

Tudor Bank Limited

Alt Park Nursing Home

Inspection report

Parkstile Lane
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Alt Park Nursing Home is a residential care home providing personal and nursing care for up to 35 people aged 65 and over. At the time of the inspection there were 33 people living at the home.

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

The provider had improved some of their approach to governance. Audits of care plans we viewed identified concerns, however, there were no follow up audits completed to check actions had been completed.

Therefore, we could not demonstrate a consistent approach to oversight and governance. Medication audits did not identify the concerns we found during our inspection. People were at risk of receiving care that did not meet their needs. Some records were either incomplete, inaccurate, or lacked detail to provide staff with guidance on how to support people appropriately. Records relating to complaints and incident and accidents required further development. There were no records of mattress checks on day 1 of our inspection, which we fed back to the provider, when we returned for day 2, these had been implemented.

Despite some improvements made since the last inspection people remained at risk of avoidable harm because some risk assessments lacked detail and also contained some conflicting and confusing information. We fed back some of our concerns after day 1 of our inspection, and the provider took action to ensure people were safe.

The provider had not addressed all of the issues from the last inspection, we found the systems in place to manage people's medicines were unsafe which placed them at risk of harm.

People told us they felt safe and well cared for at Alt Park, one comment included, "I have no doubt that my [family member] is safe here at Alt Park." Staff we spoke with said the home had improved and they liked the manager. Comments included, "The manager is open and transparent."

Everyone we spoke with commented on the kind and caring nature of the staff. Comments included, "The care is excellent; the staff are like Angels."

The environment had improved and the home was clean, tidy and in a good state of repair. A maintenance person had been employed and was working through a home improvement plan.

People were supported to have maximum choice and control of their lives and staff did support them in the least restrictive way possible and in their best interests; the policies and systems in the service did support this practice.

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

The last rating for this service was Inadequate, report published 26/6/23

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider had made some improvements, however, remained in breach of regulations in relation to safe care and treatment and governance.

This service has been in Special Measures since 26/6/23. During this inspection the provider demonstrated improvements that have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

When we last inspected Alt Park in March 2023 breaches of legal requirements were found. This inspection was undertaken to check whether they were now meeting the legal requirements.

Enforcement

We have identified breaches in relation to safe care and treatment, governance and records.

Please see the action we have told the provider to take at the end of this report.

Follow Up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement 

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement 

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement 

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

Alt Park Nursing 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by 2 inspectors, and a medicines inspector on day 1, and 2 inspectors and an Expert by Experience (EXE) on day 2 of our inspection. An EXE is a person who has experience of caring for someone in this type of setting.

Service and service type

Alt Park Nursing Home is a 'care home'. People in care services receive accommodation and nursing or personal care as single package under one contractual agreement dependent on their registration with us. Alt Park is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. However, there was a home manager who was in the process of submitting their forms to register with CQC.

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. We sought feedback from the local authority and professionals who worked with the service. We used all of this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We looked around the premises, observed the interactions between people living at the home, care delivery and activities provided for people.

We spoke with 4 people who used the service and 3 relatives about their experience of the care provided. We spoke with 7 members of staff including the home manager, deputy manager, operations manager, clinical support nurse, senior care workers, maintenance person and care workers.

We looked at a range of documentation during the inspection. This included care records for 6 people and medication records. Safer recruitment checks were completed for 3 staff members. Health and safety records including accident and incidents, safeguarding records were also reviewed. Along with audits relating to quality checks undertaken by staff and managers.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Inadequate. At this inspection the rating has changed to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management Learning lessons when things go wrong;

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had not made enough improvements and the provider remained in breach of the regulation.

At this inspection risk assessments required further improvement to keep people safe and the provider did not always learn when things went wrong.

- Some risk assessments had been re-written and had improved with regards to mitigation and clinical information, however, we saw for some people this required further improvement. For example, one person, had a complex medical condition which could be potentially life threatening.
- There was conflicting information recorded in the persons care files as to what this condition was and how the staff were to support them, therefore, we were not assured the staff would understand what action to take, placing this person at risk of harm of unsafe care.

We asked the provider to address this immediately as we could not be sure this person's condition would be safely managed. Before we left the inspection, we checked the risk assessment for this person had been updated and shared with staff.

- Another person was not wearing their dentures because they did not fit, their risk assessment for choking had not taken into account they did not have any teeth. There were no actions documented on how to keep the person safe until new teeth could be sourced. Therefore, the person's risk around choking was not being managed.
- There was an incident and accident analysis in place, however, it had not always highlighted incidents of unexplained marks on people, therefore, required further development. There was no specific breakdown of when injuries had occurred and what had been put in place to learn from this.

There was no evidence anyone had been harmed, however this remained a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People we spoke with and their relatives all said they felt safe at the home. One person said, "I feel safe here all the time, I had a bad experience when I lived in my own flat, but I have no worries here." Another

person told us, "I feel safe here because there are always staff about to help me. I see the same familiar faces; they are my friends."

- There were checks in place on the environment and health and safety equipment.

Using medicines safely

At our last inspection the provider was in breach of regulation 12 (2)(g) in of the Health and Social Care Act 2008 Regulated Activities (Regulations) 2014. This was because people's medicines were not being managed safely or robustly which put people at risk of harm.

At this inspection people were not always supported safely with their medicines.

- The remaining quantities of medicines did not always reconcile with the records of medicines given therefore, we were not assured people had their medicines as prescribed.
- Information plans to support staff to safely administer 'when required' medicines were not always available to guide staff to know when people needed their medicine. Therefore, there was a risk people might not get their medicines when they needed them.
- Medicines were not always safely administered at the correct times because the manufacturer's instructions were not followed, for example medicines were not always given before food when they should have been. Therefore, the efficacy of the medicine might be affected.
- We found when one person was prescribed a medicine to control or restrain their behaviour, the reason for the medicine being given was not always documented, therefore, we were not assured this person's behaviour was not being controlled excessively or inappropriately.
- We found some of the concerns from the last inspection had not been actioned. The provider's policies did not always reflect best practice guidance and staff were not always following the policies.

There was no evidence anyone had been harmed, however this demonstrates a continued breach of Regulation 12 (2) (g) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Preventing and controlling infection

At our last inspection the provider was in breach of Regulation 12 (2) (h). This was because systems were not in place or were ineffective in protecting people from the risk of infection through an unclean environment and unsafe staff practices. This had improved following this inspection and the provider was no longer in breach of this part of the regulation.

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- Staff had completed infection control training and most areas of the home had been repaired and redecorated.

Staffing and recruitment

At our last inspection the provider was in breach of Regulation 17 (2) (d) of the Health and Social Care Act 2008 Regulated Activities (regulations) 2014 in relation to records of staff employed and deployed across the home. We found during this inspection this had improved and the provider was no longer in breach of this part of the regulation.

- The provider ensured there were sufficient numbers of suitable staff.
- We did see however, on some occasions there was only 1 nurse on duty, which did not match what the provider told us was their current staffing numbers.
- Relatives told us there was enough staff. One Relative said, "I have no doubt that my [family member] is safe here at Alt Park. Staffing was an issue but its improved drastically in the past 6 months."
- The provider operated safe recruitment processes; however, we did see an uncompleted induction for a staff member who was working in the home, we raised this with the provider at the time of our inspection. The provider addressed this at the time of our inspection.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

At our last inspection the provider was in breach of Regulation 13 of the Health and Social Care Act 2008 Regulated Activities (Regulations) 2014. This was because people were not adequately protected from the risk of abuse and the provider failed to ensure appropriate systems were followed. We found during this inspection the provider had made improvements and was no longer in breach of regulation.

- People were safeguarded from abuse and avoidable harm.
- Staff had undergone safeguarding training.
- We did, however, see an incident which should have been reported to safeguarding and CQC. We raised this with the provider and they agreed to do this straight away.

Visiting in Care Homes

- People were safely having visits at the home.

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 our last inspection we rated this key question Inadequate. At this inspection the rating has changed to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. In order to rate this domain good, we need to see improvements are sustained over a longer period of time.

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

At our last inspection staff did not have access to robust care plans which were needed to support people effectively. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had made enough improvements and the service was no longer in breach of regulation.

- People's needs were assessed and care and support was delivered in line with current standards to achieve effective outcomes.
- People had initial assessments in place which took account of their medical needs and preferences.
- People told us staff knew them well and understood what support they required.

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 MCA 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

At our last inspection the provider was in breach of Regulation 11 of the Health and Social Care Act 2008 Regulated Activities (Regulation 2014) this was because effective systems were not in place to ensure people's rights were maintained under the Mental Capacity Act. During the inspection the provider had made improvements and was no longer in breach of regulation.

- The provider was working in line with the Mental Capacity Act.
- People had capacity assessments in place where needed for things such as bedrails and consent for living at the home.
- Staff understood the principles of the MCA and had attended training.

- People told us staff always asked for consent before providing care.

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

At our last inspection the provider was in breach of Regulation 15 of the Health and Social Care Act 2008 Regulated Activities (Regulations) 2014. This was because systems to ensure the environment was safe was inadequate. We found during this inspection improvements had been made and the provider was no longer in breach of regulation.

- People's individual needs were met by the adaption, design and decoration of the premises.
- Communal lounges had been re-decorated, and there was a plan in place to re-decorate people's bedrooms.
- There was a maintenance person employed who had spent time tidying outdoor spaces and removing broken items of furniture.

Staff support: induction, training, skills and experience

- Other than the issues we observed with regards to medication, the service made sure staff had the skills, knowledge and experience to deliver effective care and support.
- Staff said they felt the training was good and they were encouraged to develop in their roles. Supervision and appraisal took place.
- All staff completed a 3 day induction process. One relative said, "My family member uses a stand aid, there are always 2 staff assisting them and encouraging them to do as much as they can themselves."

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

- People were supported to eat and drink enough to maintain a balanced diet.
- There was varied choices available for people at mealtimes and special and modified diets were catered for.
- People told us they liked the food. One person said, "The meals are very good, plenty of choice."

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

- The provider ensured staff worked effectively within and across organisations to deliver effective care, support and treatment. People were supported to live healthier lives, access healthcare services and support.
- People had access different multi-disciplinary teams. Professional notes were recorded in people's care plans.
- One person told us, "If I am not well the carers will call the doctor for me. I am also waiting for a new set of false teeth." Relatives told us the staff would contact the doctor if they felt the person was unwell.

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 our last inspection we rated this key question Inadequate. At this inspection the rating has changed to Requires Improvement. This meant people were not always well-supported, cared for or treated with dignity and respect. In order to rate this domain good, we need to see improvements are sustained over a longer period of time.

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

At our last inspection the provider had failed to ensure there were appropriate systems to protect people's dignity and respect. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had made enough improvements and was no longer in breach of this part of the regulation.

- People were well supported.
- We observed staff knocking on people's doors, speaking to them with respect and compassion. We observed locks to bathrooms and door handles were now in good working order.
- One person told us, "Staff are unbelievable, they are so kind and caring to everyone. They let me please myself when I get up and go to bed."

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

- People were supported to express their views and make decisions about their care.
- Care plans evidenced people had been consulted with, or where appropriate their family member had been consulted with over their care and support.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- We observed staff caring for people in a respectful and dignified way. People who had 1 to 1 care in place new the staff member who was supporting them and looked relaxed and happy with them.
- Everyone we spoke with spoke positively about the caring nature of the staff. Comments included, "The care is excellent; the staff are like angels. They are kind, compassionate and they are genuine." Also, "Care is second to none. They are all excellent, they are so kind and generous."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Inadequate. At this inspection the rating has changed to Requires Improvement. This meant people's needs were not always met.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had not made enough improvements and the service remained in breach of the regulation.

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

- Despite there being some improvements to care plans on the whole since our last inspection, people were not always supported as individuals, or in line with their needs and preferences.
- Some care plans lacked information around people's specific health diagnosis.
- Where people required repositioning or their clinical observations taken, there was no guidance for how often this should be done, some people had their observations recorded monthly, some not at all. One person's care plan stated their observations should be taken regularly. However, there was nothing recorded for them. Repositioning records were not always completed for some people as directed in their care plans.

There was no evidence anyone had been harmed, however this remained a breach of Regulation 17 of the Health and Social Care Act 2008 Regulated Activities (Regulations) 2014.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was meeting the Accessible Information.
- People's communication needs were understood and supported.

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 supported to maintain relationships, follow their interests and take part in activities that were relevant to them.
- There was an activities coordinator in post who was spending time with people playing games and chatting to them.
- People were asked as part of gathering feedback what activities they would like to take part in.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened to, responded to, and used to improve the quality of care, however, there was no process in place to track complaints.
- This meant we could not always see what stage the complaint was up to or that the quality of care had improved. However people did tell us they knew how to complain. what actions had been taken

End of life care and support

People were supported at the end of their life to have a comfortable, dignified and pain free death.

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 our last inspection we rated this key question Inadequate. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider had failed to assess and monitor the service for quality and safety. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had not made enough improvements and the service remained in breach of the regulation.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Despite the provider having a fully supported management structure, the provider's system did not always effectively monitor the quality of care provided to drive improvements. The provider had not consistently created a learning culture at the service which meant people's care did not always improve.
- Some robust audits had been completed by the quality team, and did identify areas of concern and improvement, however, there was not enough audits being completed to demonstrate good oversight of the service.
- For example, some care plans we viewed contained some inconsistent information and lacked details regarding people's management and mitigation of risk. This had not been highlighted by any audit.
- Medication audits had not highlighted or addressed some of the concerns we found with regard to medicines. This included 1 person being given extra medication as PRN and a reason for this not always being recorded, which meant the person was routinely being given too much medication.
- Accident and incident analysis was not robust in identifying any patterns or trends, and the information was not scrutinised. For example, an unexplained injury was missed of the September 2023 analysis. Also, a grade 2 pressure sore was referred to in 2 peoples care plans as grade 3, this error was not highlighted using the current analysis.
- Oversight of complaints and records relating to complaints were not robust. While we acknowledge complaints had been responded to, it was difficult to track the responses through and see what stage they were up to due to a lack of recording.
- On day 1 of our inspection mattress checks were not in place, and we observed 1 person's air flow mattress was switched off. We fed this back to the provider on day 1 and when we returned for day 2, these had been put into place.

There was no evidence anyone had been harmed, however, these examples demonstrate a continued breach of Regulation 17 of the Health and Social Care Act 2008 Regulated Activities (Regulations) 2014

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people

- There was a positive and open culture at the service. The provider did not always have systems to provide person-centred care that achieved good outcomes for people due to care plans not being up to date and accurate.
- All of the staff we spoke with said they felt the home had improved in the last few weeks and were complimentary regarding the new manager and said the culture of the home was relaxed and friendly. A staff member told us, "Things here are a lot better. Everything has fallen into place. The manager is more approachable and there is a good staff culture now."

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 provider understood their responsibilities under the duty of candour. However, we did highlight a concern which had not been reported. The manager rectified this immediately.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.
- Staff told us they liked working at the home. Comments from staff included, "We have regular team meetings, the manager is open and transparent", also, "The manager gets things done now and is proactive not like before when you got told it would get done and it never did."
- Team meetings took place with staff.

Working in partnership with others

- The provider worked in partnership with others.
- Professional notes highlighted that regular external professional visited the home often.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Risks to people's health and safety were not always being assessed and mitigated. Medication was not always being managed safely.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Governance systems were not always being completed effectively to ensure adequate oversight. Records were not always up to date and completed.