

Indigo Care Services Limited

Archers Park

Inspection report

Archer Road
Sunderland
Tyne And Wear
SR3 3DJ

Tel: 01915225977

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Ratings

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

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 20 and 24 March 2017. After that inspection we received concerns in relation to pre-admission assessments, the reporting and recording of interventions between staff and people and the support for people who may have behaviours that challenge.

As a result we undertook a focused inspection to look into those concerns. This report only covers our findings in relation to those topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for (location's name) on our website at www.cqc.org.uk.

This inspection took place on 2 October 2018 and was unannounced. This meant the provider did not know we would be visiting.

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

Archers Park provides care for up to 40 people, some of whom are living with dementia. At the time of our inspection 38 people were living at the home.

The manager had started their application to become the registered manager at Archers Park. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We found the provider had introduced systems to ensure appropriately trained and experienced staff were responsible for completing pre-admission assessments to confirm the service could meet people's needs. Staff had completed additional training around the reporting and recording of incidents and the support of people experiencing behavioural disturbance or distress.

The provider had systems in place to ensure people had a safe environment. Health and safety checks including fire safety were regularly completed. A business continuity plan was in place to ensure people would continue to receive care following an emergency.

Safeguarding concerns were fully investigated. The provider collated and analysed safeguarding concerns and accidents and incidents to identify any patterns or trends.

Medicines records we viewed were complete and up to date. This included records for the receipt, return and administration of medicines. People were supported to maintain good health and access to healthcare

professionals.

The provider continued to have a robust recruitment process in place. Sufficient staff were available to meet the needs of people. Staff had completed a range of training and received regular supervisions and appraisals.

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.

The provider understood the importance of monitoring the quality of the service and reviewing systems to identify any lessons learnt. People using the service, their relatives and staff were regularly consulted to capture their views about the service.

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 remains safe.

Safeguarding concerns were fully investigated by the provider. Staff demonstrated a good awareness of safeguarding.

The provider had systems in place to ensure people had a safe environment.

Medicines were managed safely.

Is the service effective?

Good ●

The service remains effective.

The provider had implemented systems to ensure suitable competent staff completed pre-admission assessments prior to people moving to Archers Park.

Training and development was up to date.

People were supported to access a range of healthcare professionals.

Is the service well-led?

Good ●

The service remains well-led.

The provider had a range of quality assurance processes to monitor the quality and safety of the service.

The service was responsive to change and utilised 'lessons learnt' information to improve the service.

The manager has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.

Archers Park

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 2 October 2018 and was unannounced. This meant the provider did not know we would be visiting. We received concerns in relation to pre-admission assessments, the reporting and recording of interventions and the support for people who may have behaviours that challenge. As a result we undertook a focused inspection to look into those concerns. An adult social care inspector conducted the inspection.

We reviewed other information we held about the service, including any statutory notifications we had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. We also contacted the local authority commissioners for the service and the local authority safeguarding team and the clinical commissioning group (CCG), the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with three people living at the service, the manager, the regional operations manager, and six staff members. We undertook general observations of how staff interacted with people as they went about their work. We looked around the home and visited people's bedrooms with their permission. We examined documents relating to safeguarding, use of restraint, recruitment, supervision and training records and various records about how the service was managed. We looked at care records for three people who used the service.

Is the service safe?

Our findings

At our inspection in March 2017 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

Staff had completed safeguarding training and were aware of the provider's whistleblowing process which was visible throughout the service. Staff we spoke with were clear on what action to take if they had concerns about people's safety.

The provider had effective safeguarding systems. Concerns raised were referred to the appropriate authorities when required and fully investigated by the provider. Root cause analysis and correct action reports were produced, these were then monitored to ensure actions were completed in a timely manner. The provider had implemented a number of changes following the investigation of a safeguarding concern including additional training for staff around appropriate reporting and recording of incidents and ensuring senior staff were responsible for the completion of pre-admission assessments. The provider gathered accidents and incidents, near misses and safeguarding information. This was collated and analysed monthly and any lessons learnt were cascaded to all of its services.

Identified risks for people were incorporated within their care plans. These described the risks to people but did not always have a clear action to take to ensure the risk posed was mitigated. We noted the service used a generic risk assessment document for people who were unable to use the nurse call system. We discussed the importance of having risk assessments which supported people's individual needs with the manager. The manager advised that they would address the matter. General risk assessments for the environment and premises were in place to ensure people using the service would remain safe.

Systems were in place to ensure that medicines had been ordered, administered and disposed of appropriately. Medicines were securely stored in locked rooms and were transported to people in a locked trolley when they were needed. The provider had an electronic 'E med' system. Only staff deemed competent had access to the system to administer medicines. The service conducted regular audits and any errors were fully investigated. We observed part of a medicines round. People were given the support and time they needed when taking their medicines. The staff member offered people a drink of water and reminded people what each medicine was for.

People we spoke with told us they felt there were enough staff to meet their needs. We did not observe people waiting for support from staff. The manager told us staffing levels were determined by people's needs. Each person's dependency tool was evaluated monthly to ensure the calculation was accurate and current.

The provider continued to have a robust recruitment and selection process in place. Full employment checks were completed prior to applicants commencing work at Archers Park including obtaining references from previous employers and a Disclosure and Barring Service (DBS) check. The DBS checks help

employers make safer recruitment decisions by preventing unsuitable people from working with vulnerable people.

The service had a business continuity plan to ensure people received continued care in the event of an emergency. Each person had a personal emergency evacuation plan (PEEPs) which contained details about their individual needs, should they need to be evacuated in an emergency. Records relating to the maintenance and safety of the building and equipment were up to date and monitored.

Staff had completed infection control training and had access to Personal Protective Equipment (PPE) for use when carrying out personal care. The service was clean and tidy which was maintained by dedicated domestic staff. Regular audits were completed to ensure the standard remained at the appropriate level.

Is the service effective?

Our findings

At our inspection in March 2017 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

Following a recent safeguarding concern, the service had re-evaluated its pre-admission assessment process. All future pre-admission assessments were to be conducted by a manager or a senior care worker and were to be reviewed by the manager on its completion. The provider was also reviewing the content of the pre-admission assessment to ensure it captured all the characteristics as defined in the Equality Act.

Training and development was up to date and monitored by the manager. Staff completed a range of training such as safeguarding, fire safety, infection control and understanding behaviours that may challenge in the care environment. When areas were identified for improvement the service ensured staff revisited training. For example, following a medicines error. Staff we spoke with told us they received regular supervisions and appraisals. Supervision meetings were held bi-monthly with staff receiving six supervisions per year. This enabled staff to discuss how they are performing in their role to discuss or training needs which may have been identified.

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. For people who did not have capacity, mental capacity assessments were completed and when required best interest decisions. The service had systems in place to monitor applications for DoLS to the local authority. Staff we spoke with had an understanding of MCA and we observed staff seeking consent prior to supporting people.

We observed mealtimes during our inspection. A pictorial menu was available to support people living with dementia with photographs of the choices for that day. Staff were attentive to people's needs and people were happy engaging with staff and other people. Guidance from the speech and language therapist (SALT) was readily available as a reminder for staff and had been adapted into people's care records. The cook was knowledgeable about people's dietary needs, likes and dislikes. People were offered refreshments and snacks throughout the day.

We saw evidence in people's care records that the provider ensured people had access to external health professionals when required such as the falls team, SALT, dietitian and General Practitioners (GPs).

The service had been decorated to support people living with dementia and appropriate signage was present to support people to locate toilets and bathrooms. Some people had memory boxes attached to the wall outside their rooms, these contained memorable items to support the person in recognising their room.

Is the service well-led?

Our findings

At our inspection in March 2017 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

The provider continued to utilise its range of quality assurance processes and systems to drive improvement. A programme of audits was in place to monitor and assess the quality of the service. These included the safety and maintenance of the premises, safeguarding, care plans, infection control and accidents and incidents.

The service was responsive when issues were identified. Action plans and solutions were designed and implemented to ensure people continued to receive good quality care and support. Lessons learnt were cascaded to all its services.

The service had an open culture. People using the service, their relatives and staff were encouraged to be involved in the development of the service. Feedback was actively sought via different formats including residents/relative meetings and gathering comments via questionnaires. Team meetings were regularly held as were flash meetings when the manager wanted to get information quickly to staff. This ensured staff had accurate and up to date information about the service and people they were supporting.

The manager had started their application to become a registered manager. Whilst the manager had only been a place a number of months staff we spoke with were complimentary of their work. One staff member said, "The new manager has settled in well." Another staff member told us, "I think they have got stuck in."

The provider had a number of working groups which brought together managers from all the services to discuss and reflect on specific areas. The manager told us they felt supported by the provider. They told us, "I have a structured support network and I know I can just pick up the phone to another manager."

The manager had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities. The service had worked in partnership with a number of agencies, including the local authority commissioning, safeguarding teams and multidisciplinary teams, to ensure people received continued care and support.

People's personal information was held secure in locked offices on each floor. Electronic hand-held devices were password protected and were only accessible by staff members who required the information to perform their role.