." A second person commented, "The staff here are good decent staff."
- We observed people were comfortable in the company of staff and actively sought them out. People were actively included within conversations taking place. One staff member told us, "We have the time to care."

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

- People and relatives were consulted about care and make decisions for their wellbeing and support they required. Staff encouraged people to make daily choices and involved them in doing so.
- The culture at Alistre Lodge Nursing Home was caring, kind and compassionate. This reflected the attitude of staff and the management team.

Respecting and promoting people's privacy, dignity and independence

- The service provided support that ensured people's privacy, dignity and independence were maintained. We saw staff knocked on people's bedroom doors before entering. We noted people's personal private information was stored securely. There was no personal information left visible for visitors to read.
- People were supported to project a positive image of themselves through the clothes they wore and the personal care they received. Staff addressed people by their preferred name they were polite, very friendly and cheerful when supporting people. One staff member said, "If people need an hour with personal care, they get an hour. [Registered manager] is very supportive of this."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The management team completed an assessment of people's needs before they could move into Alistre Lodge Nursing Home. This ensured the service was right for the person and the service could meet the person's needs.
- Staff were observed being responsive to people's needs. Staff knew people's likes, dislikes and preferences and used this information to care for people in the way they wanted. One staff member told us, "I talk with people and their family members. Getting the information from people is more personal."

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.

- We saw people's communication needs had been assessed and where support was required this had been met. There were scheduled visits with opticians to support people who were visually impaired.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged and supported to take part in activities to socialise and build on their living skills and independence. The activities co-ordinator organised activities within the home and booked outside entertainers to visit. They told us, "People like it when the children visit, and we are trying to find things to do for people who don't usually like activities."
- We observed activities taking place throughout the day. People [and staff] enjoyed and sang along with the American themed singer and line dancer. People had American flags to wave and the lunchtime meal had an American theme to link in with the afternoon activity.
- People said their families and friends were made welcome and people were encouraged to maintain relationships outside of the home. One person commented, "I can get a taxi if I want, the staff sort it for me and I go to the shop." A second person said, "My family visit regularly and take me to the shops."

Improving care quality in response to complaints or concerns

- There were processes to ensure all complaints would be dealt with appropriately. People told us they were happy with the care and had no reason to complain. Everyone we spoke with said they were very confident if they ever had any concerns these would be dealt with professionally.

End of life care and support

- People's end of life wishes including their resuscitation status had been recorded in their care plans.
- The staff worked with the local health professionals to ensure people had dignified and pain free end of life care. One staff member told us, "The end of life care here is very good. Whatever people want, we give. We don't let people suffer, their pain is monitored." We saw end of life drugs were stored safely on site just in case they were needed. We read feedback that included, 'I am particularly grateful to the nurses and carers who tended to [family member] in his final weeks, allowing him to die with dignity and free from pain.'

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has /remained 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 management team were working to promote a positive environment for people, relatives and staff. People and staff told us there was a visible management presence within the home and they would feel comfortable approaching them to share their views. One person told us, "The lady that runs the place is called [name of the registered manager], she's very nice."
- The service was well-organised and there was a clear staffing structure. The registered manager received positive feedback. One staff member said, "[Registered manager] she is a very good manager. She looks after staff interests and is very approachable."

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 management team knew how to share information with relevant parties, when appropriate. The registered manager understood their role in terms of regulatory requirements. For example, the provider notified CQC of events, such as safeguarding's and serious incidents as required by law. The previous inspection rating was conspicuously displayed in the home.

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

- The service was well-organised and there was a clear staffing structure. People spoke about how well the service operated. One person said, "I think the place is well managed." One staff member commented, "[Registered manager] is a really good listener and very supportive and the carers are very supportive. The people here genuinely care about the residents."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager had systems to gather the views of people and relatives. We saw meetings took place with people and their relatives and staff. Questionnaire feedback included, 'I feel the manager is approachable.' There was a theme about the lack of activities. This had been addressed with employment of the activities co-ordinator.
- Staff told us they could contribute to the way the service was run through team meetings and supervisions. One staff member said, "[Registered manager] is always looking for staff opinions and welcoming of staff opinions."

- There were established relationships with other services involved in people's care and support. The service liaised with community health and social care professionals and family members to ensure people's needs were met. This included managing people's ongoing health and behavioural concerns. We read feedback from one community-based health professional that acknowledged the management team's person-centred approach to care.

Continuous learning and improving care

- The registered manager had audits to monitor the service delivered. Some audits were reviewed and updated during the inspection process.
- The management team attended forums alongside other health care professionals to ensure their knowledge was up to date and to support the quality care being delivered.