Anchor Carehomes Limited

Park Hall

Inspection report

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12 July 2016

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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

We inspected Park Hall on 12 July 2016. Park Hall provides personal care for up to 60 people. There were 57 people living at the service at the time of our inspection.

The service is required to have a registered manager in post. 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. There was a registered manager in post at the time of inspection.

People felt safe and staff knew how to protect people from avoidable harm and abuse. People's risks were assessed and managed to help keep them safe and we saw that care was delivered in line with agreed plans.

There was sufficient staff to meet people's needs. We saw that people's needs were responded to promptly and staff had undergone pre-employment checks to ensure they were suitable to work with the people who used the service.

People's medicines were stored, administered and managed safely.

Staff understood how to support people to make decisions and when they were unable to do this, support was provided in line with current legislation and guidance.
People knew how to complain and staff knew how to respond to complaints. A complaints procedure was in place, and people and their relatives were encouraged to give feedback on the care provided.

People had enough food and drink to maintain a healthy diet. People had choices about their food and drinks and were provided with support when required to ensure their nutritional needs were met.

People's health was monitored and access to healthcare professionals was arranged promptly when required.

Staff were suitably trained to meet people's needs and were supported and supervised in order to deliver care to people effectively.

People were treated with kindness and compassion and they were happy with the care they received.

We saw that systems were in place to monitor quality and that the registered manager analysed information and took actions to make improvements when required.

There was a positive atmosphere within 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 was safe.

Medicines were managed and administered safely. Staff knew how to protect people from avoidable harm and abuse and people's risks were assessed and monitored. There were enough staff to meet people's needs

Is the service effective?

Good

The service was effective.

People were supported to make choices and asked for consent. People had access to food and drink to maintain a healthy diet. Prompt access to healthcare was arranged when needed. The principles of the MCA and DoLS were followed to ensure that people's consent was sought before support was given.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion and were encouraged to make choices about their care and treatment. People's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

People received personalised care to meet their individual needs from staff that knew them well. People had access to activities that they were interested in.
People knew how to complain, and staff were aware of how to deal with complaints or concerns.

Is the service well-led?

Good

The service is well-led

People, relatives and staff felt supported by the registered manager and people and relatives were encouraged to give feedback about the care.

Quality assurance systems were in place and were effective to drive continuous improvement.	

Park Hall

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 was 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 12 July 2016 and was unannounced.

The inspection was carried out by two inspectors.

We looked at information we held about the service including notifications about serious incidents the provider is required to send us by law. We reviewed the information we received from other agencies that had an interest in the service, such as the local authority and commissioners.

We spoke with seven people who used the service; who were able to tell us about their experiences with the service. We spoke with three relatives, two members of care staff, the deputy manager, and the registered manager. We looked at eight people's care records, medicine administration records (MARS), five staff member files and the systems that the provider had in place to monitor the quality of the service.

Good

Is the service safe?

Our findings

People told us that they felt safe. One person told us: "Yes, I feel safe here, the staff help me when I'm confused and there's always someone around when I need them". A visiting relative told us, "I think it is safe here, there's always staff around that know your relative well, that can look after them".
Staff we spoke with told us how they would recognise and report abuse. One staff member told us, "We have training in how to recognise different types of abuse, and if I did see anything that I was worried about I would go straight to the manager or to the safeguarding team". The deputy manager demonstrated knowledge of the local authority safeguarding adults procedures and we saw that where incidents had occurred, safeguarding referrals had been made and changes had been implemented to prevent a reoccurrence of further incidents.

We saw that individual assessments were completed for each person when a risk was identified and plans put in place to minimise these risks. For example, we saw a person was identified as being at risk of falls and we found there was a risk assessment in place stating the equipment the person needed to help staff support them safely. We saw staff encouraged people to use their walking frames to help keep them safe. There were also fall prevention plans in place to help further reduce the risk to people by identifying any reasons why people fell such as, possible infections or types of footwear worn. Staff told us how they supported people using information from care plans and their knowledge of that person, for example we saw staff prompting one person to eat and they explained the person would sometimes not eat enough and would put them at risk of losing weight or increase the chances of developing a pressure area.

People told us that staff had time to spend with them, one person told us, "The staff always have time for you; one of them even fills up my birdfeeder for me". We saw there were enough staff to keep people safe and people received support in a timely manner. The deputy manager told us they determined how many staffing hours were required by completing a review of people's needs and the amount of support they required and . Staff told us that the levels of staff were sufficient for them to provide care and support to people in a safe and effective way. We saw that staff were allocated to different lounge areas within the service, but were seen moving to different parts of the service to assist people when required. This ensured that staff were readily available to provide help and support when people needed it.

The provider followed safe recruitment practices. Staff files included application forms, records of interview and appropriate references. Records we viewed showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure staff were suitable to work with vulnerable adults. Records seen confirmed that staff members were entitled to work in the UK.

We found that systems were in place to ensure peoples medicines were managed and administered safely and we saw that these were effective. Medicines were stored safely in a locked trolley in a locked treatment room, and all care staff were trained to administer medicines. We saw that staff administered medication in a safe and person centred way allowing each person time to take their medicine before moving onto the next person. We saw body maps were used to advise staff where to apply creams and patches that needed to be applied to the skin, and systems were in place to record when people had refused their medicines. For

people who had 'as required' medication prescribed there was a description of what the medicines were for and how the person might show they need them. A medication compliance handover system was in place that was used to record any reason why medicines were not given at the specified time for example, if the resident was asleep. This was used to ensure the next dose of medicine was administered with the correct amount of time in between doses.

Good

Is the service effective?

Our findings

People and their relatives spoke positively about staff and told us they were skilled to meet their needs, one relative said, "The staff here are really efficient, they always seem to be on top of things and know what they're doing and always keep us up to date with how [relative] is". Staff told us, and we saw records that confirmed they had completed training which included safeguarding, moving & handling, dementia and behaviour that challenged. One staff member said, "We can ask for training and we get it, and we have refresher sessions every year as well to make sure we are still doing things properly". Staff were able to demonstrate how training had helped them to improve how they supported people. They told us they had received dementia awareness training and this provided them with a better understanding of the support people who lived with dementia needed. We saw that staff were patient and kind when interacting and providing care to people who were living with dementia. Staff told us they were supported to carry out their role by the managers and senior care staff. A staff member told us, "We get regular supervision, and can talk about any training we might need and any issues we have. We also get feedback about our work and from any spot checks that have been carried out while we are working".

People told us they enjoyed the food at the service. One person said, "The food is lovely, you can have what you want, there's always a choice." We saw that people were offered a choice of food and where they would like to eat. For example, we saw that one person was eating their breakfast in the corridor and they told us this was where they liked to eat. And another person was eating their lunch in their room and they told us, "I like to eat by myself, there's nothing wrong with being in there (dining room) I just prefer to eat here". We saw a 'snack station' with biscuits, crisps and fruit was available in place in one of the lounges for people to access when they wanted. We saw that some people's food and drink intake was monitored where there were concerns about their nutrition and they were at risk of weight loss. These records were reviewed by the registered manager to identify if people needed to be referred to another health professional for advice, or needed a review with their GP. People's weights were regularly monitored to ensure that any changes in weight could be identified and acted on. This showed that risks in relation to people's eating and drinking were identified to ensure people maintained a healthy weight.

We saw that people consented to their care where they were able to. For example, at breakfast time we heard staff ask a person "where would you like to sit, would you like hot or cold milk on your Weetabix" and we saw that staff acted upon the persons requests. People told us and we saw that they were asked for consent before support was offered. For example, at lunchtime we heard a staff member ask a person, "Shall I help you with your dinner, is it alright if I cut it up for you? It will be more manageable then" and we saw that staff were patient when waiting for a response from the person. This meant that people were supported to make decisions about the way they received their care.

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. The registered manager confirmed and we saw from records that when needed an assessment of

people's
mental capacity to make informed choices and decisions had been completed, and included where relatives had been consulted in this process. The registered manager stated that work is ongoing on the new care files and has requested additional training for staff to assist them with recording of capacity decisions. We saw that some people had representatives appointed to make decisions on their behalf under the MCA with arrangements called a Lasting Power of Attorney (LPA) authorisation. This nominated representative was able to make specific decisions on the person's behalf when the person no longer had the capacity to make informed decisions. The deputy manager was able to provide copies of the LPA authorisation and details about these decisions were recorded in peoples care records. This meant the provider ensured people were being supported to make decisions in line with the MCA.

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). We saw that DoLS referrals had been sent to the local authority, and both the deputy manager and registered manager were able to tell us the reasons why people were being deprived of their liberty. Staff told us they knew how to support people in line with their DoLS, for example by redirecting people, or by accompanying people if they were attempting to leave the building.

People were supported to maintain good health and had access to healthcare professionals when they needed them. We saw details in care files of appointments that had been made with various health professionals. We saw that people were seen by their GP and a district nurse on the day of inspection.

Staff told us they were supported to carry out their role by the managers and senior care staff. A staff member told us, "We get regular supervision, and can talk about any training we might need and any issues we have. We also get feedback about our work and from any spot checks that have been carried out while we are working".

We saw that people consented to their care where they were able to. For example, at breakfast time we heard staff ask a person "where would you like to sit, would you like hot or cold milk on your Weetabix". The person responded and the staff member replied to this, "Of course you can have warm milk sweetie, no problem at all". People told us and we saw that they were asked for consent before support was offered. For example, at lunchtime we heard a staff member ask a person, "Shall I help you with your dinner, is it alright if I cut it up for you? It will be more manageable then". This meant that people were supported to make decisions about the way they received their care .

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Good

Is the service caring?

Our findings

People told us that staff were kind and caring. One person said, "I love it here, the staff are lovely with me, even when I've not been nice with them sometimes", and, "The staff are really helpful and friendly". We saw staff were kind and patient with people and offered reassurance and support when they needed it. For example; we saw one person looked anxious and was walking around, a staff member quickly recognised this meant that the person had lost something and took time to talk with the person and to assist them to find the item they had lost.

Throughout the inspection we saw that the people who used the service and staff got on well together. We heard people and staff laughing and joking and the atmosphere within the service was friendly. We saw that staff took time to talk with people, listen to them and it was apparent that staff knew people well. Relatives told us that staff knew their relatives well, one relative told us, "The staff always let me know if my relative is not well, or not quite themselves as they know them enough to be able to tell", and, "The staff are lovely and always very helpful".

People told us they were given choices and these were respected. One person said, "I can get up when I like, and choose what I want to eat". We observed staff asking people, "Where would you like to sit". And "Would you like some more tea, or do you want something else to drink" We saw one person chose not to take their medicine when offered and this was respected, and saw another staff member offer the medicine later. We saw staff consulted people prior to any support being offered and waited for a reply before continuing.

We saw staff communicate with people who needed support to express their wishes. For example, one person could not verbally communicate, but during lunchtime the staff member was picking up on signs that they had either had enough food or wanted more. The staff member offered a choice by putting items on the fork to show the person their options instead of verbally asking them.

People and their relatives told us that staff respected their privacy and dignity. One person told us, "The staff always knock my door, and ask if it's ok to come in". Another person told us that they had their own key to their bedroom and this enabled them to have privacy. We saw that people were discreetly told when health professionals had arrived on site and asked if they would prefer to have their appointment in their bedrooms. We saw that people's bedroom doors were closed when they were being supported with personal care. We saw that two people were sitting together chatting and a staff member wanted to ask one of them something, but realised that it was not an appropriate time and said, "It doesn't matter, I'll come back later when you're not busy". We saw one person displaying behaviours that could challenge, and a staff member quickly recognised that this meant that the person needed to use the bathroom and discreetly asked them if they needed to use the toilet and assisted them to do this. A relative said, "Our [Relative] always looks clean and smart, and I've seen how staff support them, very kind and caring".

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looks clean and smart, and I've seen how staff support them, very kind and caring". We saw that people were discreetly told when health professionals had arrived on site and asked if they would prefer to have their appointment in their bedrooms, and we saw that people's bedroom doors were closed when they were being supported with personal care. We saw that two people were sitting together chatting and a staff member wanted to ask one of them something, but realised that it was not an appropriate time and said, "It doesn't matter, I'll come back later when you're not busy". We saw one person displaying behaviours that could challenge, and a staff member quickly recognised that this meant that the person needed to use the bathroom and discreetly asked them if they needed to use the toilet and assisted them to do this. We saw that people were discreetly told when health professionals had arrived on site and asked if they would prefer to have their appointment in their bedrooms to maintain privacy.

Good

Is the service responsive?

Our findings

People told us they were offered the opportunity to take part in activities that interested them. One person said, "There's always lots' going on, there's never any time to get bored". Another person told us "We go to the pub for lunch, and go shopping". We saw people singing along to a DVD, playing a game of skittles and playing snakes and ladders during the inspection.

The registered manager told us they arranged a day trip monthly for people who used the service to access if they wanted to. People told us and we saw in meeting minutes that different places to visit for day trips had been discussed and we saw pictures taken at these locations on notice boards around the service. People had also requested a movie night and this now took place monthly and people are offered popcorn to enjoy whilst watching a movie. We saw that people chose to spend time in the communal lounges and in the themed areas around the service or in the atrium. We saw people playing snakes and ladders, skittles and looking through reminiscence boxes during the inspection.

People told us and we saw they received personalised care to meet their needs and could spend their time how they chose. One person said, "I like to stay here in my room mostly as I've always got my head in a book and don't really like television". We observed that people got up when they chose and breakfast time was flexible to enable them to do this. Staff knew people well and chatted to them about their interests and backgrounds. We heard one staff member talking to a person who had dementia, about where they used to work, and was asking specific questions about this. The person then chatted happily about their job and the area they used to live in. This showed that care was personalised as staff knew people as individuals.

People's care plans contained information and guidance about all aspects of people's health and personal care needs, which helped staff to meet people's needs. They included guidance about people's daily routines, communication, choices they could make for themselves and life histories. Regular reviews of care plans were completed and changes were made as required to ensure people received care that met their needs and preferences. Relatives told us that they were invited to reviews and were informed of any changes as a result of these. Staff knew about people's needs, their backgrounds and the care and support they required. We saw staff using their knowledge of people to start conversations and to help ease anxieties. For example, we saw one person become agitated and staff responded quickly, and in line with their care plan, by talking to the person, asking if they wanted some music on or if they would like to go to their bedroom. We then saw the staff member assisting the person to spend time in their bedroom.

People and their relatives told us they were confident to raise any concerns or worries they had with the staff or management. One person said, "I would tell staff I had a problem, but I've got no complaints". Another person said, "Everything is good here, I've got nothing to complain about, but I would if I did". Relatives told us if they were not happy about something they would tell the staff and, they were confident that, "They would act on it." One relative told us that there had been an issue with their relative's room, and they had reported it to the registered manager. The relative said the issue was dealt with quickly and to their satisfaction. We saw there was a complaints process in place and there was information about how to make a complaint available to people and their relatives.

Good

Is the service well-led?

Our findings

People and relatives told us that they liked and respected the registered manager and management team. One person told us, "The manager is lovely, well they all are". One relative said, "The manager and the staff are all very approachable".
Staff felt supported by the registered manager and one staff member said, "This is a really good home, I've worked with the manager a long time and she's very approachable and always deals with any issues". Meetings were held with the different staff teams and staff told us that the meetings gave them an opportunity to discuss any issues. We saw that minutes from these meetings were available for staff to read that couldn't attend. Staff told us, and we saw records that supervisions and appraisals took place and staff felt these were beneficial. This meant staff are supported to carry out their role effectively.

People were encouraged to share their views and experiences of the service. Resident's meetings were held and people were able to discuss any issues or make any suggestions to improve their experience of the service. One person told us "We have chats, all of us every now and again to talk about food we want and where we want to go out, or if we want to moan about anything". We saw minutes of these meetings and people had discussed they would like the option to have chips more often and didn't want curry. We saw this had been acted upon and changes had been made to the menus.

Quality assurance systems were in place to monitor the quality of service being delivered. For example, we saw that audits were completed for medicines administration records (MARs) to check all medicines had been given. We saw food and fluid charts had been checked to ensure people were eating and drinking enough to maintain good health and falls were analysed to identify any trends in why people might be having falls. We saw that these were effective, for example we saw that the falls summary had identified that one person had fallen three times in one month. This prompted the registered manager to refer this person to the GP for blood tests and further investigations to try to identify the cause of the falls.
The registered manager was aware of their registration requirements with us and we were notified of significant events when required. Staff understood whistleblowing procedures and said they would feel confident to use these procedures if required.