

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

At the last inspection the service was rated Good. At this inspection we found the service remained Good.

Alistre lodge is registered to provide personal and nursing care for 43 people. It is situated close to St Anne's town centre. There are a number of communal rooms including lounges, dining rooms and a conservatory.

People who lived at Alistre Lodge told us they felt safe and supported by staff and the management team. Assessments took place to ensure people's needs could be met by the service. Care records included detailed risk assessments, which provided staff with guidance on how risks to people were minimised. Systems were in place to reduce people being at risk of harm and potential abuse. Staff had received up to date safeguarding training and understood the provider's safeguarding adult's procedures. People told us there was enough staff on duty and the staff came quickly to any requests for support.

People were protected by suitable procedures for the recruitment of staff. We saw records which showed the provider had undertaken checks. These checks ensured staff had the required knowledge and skills, and were of good character before they were employed at the service.

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 support this practice.

People received care which was relevant to their needs and effective because they were supported by an established staff team. They had received appropriate training such as moving and handling and had a good understanding of people's needs.

We found the service was pro-active in supporting people to have sufficient nutrition and hydration. People said the quality of the food was good. One person said, "I do enjoy the meals, you will never go hungry". Care plans showed where appropriate the staff had made referrals to health care professionals such as the community nursing team and doctors.

We received consistent positive feedback about the care provided at Alistre Lodge from people who lived at the home and their relatives. We saw, from care records, that staff had discussed people's preferences for end of life care. We found assessments were undertaken by the registered manager and nursing staff prior to any person being accepted into the home.

The registered manager and staff told us they fully involved people and their families in their care planning. People we saw were well presented and staff sought to maintain people's dignity throughout the day.

People were encouraged to raise any concerns or complaints. The service had a complaints procedure. People we spoke with said they felt comfortable raising concerns if they were unhappy about any aspect of

their care.

Alistre Lodge had procedures in place to monitor the quality of the service provided. Regular audits had been completed. There were quality-monitoring systems in place to help drive up improvements in the service. We did find these were mainly looking at quantitative data which was obtained for other stakeholders. This was discussed with the registered manager, upon our second inspection visit alternative audit paperwork had been sourced to be used moving forward. This helped to ensure people were living in a safe environment.

The registered manager kept up to date with current good practice guidelines by attending provider forums at which they shared learning and discussed new developments in care. We found the management team receptive to feedback and keen to improve the service. The registered manager worked with us in a positive manner and provided all the information we requested.

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 remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service remains Good	Good ●

Alistre Lodge Nursing & Care Home

Detailed findings

Background to this inspection

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 visit took place on 06 June 2017 and was unannounced. We completed a second visit 07 June 2017 which was announced.

The inspection team consisted of one adult social care inspector and an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience had background knowledge of caring for the elderly.

We spoke with a range of people about Alistre Lodge. They included six people who lived at the home, two relatives, the registered manager and seven staff members. Prior to our inspection visit we contacted the commissioning department at Lancashire county council. In addition we contacted Healthwatch Lancashire. Healthwatch Lancashire is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service.

We looked at care records of four people, staff training records, medication documentation and records relating to the management of the home. We looked at recruitment procedures and checked staffing levels. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

People who lived at Alistre Lodge told us they felt safe and supported by staff and the registered manager. For example some comments included, "I do feel safe". And, "It is the staff here that make me feel very safe".

One relative told us, "The staff go to great lengths to keep the residents safe. They have locks on all the doors and they hold regular fire drills. I feel confident that this home is safer than my house!"

People were protected by suitable procedures for the recruitment of staff. The provider had undertaken checks to ensure staff had the required knowledge and skills, and were of good character before they were employed at the service. The checks included written references from previous employers. Checks on new care workers had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

Systems were in place to reduce people being at risk of harm and potential abuse. Staff had received up to date safeguarding training and understood the provider's safeguarding adult's procedures. They were aware of their responsibilities to ensure people were protected from abuse. Staff members we spoke with demonstrated they knew about the procedures they should follow if they were concerned people may be at risk.

People told us there was enough staff on duty and staff came quickly to any requests for support. Comments included, "Yes there is enough staff but it can get busy at certain times of the day". And, "Staff are quick to come when I need help, occasionally they are very busy". We viewed a selection of staff rotas which showed staffing levels to be adequate to meet the needs of the service. Agency staff were occasionally being used to cover but the same ones were requested for continuity and people confirmed this to us.

Care records included detailed risk assessments, which provided staff with guidance on how risks to people were minimised. This included risks specific to each individual according to their daily activities and support needs. For example, we saw in one person's file a detailed behaviour management plan with very clear guidance on how to safely support the person whilst encouraging independence. Staff told us they had access to this information in people's care records and ensured they used them.

We looked at medicine administration records of people who lived at Alistre Lodge. Records showed medicines had been signed for. We checked this against individual medicines packs which confirmed all administered medicines could be accounted for. This meant people had received their medicines as prescribed and at the right time. Nursing staff were responsible for the administration of medicines.

We looked around the home and found it was clean, tidy and maintained. One relative told us, "All the rooms are regularly cleaned with cleaning records on display". The management team employed designated staff for the cleaning of the premises. Infection control audits were in place and the management team made regular checks to ensure cleaning schedules were completed. We observed staff

making appropriate use of personal protective clothing such as disposable gloves and aprons.

Is the service effective?

Our findings

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We discussed the principles of the MCA with the registered manager who was able to demonstrate a good understanding of the process and the associated DoLS. We found that action had been taken by the service to assess people's capacity to make decisions. We found written records to show considerations had been made to assess and plan for people's needs in relation to mental capacity.

People received care which was relevant to their needs and effective because they were supported by an established staff team. The people we spoke with said staff were extremely knowledgeable about all their needs.

Staff had received appropriate training such as fire safety training and first aid and had a good understanding of people's needs. We observed staff putting their training into practice while delivering care to people. For example, during our inspection visit we were able to observe first-hand the procedure for fire safety as the alarm was activated and staff were seen to follow the fire safety procedure.

We checked the full training records of four staff and viewed the training matrix for the service. Training subjects included areas which affected the wellbeing of people, such as safeguarding. Staff told us they received adequate training in order to care for people effectively. For example a staff member said, "There is lots of training, I get support with this and any extra time if I need it".

We found the service was pro-active in supporting people to have sufficient nutrition and hydration. We observed people were encouraged to take fluids. People had been assessed on an individual basis and care plans showed associated risk, action plans and people's preferences.

We observed lunch being served, people ate in a relaxed manner and they appeared to enjoy their meals. People had a choice of what they wanted to eat and staff were aware of people's needs in this area. People told us, "The meals are quite decent and a reasonable choice". And, "I can always have something different, if I do not like what is on the menu".

People had access to external healthcare professionals in order to maintain their wellbeing. We looked at records, which detailed visits and appointments people had with outside health agencies. We saw that people received the appointments they needed. People were registered with local GPs and received visits from them when they needed them. People who lived at the home told us they were supported to see a doctor if they needed one. Comments included, "There is always a doctor if I need one". And, "If you feel ill, the doctor is here straight away".

We looked at the premises and found it was appropriate for the care and support provided. There was a stair

lift which serviced the building and all rooms could be accessed by wheelchair users.

Is the service caring?

Our findings

We received consistent positive feedback about care provided at Alistre Lodge from people who lived at the home and their relatives. People we spoke with told us, "The staff are always very friendly and you feel they care about what they are doing", "The staff are friends, I am well looked after". And, "The staff are very tender and caring; they spend time doing the little things to make people feel much more comfortable".

The registered manager and staff told us they fully involved people and their families in their care planning. People's beliefs, likes and wishes were explored within care records and guidance in these records reflected what staff and people told us about their preferences. Each record contained a comprehensive history of each person.

We observed staff as they went about their duties and provided care and support during this inspection visit. We observed staff speaking with people who lived at the home in a respectful and dignified manner. For example, we observed staff members speaking to people at their level so they had good eye contact. Staff appeared to understand the needs of people they supported and it was apparent trusting relationships had been created.

Staff respected people's dignity and privacy. We saw staff were mindful about the security of people's records. People's care records were stored in a staffed office and kept secure when they were not being used. We saw staff respecting people's privacy by knocking on people's doors and awaiting a response before entering. People we saw were well presented and staff sought to maintain people's dignity throughout the day.

People we spoke with told us they were offered a variety of choices, which promoted independence, such as what they wanted to do and where they would like to sit. People had their own bedrooms and had been encouraged to bring in their own items to personalise them. We saw people had bought in their own ornaments and rooms were personalised with pictures and paintings.

We saw, from care records, that staff had discussed people's preferences for end of life care. This meant that the provider would know what the person's preferences were and to respect these on death. At the time of our visit, no one living at the service was receiving palliative or end of life care.

There was information available for people about how to access local advocacy services, should they so wish. Advocates are independent people who provide support for those who may require some assistance to express their views. Signposting people towards advocacy services helped to ensure people's rights to make decisions about their care and support were promoted.

Is the service responsive?

Our findings

We saw care records were written in a person centred way. Staff took note of the records and also provided care that was person centred. For example, we observed a staff member supporting somebody to walk into the dining room. They were gentle with the person and used good communication. Care records were regularly reviewed. This meant people received personalised care, which met their changing needs.

People and their relatives told us staff communicated with them regularly to ensure they were aware of any matters affecting people's care. One person told us, "I have no problems with my care they keep me up to date". People we spoke with told us their individual needs were catered for. One person told us, "My care seems to come naturally".

We found assessments were undertaken by the registered manager and nursing staff prior to any person being accepted into the home. Assessments took place to ensure people's needs could be met by the service. People's initial assessments had been used as a basis on which to formulate a care plan. Individuals and or their relevant family members had been consulted during the assessment process.

Documentation was shared with other professional's about people's needs on a need to know basis. For example, when a person visited the hospital. This meant other health professionals had information about individuals care needs before the right care or treatment was provided for them. This was observed during the inspection visit, one person had fallen from a chair and the ambulance was called. The nurse gave the ambulance crew the relevant documents to ensure continuity of care for the person.

People were encouraged to raise any concerns or complaints. The service had a complaints procedure. People we spoke with said they felt comfortable raising concerns if they were unhappy about any aspect of their care. Comments included, "I feel confident conversing with the staff". And, "I can talk to all the staff. I can even talk to the owner if there is a problem".

A system for recording and managing complaints concerns was in place. We saw evidence of complaints being raised. Information was available to demonstrate how those complaints had been reviewed, investigated and responded to.

Is the service well-led?

Our findings

Alistre Lodge had a registered manager in place. 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.

People who lived at the home and relatives told us the home was well led. Comments included, "I can talk to the manager at any time and she has very high standards". And, "The manager is very good; she would definitely listen to you". Staff we spoke with told us, "The manager is very approachable and competent". And, "There is good support from the manager she has time for the staff".

Alistre Lodge had procedures in place to monitor the quality of the service provided. Regular audits had been completed. There were quality-monitoring systems in place to help drive up improvements in the service. We did find these were mainly looking at quantitative data that was obtained for other stakeholders. This was discussed with the registered manager, upon our second inspection visit alternative audit paperwork had been sourced to be used moving forward. This helped to ensure people were living in a safe environment.

During our inspection visit, we saw updates were completed on each change of shift and any appointments required were added to the diary. This helped to ensure any change in a person's condition and subsequent alterations to their care plan was effectively communicated. In addition staff were clear about any follow up action required.

We found minutes of staff meetings were retained. Staff confirmed they had meetings, so they could get together and discuss any relevant topics in an open forum.

We viewed evidence which demonstrated views of stakeholders, including people who lived at the home, staff and visiting professionals, had been sought. This information had been acted on for the purposes of continually evaluating and improving the service.

On our arrival at Alistre Lodge, we noted the last inspection rating of 'Good' was clearly displayed in the reception area of the home and also in the manager's office. This is a statutory requirement for all registered providers.

The registered manager kept up to date with current good practice guidelines by attending managers meetings at which they shared learning and discussed new developments in care.

We found the management team receptive to feedback and keen to improve the service. They worked with us in a positive manner and provided all information we requested.