

Meridian Healthcare Limited

April Park Nursing Home

Inspection report

West Street
Eckington
Sheffield
Derbyshire
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Tel: 01246430683

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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

People's experience of using this service:

The provider had made many improvements to the home since our last inspection and we have recognised these and have reflected them within the report. There was a new registered manager who ensure we received notifications and that the last rating was displayed. We saw that audits had been used to drive improvements and used to reflect standards of care across the providers business. Staff felt supported and this meant they could develop their skills with their roles. People's views had been considered, and any developments or changes had been shared with people. Partnerships had been developed with a range of professionals.

People felt safe and staff had a good understanding of how to raise any concerns. When concerns had been raised, these were investigated and lessons were learnt and shared. Risk assessments were in place to support the needs of people and measures taken to reduce the risks. There was enough staff to support the required needs of the people and recruitment was completed to ensure the appropriate checks were completed. Medicine was managed safely, ensuring stock and recording was in place. The homes hygiene standards were in place to reduce the risks of infection.

Staff had received the training they required for their roles and guidance was provided for specific health conditions. People enjoyed the meals on offer and we saw that specific diets had been catered for and any ongoing health care had been monitored. Referrals had been made to a range of health care professionals to support people's wellbeing and ongoing health needs. The home had developed the environment to meet people's needs.

Staff had established positive relationships with people. There was friendly banter and this produced a relaxed feel with much laughter. People's privacy was respected and their dignity maintained. Visitors were welcomed.

The care plans provided detailed guidance on the care required. They included details of people's history and their daily needs. People's equality needs were reflected and information was provided in a range of formats. When complaints had been raised they were investigated and responded to. When end of life care was required, consideration was made for the person's wishes and any pain relief.

Rating at last inspection: Requires Improvement (Published September 2017)

About the service:

April Park is a care home that provides personal care for up to 40 people, some of whom are living with dementia. At the time of the inspection there were 35 people using the service. The accommodation is split across two floors. Each floor contained bedrooms, a communal lounge and a dining area. There was an

accessible secure garden.

Why we inspected: This was a planned inspection based on the rating at the last inspection which was Requires Improvement. At this inspection we found the service had improved to the rating of 'Good'.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

Details are in our Safe findings below

Is the service effective?

Good ●

The service was Effective

Details are in our Effective findings below

Is the service caring?

Good ●

The service was Caring

Details are in our Caring findings below

Is the service responsive?

Good ●

The service was Responsive

Details are in our Responsive findings below

Is the service well-led?

Good ●

The service was Well-Led

Details are in our Well-Led findings below

April Park Nursing Home

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 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.'

Inspection team: Two inspectors and an Expert by Experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: April Park is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.'

Notice of inspection: This inspection was unannounced

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority, clinical commissioning group (CCG) and other professionals who work with the service. We assessed the information we require providers to send us at least once annually to provide some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection we spoke with nine people and two relatives to ask about their experience of the care provided. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas.

We spoke with four members of care staff, a member of the domestic team, the cook and the deputy manager. We spoke with the area director and area quality director who were also present for the feedback at the end of our inspection. During the inspection we spoke with one visiting professionals from health care.

We reviewed a range of records. This included five people's care and medicine records. We also reviewed the process used for staff recruitment, various records in relation to training and supervision of staff, records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

After the inspection we asked the provider to send us further information in relation to care plans, audits and areas where lessons had been learnt. We received this within a timely manner and have included the details in the report.

Is the service safe?

Our findings

This means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes

- ☐ People felt safe at the home. One person said, "I feel safe. There's staff here if you need them." Information was displayed around the home, providing details of who to contact if anyone had concerns.
- ☐ Staff had received training and knew how to recognise and protect people from harm.
- ☐ When safeguard concerns had been raised they were investigated and any learning shared with the staff during team meetings. For example, all allergies were now recorded on the care plans and cross referenced with medicines administration sheets. These were then checked against any new prescription.

Assessing risk, safety monitoring and management

- ☐ Risk assessments had been completed to cover all aspects of care within the home.
- ☐ People were supported to move safely. One person said, "Two people use the hoist to move me and I feel safe and they are gentle."
- ☐ We observed staff supporting people, using people's name and giving clear instructions and reassurance. When people walked with walking aids, staff observed them to ensure they were safe.
- ☐ Some people became anxious and this was reflected in behaviours which could be challenging. Distraction techniques had been used. For example, one person enjoyed folding laundry, the person then completed a paper timesheet and received printed money as payment. This was very effective in reducing the persons anxiety and they enjoyed the value elements to this activity.
- ☐ We saw that information was used to review people's needs when they had fallen. This involved other professionals and the use of equipment
- ☐ We saw that when risks had been identified, action had been taken. For example, a person had left the home and was unsafe due to their cognitive ability. For this person the 'Herbert protocol' had been implemented. The Herbert protocol is used to detail the persons information so that action can be taken swiftly with a range of professionals, like the police.
- ☐ Maintenance of the home was maintained and we saw that all the required checks to comply with health and safety were in place.
- ☐ People had an individual plan to support their evacuation, for example in the event of a fire.

Staffing levels

- ☐ There were enough staff to support people's needs.
- ☐ People were responded to when they requested support. We saw throughout the day there was enough staff to provide the care people required.
- ☐ When staff were recruited the appropriate references and checks were completed in line with current guidance.

Using medicines safely

- People we spoke with felt their medicine was managed. One person said, "The medicine support is spot on. You have to have your tablets every day. They get it just right."
- Staff were attentive when offering people's medicines. They sat with each person and talked to them about their medicine. One person told us, "My feet can become painful. When this happens, staff get me extra tablets"
- We saw medicine was managed safely through the checking of the stock and recording daily temperature checks on their storage.
- Staff who administered the medicine had received training and their competency checked before they were able to provide this support.

Preventing and controlling infection

- Measures were in place to ensure the home was clean and the risk of infection was reduced. One person told us, "I would give them a gold star for cleanliness. If anything is not quite A1, you just tell them, and they clean it up."
- Cleaning schedules were in place and the home had a programme of continuous deep cleaning to maintain each person's room.
- The kitchen had a food hygiene rating of five.
- Staff used protective clothing when supporting people with personal care and food preparation, for example, gloves and aprons.

Learning lessons when things go wrong

- Lessons were learnt from when things went wrong and actions taken to reduce any future risks.
- The registered manager was able to provide us with many examples of lessons learnt from events which had occurred. One of these related to when trips outside the home were provided. The new arrangements meant clearer planning to ensure the correct staffing levels, skill mix of the staff and appropriate measures in case of any emergencies.

Is the service effective?

Our findings

This means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

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

- ☐ We saw that guidance was in place to support staff with knowledge about specific health conditions. For example, people with diabetes. There was information on the specific condition and an individual guidance in reference to the person's needs.

- ☐ People were supported to make choices about their day and their own health and wellbeing.

Staff skills, knowledge and experience

- ☐ Staff had received training for their role. One staff member told us, "The training is good here and you are supported to do other training if you want to learn more things."

- ☐ We saw that when new staff commenced their role they were supported with a training programme and shadowing experienced staff.

Supporting people to eat and drink enough with choice in a balanced diet

- ☐ People enjoyed the choices of food available to them. We received several comments and one person said, "I tell them what I would like for lunch from the menu." They added, "But, staff know what I like and don't like."

- ☐ We observed staff spoke with people to establish their choice from the menu for the day. People told us and we saw there was a good choice on offer.

- ☐ In each lounge there were refreshment stations which offered juice and snacks which we saw people helping themselves to.

- ☐ We observed the midday meal. Tables were laid with clothes, serviettes and condiments. We saw people used these as they felt they needed to accompany their meal.

- ☐ Some people used equipment to maintain their independence. One person told us, "The home got me this special cup, because my hands were no longer able to hold a usual cup."

- ☐ Different diets had been catered for and we saw that people's nutritional needs were monitored. When concerns had been raised health care professional had been consulted.

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

- ☐ People were encouraged to personalise their space. One person told us, "I've a little bit of the things from my home here, like my sideboard."

- ☐ Outside each room there was a framed photograph of the person with their name in large font. There was also information about the person's previous occupation and hobbies. One staff member told us, "Its great as there is enough information to start a conversation with the person."

- ☐ There was an accessible garden, people told us they had used it during the summer. One person said, "It was such a lovely summer, I sat outside every day."

- The home had some signage. However, the provider had recognised that clearer signage to support people living with dementia was required. More signage had been order and would be in place shortly.
- A dining room had been created in the upstairs of the home. The room had previously been used for storage. However, it was identified a dining space would be beneficial. We saw this was in use and people told us they enjoyed using the space.

Staff providing consistent, effective, timely care within and across organisations. Along with supporting people to live healthier lives, access healthcare services and support

- We saw that referrals had been made to a range of health and social care professionals. "They listen to you. They arrange support if you need to go to the hospital. They will go with you and support you."
- People told us when they became unwell staff responded to them swiftly. One person said, "I had a chest infection recently. They contacted the GP straight away and got me some medicine."
- Another person had fallen and they got a health care professional to address their injury and provide medicine.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- When people did not have the capacity to consent to some decisions, we saw that there were clear and detailed capacity assessments for each decision. These were linked to the areas within the care plan to support how the care needs should be met.
- Some people were under the local authority restriction of a DoLS. We saw the appropriate information had been recorded and shared with staff.
- Staff were knowledgeable about how to support people with decisions and the principles of least restrictive practice.

Is the service caring?

Our findings

This means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- ☐ People enjoyed living at April Park. One person said, "I'd give a gold star for kindness. They are interested in you." Relatives we spoke with also supported this, one said, "I think it's a lovely place. Lovely people, very caring. My relative came in for respite and asked if they could stay."
- ☐ There was a positive approach to wellbeing. We were given several examples where staff had responded swiftly to people's needs and taken the time to ensure the person was happy. One person said, "They can't do enough for you. They treat you with care."
- ☐ After the midday meal the cook collected plates and asked if people had enjoyed their meal. From people's reactions and comments, we could reflect that this was a regular occurrence. One person said, "I'm off back to my room now. Lunch was lovely. It's the way it is presented, all good."
- ☐ We observed a story displayed in the entrance hall, about a person who was a lifelong fan of the local football team. Staff had liaised with the football club for the person to have a special tour for their 100th birthday.

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

- ☐ People were encouraged and supported to make choices about their day. One person told us, "If I want a shower, I just ask them, and they sort that for me. It's no problem." Another person said, "You can stay up all night if you want to. It's your choice. If it is someone who needs help to go to bed, staff will ask them what time they want to go."
- ☐ People enjoyed the services of a hairdresser. We observed people chatting in the salon and enjoying the experience. Staff were available if needed. Once people's hair experience was completed, we saw staff complemented the person and engaged in conversation about their experience.
- ☐ Visitors were welcome, we saw when visitors arrived they were greeted by their name and showed empathy and concern about the family member. A relative said, "If there are any incidents the home phone me straight away. It helps to stop you worrying. I appreciate that."

Respecting and promoting people's privacy, dignity and independence

- ☐ Staff ensured people's dignity. During the midday meal one person coughed and spat out their food. The staff calmly and respectfully cleared it away and reassured the person.
- ☐ We saw that before staff entered a room they knocked the door and announced themselves. When people received personal care, this was done discreetly and with consideration to the person.
- ☐ Records were stored securely and were only accessible to those staff who required that information.

Is the service responsive?

Our findings

This means that services met people's needs

People's needs were met through good organisation and delivery.

Personalised care

- ☐ At our last inspection in September 2017 we found a breach of Regulation 9 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the required improvements had been made.
- ☐ New care plans had been completed on every person. One person said, "There is a plan all about me and staff write down what they do." These were detailed and reflected each person's needs and how the support should be provided. One staff member said, "The plans are now totally different with more person-centred things in them."
- ☐ We saw when people first came to the home a pre- assessment was completed and this formed the initial care plans. One relative said, "Name, gets on with the staff. They are kind and I feel they know them well and know their likes and dislikes."
- ☐ The care plans were reviewed monthly to ensure all changes were recorded. A person told us, "Staff are lovely. I feel they are getting to know what I like and don't like."
- ☐ Within each care plan there was a summary guide which gave a 'quick reference to the person's needs. One staff member said, "It a good way to check something without having to go through the files."
- ☐ People felt staff were responsive. One person told us, "If I use the call button they come quickly. I have one by the bed and a cord in the bathroom. They come within five minutes." Other people said on occasions they had to wait, but staff always came and provided the support as quickly as they could.
- ☐ We saw the provider was developing ways to support people to receive information in different formats. For example, one person was able to read information on a wipe board if it was written in blue ink. We saw other people had been supported to use an electronic tablet for communication.
- ☐ Other areas were being developed for example picture cards to support decision making.
- ☐ Equality needs for people had been considered. At present within the home, support was provided for people's religious needs. Visiting priests supported individual's spiritual needs.
- ☐ Daily activities were on offer to promote people to be engaged. One person said, "The activities are a bit too active for me now. I used to join in with them when I first came." Other people told us, "I join in with quizzes and things like that." and "We do lots of baking, pizza, bread and biscuits."
- ☐ One person enjoyed a daily paper and this was provided. Another person had been taken out by a staff member for lunch to the local café.
- ☐ People had also enjoyed trips out in the mini bus, visiting the seaside in the summer.
- ☐ New activities were being developed. For example, at the local centre there was an afternoon of bingo and some people were being supported to attend this.
- ☐ We saw examples of activities which had taken place and the photographs displayed showed people's enjoyment. Other activities were planned and this was in conjunction with peoples wishes. Some people preferred their own company. One person told us, "I prefer to be in my room watching the

television. Everyone knows I'm here and they come to check I am alright."

Improving care quality in response to complaints or concerns

- ☐ People felt able to raise any concerns. One person said, "If I had a problem or complaint, I'd tell the management, they would sort it."
- ☐ We saw that the registered manager had responded to complaints in line with the providers policy. this included a detailed investigation and an outcome.
- ☐ We saw that any concerns had been shared with staff, along with compliments and thanks.

End of life care and support

- ☐ There was no one currently on an end of life pathway. However, we saw that the home had supported people in the past with the appropriate care and pain relief.
- ☐ There was a good relationship with the GP. This meant that when people's health had deteriorated swift action was taken to consider specific care plans and the appropriate medicine.

Is the service well-led?

Our findings

This means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- ☐ At our last inspection in September 2017 we found a breach of Regulation 17 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the required improvements had been made.
- ☐ There was a new manager who had reviewed all the aspects within the last report and made the required changes. They continued to use audits and quality checks to maintain the standards.
- ☐ We saw that audits had been completed. These were being used to drive improvement, however we observed that for a medicine audit some documentation errors had not been identified. These were corrected following the inspection.
- ☐ We raised some concerns in relation to the number of evening staff on duty. This was due to the number of falls which had occurred during this period. After the inspection information relating to the falls was reviewed by the provider and any ongoing required support to these people. The provider agreed to keep this under review.
- ☐ A dependency tool was used to monitor people's needs and any changes reflected in the staffing numbers.
- ☐ Other audits had identified the changes needed and these were monitored by senior managers and shared across the providers business to maintain standards of care.
- ☐ The provider had displayed their rating at the home and on their website.
- ☐ Notifications had been received to alert us to events which had taken place at the home and the actions the provider had taken.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- ☐ People and staff all reflected on the atmosphere of the home. One person said, "Its lovely here and everyone is so friendly." Staff also reflected these sentiments. One staff member said, "The home is relaxed and homely and people are well cared for. During the inspection we observed the home to be calm and relaxed.
- ☐ Staff felt supported by the management. We saw that regular supervision had been completed with staff to guide them in their role and any ongoing support.
- ☐ The registered manager was supported by the provider with area managers being involved in improvements and changes to the home. Other registered managers from the providers homes met on a regular basis to share good practice and areas of learning.

Engaging and involving people using the service, the public and staff

- People's views were considered in the daily running of the home and the care which they received. We saw the outcome of the people's feedback which reflected all areas as a positive.
- There was an opportunity for people to comment on the activities within the home. We saw that suggestions made had been followed up. For example, people had asked for some evening entertainment. Events were being planned for a pie and peas night and a film evening.

Continuous learning and improving care

- Staff were involved in supporting continued learning. We saw a colourful display had been made in relation to falls prevention in words and pictures. There was also reference to the dignity 'Do's'. This provided information to be accessible to people, relatives and staff.
- The provider had recently purchased some new equipment. One staff member said, "We are all happy with the new equipment, as it helps when people need some support, to transfer and reduces the need to use the hoist."

Working in partnership with others

- Partnerships had been developed with health and social care professionals. These had been used to drive the care needs for people. For example, following guidance from health care staff.
- Community links were being developed to support the social aspects of the home.
- The home had supported a mental health professional to provide a 'safe haven' for them to meet the person they were supporting. The professional had sent an email of thanks, they said, "Thank you for enabling me to meet face to face in a protective environment."