Mr Ragavendrawo Ramdoo & Mrs Bernadette Ramdoo

Park Lane House

Inspection report

163 Tipton Road
Woodsetton
Dudley
West Midlands
DY3 1AB

Tel: 01902884967

Date of inspection visit:
28 April 2016

Date of publication:
21 July 2016

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Park Lane House Care Home is registered to provide accommodation and personal care for up to 30 people, who are mainly older people with dementia. At the time of our inspection 25 people were using the service. Our inspection was unannounced and took place on 28 April 2016. The service was last inspected on the 17 April 2015 where we found that although the provider was meeting the regulations we assessed associated with the Health and Social Care Act 2008, they were deemed to require improvement. This was linked to people not being supported in communal areas, input not being sought from other health professionals, staff were deemed to require additional training to ensure that people were met with dignity and respect at all times, care records not being updated in a timely manner and the service not being well-led. We found that some improvements had been made in these areas.

The manager was registered with us as is required by law. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

The recording of medicines administered to people was clear and concise and medicines given to people were signed for on a Medicine Administration Record (MAR) sheet. A small amount of medicines were missing. People's health needs were addressed and GP and hospital appointments were attended.

People were asked for their consent prior to care being carried out, but agreements around consent for those who could not communicate or make important decisions was not recorded or signed for. Staff only had a basic understanding of the Mental Capacity Act 2005, however they were aware of people's specific mental health needs and were able to meet them.

Staff were not always aware of people's ability to assist themselves and their level of independence and this led to some people not being given assistance when they required it, such as help to eat their food at lunch times.

Staff did not consider people's dignity when they used inappropriate descriptions of items of equipment. People felt that staff maintained people's privacy and dignity when they were supporting them.

Enough staff were on duty with the skills, experience and training in order to meet people's needs. People told us that they were kept safe and that staff interacted with them in a positive manner. People were able to raise any concerns they had and felt confident they would be acted upon.

People, their relatives and staff spoke positively about the approachable nature and leadership skills of the registered manager. Structures for supervision, allowing staff to understand their roles, and responsibilities were in place. The provider gave the registered manager support and visited the home weekly. Audits were carried out by the registered manager to assess that things were being done correctly in the home.

Notifications were not always sent to us as required, so we were not able to see how all incidents had been responded to.

Systems for updating and reviewing risk assessments and care plans to reflect people's level of support needs and any potential related risks were effective.

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.

Risk assessments were in place and risks to people's safety had been identified.

Suitable numbers of staff were on duty with the skills, experience and training in order to meet people's needs.

We saw that medicines were given as prescribed and signed for as they were administered.

Is the service effective?

Requires Improvement

The service was not always effective.

Some members of staff did not know people's needs well enough to provide them with the care that was appropriate for them. Words used were not always appropriate.

Staff did not have a clear understanding on the Mental Capacity Act 2005.

People enjoyed the food.

Is the service caring?

Good

The service was caring.

Staff were kind in how they supported people.

Staff interacted with people well.

People were encouraged to be independent.

Is the service responsive?

Good

The service was responsive.

People and their relatives were involved in the planning of care.

Staff were aware of people's likes, dislikes and abilities.

People knew how to make a complaint and felt confident that the registered manager would deal with any issues raised.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

We were not always notified of incidents or accidents.

The registered manager carried out quality assurance checks regularly in order to develop and improve the service.

People and staff spoke positively about the approachable nature of the registered manager.

Park Lane House

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 28 April 2016 and was unannounced. The inspection was carried out by one Inspector and an Expert by Experience. An Expert by Experience is someone who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information we held about the service including notifications of incidents that the provider had sent us. Notifications are details that the provider is required to send to us to inform us about incidents that have happened at the service, such as accidents or a serious injury. We liaised with the Local Authority Commissioning team to identify areas we may wish to focus upon in the planning of this inspection.

We requested that the provider sent us a completed Provider Information Return (PIR). This is a form that asks the provider to give us key information about the service, what the service does well and improvements they plan to make and we used this information to assist with our inspection.

We spoke with seven people who used the service, four relatives, four staff members, one visiting professional and the registered manager. We reviewed a range of records about people's care and how the service was managed. This included looking closely at the care provided to four people by reviewing their care records. We reviewed three staff recruitment and/or disciplinary records, the staff training matrix, three medication records and a variety of quality assurance audits.

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.

Good

Is the service safe?

Our findings

At the last inspection we found that people were left unsupported in communal areas for periods of time, which may have left them at risk. During our most recent inspection we saw that staff remained in the lounges to support people if required and to also chat with them and offer some company.

We saw that an appropriate amount of staff were available to support people. One person told us, "There's always someone there to help, to give us a hand". Another person shared, "By and large they're [staff] all good. I don't think you'd find fault with any of them". A relative told us, "There probably are enough staff, but I live nearby, so I come in each day and do things for my relative anyway, because I want to". A visiting professional told us, "There is always a good amount of staff on shift when we come in". A staff member told us, "There are enough staff and we work well together". We saw staff having time to spend chatting with people and responding quickly when called.

We found that detailed risk assessments were in place in order to minimise any risk to people's safety. Risk assessments were used to analyse all elements of the person's well-being, including needs such as, medicines taken, personal care, urinary health, nutrition and sight and hearing. People also had a manual handling plan, which included a falls risk assessment. A member of staff told us, "Falls are referred onto the falls team and they come in and see people". We saw specific risk assessments linked to people who had medical issues, which meant they were frailer than others in the home. Staff were able to discuss with us, specific risks to people and how they were addressed.

People told us that they felt safe, with one person saying, "I feel safe, yes, that's the objective isn't it?" Another person told us, ""I never get scared. They'll [staff] come round and talk to you [if you feel scared]". A relative told us, "There are no problems here keeping people safe". A staff member said, "We do all we can to keep people safe, we care about their safety".

Staff we spoke with displayed knowledge of what they would do in the event of an emergency, with them telling us that they would call emergency services and then remain with the person to support them. We saw a fire safety plan displayed on walls throughout the home; this was written in a clear and concise manner. Each person also had a personal evacuation plan in place, which detailed the best method of getting them to safety, should an emergency arise where they were required to be moved from the home.

Staff spoken with demonstrated a good level of knowledge on safeguarding, with one staff member saying, "I understand how people can be abused. I would know the signs, such as someone being nervous, flinching during care or having bruises and I would report this to a manager".

Staff told us that prior to commencing in their role they had been requested to provide references, identification and to undertake a Disclosure and Barring Service (DBS) check. The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concerns. We looked at four recruitment files and saw that all the appropriate checks had been completed correctly and that staff had given a complete work history. We saw that any disciplinary action

was taken appropriately by the registered manager.

We saw that people received their medicines as they should and that medicines administered to people were recorded on Medical Administration Record (MAR) sheets. Where medicines were required, 'as and when' a protocol was in place for staff to follow and staff were able to tell us when people required their medicine. Our audits showed that a small amount of medicines that should be left over were missing. This was a very small amount and it was felt that it was related to recording and that the amount initially carried over may have been written incorrectly. This was raised with the registered manager, who stated that they would ensure staff were aware that medicine amounts were recorded accurately. Medicines were disposed of as they should be, with a pharmacist collecting them on a monthly basis.

Requires Improvement

Is the service effective?

Our findings

Previously it was found that input was not being sought from other health professionals. We were able to speak with visiting professionals, who told us that they had a good working relationship with the staff and that they received all the support and co-operation that they needed to ensure that people's needs were met. We saw that staff and professionals worked in partnership and assisted each other.

People told us that they were assisted to maintain their health. One person said, "They get me to my appointments and I have my medicine". Another person told us, "If I need the doctor I see him". A third person told us, "I was poorly recently and I was really looked after and slowly I am feeling better". A relative told us, "They [staff] look after their [people] health needs. Our relative needed immediate medical care and they [staff] acted brilliantly". We saw that all health appointments attended were recorded and that medically related letters and follow up information was kept on file.

Our last inspection found that staff required further training around maintaining people's dignity and respect. Whilst we saw that training had been implemented and this had improved we witnessed an incident where a staff member shouted across the room and referred to a clothes protector as a bib. Staff we spoke to told us that they did not realise that this may compromise people's dignity, but that they were willing to implement changes to the way that they addressed things within the home to ensure that people's dignity was kept at all times. Staff told us how their training was supported by management and the registered manager told us that they would provide additional training to further address maintaining people's dignity.

Staff told us that their induction was effective and that they had learned from the experience. One staff member told us, "My induction was good and it included finding out about the people and the home and shadowing other staff for a week. Staff also told us that they received regular supervision, which took place three monthly, however they shared that the registered manager held an open door policy where any concerns could be discussed at any time.

We had to ask a staff member to assist a person at lunchtime, who was unable to get food onto their fork and lift it. The person had gone unnoticed by a nearby staff member who was assisting a more able person who had almost finished their meal without requiring any assistance. When help was provided the person who wasn't able to feed themselves ate a good amount of food. The difficulties encountered by the person who could not eat were not recognised by the staff member. People we spoke with told us that some staff members understood they needed help whilst others didn't.

People told us that they enjoyed the food on offer, with one person saying, "I really like the meals". A relative told us, "The food I have seen has been fine. It has really built my relative up after they were unwell". A staff member told us, "People really get their five a day vitamins from their meals and we give plenty of drinks. We do regular tea rounds and check on food and drink intake". We found that lunch looked and smelt appetising. It was a cooked meal comprising of meat and vegetables, with alternatives available if required. We saw that food was taken out on smaller plates for those people with smaller appetites. One person had

their meal mashed up in a bowl, as this was part of their nutritional plan. Most people cleared their plates and one person pointed at their empty plate and showed us a 'thumbs up' to say they had enjoyed it. Members of staff spoken to were aware of people's dietary requirements, including that some people had been assessed as needing pureed food. Staff were also aware of who required extra calories to add to their diet.

A relative told us, "[Person's name] was dehydrated but they [staff] have dealt with that by reminding them to drink and it's not a worry anymore". We saw that where there were concerns people's weight and fluid intake was charted and checked monthly. Staff told us that where issues arose medical professionals were notified about the concerns. Although we didn't see jugs of liquids available to people, we were told by people that the trolley with drinks on was always coming around and we saw hot drinks given out throughout the day.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). One person had a DoLS authorisation and staff were aware of this, but were not aware of what impact it would have on the person. When asked staff could tell us about possible risks to individual people, such as them remaining in the home for their own safety, but they required prompts to do so and were unable to relate it to legislation. We discussed this with the registered manager who told us that a refresher course on MCA and DoLS would be put on for staff and they would be required to demonstrate a greater understanding prior to their certificate being granted.

We found that appropriate measuring tools to carry out mental capacity assessments where required were not available. Where indications suggested that people did not have capacity to make decisions the registered manager relied on information offered by others prior to the person's entry to the home. The registered manager looked into suitable mental capacity assessments in our presence and showed us one that they said would be used from that point onwards.

People and staff members told us that consent was requested prior to any care being carried out and we saw staff asking people for their consent in such situations as assisting people to mobilise. We found that consent forms in people's files were blank and not completed or signed. This meant that where people were unable to give consent verbally, or refused care to be done in their 'best interests' then there was no record of decisions made by others on their behalf.

People told us that staff were effective when assisting them to mobilise and that they were assisted appropriately to move around the home. We saw staff assisting a person whilst using a hoist and saw that this was done effectively, with the person being reassured what was happening at all times.

Good

Is the service caring?

Our findings

People told us that they felt well cared for, with one person saying, "Yes, I'm treated as an individual, I matter". Another person told us, "You couldn't want for anything better!" A third person said, "The girls [staff] are so nice in how they treat me, you would think I was a relative, not a patient". A relative told us, "This place is not like an institution". A second relative said, "I think they [staff] are caring, they know everything about people and will come when people need them". A visiting professional told us, "They are knowledgeable and caring staff who want to be here". We saw staff supporting people and taking time to be with them. When biscuits and tea were given out a staff member stopped with people for a chat and then returned to prompt them to take their drink before it went cold.

People told us that they were able to make their own decisions. One person told us, "I make my own decisions, like what I want to wear, what I like to eat, and my clothing. Another person said, "If I have a late night, I make up for it [have a lie-in] in the morning, it's up to me". A staff member told us, "People are encouraged to make choices and decisions. They can have a lie in if they choose to, we all like a lie in, it should not be different because someone lives in a care home".

People told us that they were encouraged to be as independent as possible. One person told us, "I love to do little things like washing up or sweeping and they always encourage me". A relative told us, "I think it is down to them [people] if they want to do things for themselves then they are supported to". A staff member told us, "People are encouraged to be independent, some like it some don't, but we do what we can".

Staff were aware of the need for advocates and told us that although most people accessed a social worker or family member to advocate for them, professional advocates could be contacted through the registered manager if needed. We saw that throughout the home there were leaflet stands where people could pick up literature, however the advocacy leaflets had all been taken from their specific container, but the registered manager informed us that some had been ordered.
People told us that they were treated with dignity and respect and one person shared with us, "I am treated with respect, they think about my feelings". A relative told us, "I have never seen anything to make me think that people aren't dealt with privacy and dignity". A staff member told us, "Care is carried out in people's rooms and we make sure that they are kept covered and their dignity is maintained".

One person told us, "I see my relatives all the time, they enjoy coming in". Relatives and friends we spoke to understood that they were free to visit without undue restriction, although all acknowledged the reservations about visiting during meal times. Some family members spent up to one-and-a-half hours each day with a member of their family at the home, others were infrequent visitors, but all said that they were made welcome.

Good

Is the service responsive?

Our findings

We had found previously that care plans had not been updated in a timely manner, however at this inspection we saw that care plans had been updated when required and that staff were aware of any changes made.

People told us that they had been involved in compiling their care plan where they had been able to. One person said, "I can recall discussing a care plan during my first few weeks at Park Lane". A second person told us, "They involved me in the care plan and the updates. They asked my preferences as far as I can remember". A relative said, "They have asked us for our input when it has been needed". A staff member said, "Staff help people to tell us what kind of care that they want". We saw that care plans were updated when any changes occurred and were reviewed monthly. Care plans also contained pre-admission information, which assisted staff by offering a background to the person.

Staff told us that they learnt about the individual people, their preferences and their needs from talking to the person and their relatives. One member of staff told us that they had compiled a 'reminiscence book' for people and had found this a positive experience, as people talked through their lives offering an insight into their experiences and history.

A visiting professional that we spoke with told us, "There have been a few issues related to keeping people safe and well that we have raised, but these have been sorted out immediately. For example, issues around pressure sores were complied with as we asked, and staff worked hard to make sure people's skin was in good condition". People showed us how their skin was improving due to the support of the staff.

We saw that friendships were promoted and assistance was given by staff to maintain them. One person told us, "Everyone gets along well, there are lots of friendships. Another person told us (about her friend), "Since I came here, she makes me feel like I have got somebody". A third person said, "They sit us men together, so we can talk". We saw people sat chatting to each other and getting along well.

People told us that they were involved in activities, with one person saying, "We like the singers who come in, we have a little dance". A second person said, "We play games like puzzles and throwing and catching the ball". A relative told us, "They do things for people, but they don't always want to get involved". A visiting professional told us, "I have seen some of the activities they do and people seem happy with what is on offer". A staff member told us, "We ask people what they like to do. It is usually crafts or a sing-along. They [people] get me up dancing the waltz or to rock and roll". We found that activities were planned in advance in order to offer people some variety. We saw numerous activities taking place, including some people taking part in a cookery activity and they were all very complementary and said how much they had enjoyed it and that it was a regular pastime.

People we spoke with could not recall having to make a complaint, but all felt that a complaint made to a member of staff would be sent on to the management and would be addressed. One person told us, "I think if I had a complaint they [staff] would listen". A relative told us, "When I have raised minor issues with the

manager she has been receptive". We saw examples of where complaints had been received and the subsequent processes involved, which included; written statements from staff as part of the investigation and letters written out to people stating the outcome. People we spoke with all recalled being given the complaints procedure information.

We found that feedback was obtained through the use of questionnaires, which were sent out to people. We saw that around ten responses were returned and that these were named. There was no indication on the questionnaires as to whether people had been responded to, but people told us that answers were read out at the following residents meeting. People told us that the registered manager had attempted to follow up their suggestions and an example was related to possible changes within the garden area and places for people to sit.

Requires Improvement

Is the service well-led?

Our findings

We saw that some areas previously felt to be inadequate at the last inspection had been improved upon. Input was now being sought from other health professionals and care plans were updated as required. People were also supported well in communal areas.

Services are required to send us notifications, so that we can see how they respond to any incidents and accidents and what measures are put in place if needed. We received notifications from the service informing us of incidents, however this did not occur on every occasion. The registered manager was able to discuss with us the importance of sending in notifications and why they were required. We did not receive a notification regarding a person who was severely bruised due to a fall and taken to the accident and emergency department of a nearby hospital to be assessed. The registered manager informed us that in future we would receive notice of such incidents.

We saw that a plan had been devised by the registered manager to ensure that the quality of service provided was monitored on an on-going basis. We viewed quality assurance files that detailed monthly checks on people's risk of skin ulcers, injuries, falls, urinary tract infections, safeguarding, deaths, emergencies and health and safety. We also saw that care plans were reviewed and staff supervision records were audited. The registered manager told us that patterns and trends were looked for and if discovered they were managed appropriately. Although the medicine audit had not picked up the recent missing medicines, the audit would have had to cover each person in the home every month and we saw that only a selection was completed by the registered manager on a monthly basis.

People told us that they knew who the registered manager was and that they were familiar with her. One person said, "The manager is approachable and we see her most days". A visiting professional told us, "The manager is very understanding and supports us when we come into the home. We have no concerns about the way that the place is led and we feel that they [staff and registered manager] are trying to work with us". A staff member told us, "It is well-led here; we all respect each other and are a good team". We saw the registered manager approach people in the home for a chat and they were very happy to sit and talk with her.

We were told that communication within the home was effective with one person saying, "We attend residents meetings and they give us any information or news there". We saw posters advertising the next upcoming residents meeting and people told us that they would be attending. Staff told us that they were kept informed of any changes happening at staff meetings, handovers and the registered manager would speak with people whenever it was required.

Staff told us that they understood the concept of whistle-blowing and that they would make a declaration to the appropriate agencies should they witness negative practice by a colleague. One staff member told us, "Whistleblowing is what is there to keep people safe. If you don't do it you are as bad as the offender". Staff told us that they had been given the contact details to enable them to whistle-blow.

The atmosphere of the home was busy, but had a friendly positive feel to it. Lots of chatter filled the room and it was bright and airy. The two main lounges were very full and we saw that if everybody wanted to be seated in there at the same time there would not be enough chairs. This was raised with the registered manager and she told us that chairs could be moved from other rooms when needed.

The registered manager told us that when actions were requested of the provider they did all they could to offer support and assistance. The registered manager told us that the provider came into the home on a weekly basis and offered support whenever it was required. We saw the reports compiled for the provider to give them a regular overview of the service.

We found that previous CQC ratings were displayed as required.