

Anchor Carehomes Limited

Park Hall

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

About the service: Park Hill is a residential care home that was registered to provide personal care and accommodation for up to 60 people aged 65 and over. At the time of the inspection there were 59 people living at the home.

People's experience of using this service:

People and their relatives told us they thought the home was safe. The environment was clean and the building was safe and well maintained. Staff treated people with kindness, dignity and respect. It was clear that people had positive relationships with staff members. People told us that staff treated them well.

New staff had been safely recruited and received appropriate training in safeguarding vulnerable adults. This helped ensure people were safe. Staff had also received other training and ongoing support to enable them to be effective in their role. All staff had regular access to their line manager to discuss any issues or concerns. One staff member told us, "It's a nice place to work." We saw that there were enough staff available to meet people's needs in a safe and timely manner. The staff rota was arranged so that there was enough staff available during busier times of the day.

Each person had an individualised assessment of their needs when they came to live at the home. Their needs in relation to equality and diversity were considered during the assessment process. Each person had a person centred and individualised care plan which provided guidance for staff on people's needs, wishes and preferences. We saw that these were put together in partnership with people and their families and they were regularly reviewed. People's consent was sought in day to day decisions and formally in more serious decisions. Each person's file also contained appropriate risk assessments. These helped ensure that people received appropriate care and that risks were reduced. We saw that people's medication was administered safely. The service had a positive relationship with the local GP surgery and they worked together to ensure people's needs were met.

Lots of activities were provided in the home. There was a book exchange, visiting entertainers, exercise classes, a cinema room, art and crafts, puzzles, there was also a covered atrium with a foosball table. There was a sensory room with water beds which people could use to help them relax. One person told us, "There is plenty to do. I never get bored." People were supported to celebrate special occasions the way they wanted to. One person had been supported to arrange an Elvis tribute act to celebrate their birthday.

People were supported to maintain a balanced diet. They praised the food available at the home. Comments included; "The food is brilliant." And, "I look forward to mealtimes." The food looked, smelt and tasted appetising. Drinks and snacks were available throughout the day. One person told us, "There is always a brew on." We saw that people's weights were closely monitored and staff intervened early if people started to lose weight.

There was a positive and caring culture at the home. People told us they felt well cared for and they appeared relaxed and comfortable. Staff told us they felt listened to and that the registered manager and provider were approachable. The service was well led and had a culture of learning and continuous improvement. The manager took appropriate action to help ensure that people were safe. They responded to and took appropriate action regarding any safeguarding concerns and accidents and incidents that happened at the home.

People were consulted with and throughout the inspection we saw lots of examples of people being encouraged to make choices for themselves about how they spent their time and other day to day choices. The service also listened to people and responded positively to their concerns. There were also regular residents and relative's meetings and we saw that the staff were open to suggestions during other times.

Rating at last inspection: Good – August 2016

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: Ongoing monitoring.

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 remained was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remained was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service remained caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remained responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service remained well-led

Details are in our Well-Led findings below.

Park Hall

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by an adult social care inspector and an inspection manager.

Service and service type:

Park Hill is a care home. People in care homes receive accommodation and nursing or 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 carried out on 13 February 2019 and was unannounced.

What we did:

As part of planning the inspection we looked at information the provider had sent us in their Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We looked at information we held about the service as part of our ongoing monitoring; including any statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We also spoke with the local authority to gain their perspective of the home.

During the inspection we spoke with 12 people who were living at the home, six relatives of people, five members of staff including the deputy manager and a visiting GP. As some people were unable to give us

their views we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We also looked at records at the home which included records relating to recruitment of two staff members and support, audits and quality assurance reports and the care plans for six people.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they thought the home was safe. One person said, "I feel very safe. I'm really settled and I feel really happy here."
- Staff had all received training in safeguarding vulnerable adults and were able to explain what action they would take if they had any concerns. There was a safeguarding and whistleblowing policy in place and safeguarding information was available for easy access on the notice board.
- The registered manager maintained a record of any safeguarding concerns, reported these to the relevant authorities and took action to ensure people were kept safe.

Assessing risk, safety monitoring and management

- The home was well maintained. There was a building risk assessment and management plan. This had ensured that checks on the services and equipment used at the home had been completed by competent person's.
- There were appropriate risk assessments in place for the building, the environment and any particular risks identified in a person's care. Examples of individualised risk assessments include assessing people's risk of falling, risk of malnutrition and risk of skin breakdown. These were detailed and had all been regularly reviewed.
- When appropriate, assistive technology was used to reduce people's risks.

Staffing and recruitment

- Recruitment of new staff was safe. The provider had an electronic monitoring system for the recruitment of staff. This meant that staff were unable to commence working for the provider until all of the required checks had been made, including references and a criminal records check.
- We looked at staff rotas and saw that there were adequate numbers of staff on duty to meet people's needs. One staff member told us that staffing levels had recently been increased in response to staff's feedback. We also saw that staff hours were managed to meet the needs of the people who lived in the home with staggered shifts from 7am to 10pm to ensure that there was always adequate support available, particularly during busy times.

Using medicines safely

- Medication administration and management was safe. The registered manager had changed to a new system and when this happened, a number of mistakes had been made. These had been thoroughly investigated, learnt from and action taken. Staff had received additional medication training.
- We observed a staff member administer people's medication, this was done safely and in accordance with the provider's policy.

- Medicines audits were carried out monthly. We looked at these and they demonstrated ongoing improvements to the administration processes.

Preventing and controlling infection

- We looked around the home and saw that it was generally clean and tidy. There had been regular audits carried out to ensure that the home remained clean.
- We saw that some areas of the carpets in the home were very stained. We spoke with the regional manager and they told us that this had been identified and the carpets were due to be replaced.
- Protective equipment; such as gloves and aprons to prevent infections spreading were available for staff.
- The kitchen had been awarded a score of five at the last food safety inspection; this is the highest possible score and shows that the preparation of food was safe.

Learning lessons when things go wrong

- The registered manager maintained a record of incidents at the home, looked for patterns that may indicate a trend or another problem and actions taken in response. This showed a culture of learning and helped ensure that people were safe.
- If a serious incident occurred the registered manager arranged for an investigation to take place to gain the perspective of all people involved. This helped them identify what went wrong and to prevent it happening again.

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

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

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).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

Ensuring consent to care and treatment in line with law and guidance

- People's consent was sought in day to day decisions and formally in more serious decisions. When people did not have the capacity to give consent for a particular significant decision processes were followed that ensured the decision made was in the person's best interests.
- The registered manager had applied for a DoLS for people who would benefit from having one. When a DoLS had been applied for the rationale was clear and the person's voice was considered.

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

- Assessments of people's needs, preferences and choices were effective, detailed and their desired outcomes had been identified. This formed the basis of people's care plans.
- People's needs in relation to equality and diversity were considered during the assessment process and included within the care plans.
- Staff had been developing their skills in supporting people living with dementia and used learning from best practice.

Staff support: induction, training, skills and experience

- All staff received appropriate support and training to be effective in their role. Every staff member had a training passport that kept track of their learning.
- Staff received an induction into the service followed by regular supervision and appraisals. These were recorded by the registered manager who monitored the support staff received.
- All staff had regular access to their line manager to discuss any issues or concerns. One staff member told us, "It's a nice place to work."

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

- People praised the food available at the home. Comments included; "The food is brilliant." And, "I look forward to mealtimes."
- We observed people having lunch. This was relaxed and staff were on hand to support people who needed help. The food looked, smelt and tasted appetising. Drinks and snacks were available throughout the day. One person told us, "There is always a brew on."
- We saw that people's weights were closely monitored and staff intervened early if people started to lose weight.

Staff working with other agencies to provide consistent, effective, timely care

- A local GP described the system at the home for supporting people with their health needs as, "Very effective."

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

- The building had been purpose built as a care home and it was accessible and met the needs of the people who lived there.
- The home had four lounge and dining areas that were decorated in the style of a traditional lounge with a fireplace. The lighting in the lounge could be adjusted to meet people's preferences. This made the home seem smaller and cosier.
- There was a large atrium, with windows in the roof that could be opened. There were games and garden areas. People told us that they enjoyed using this space.
- Dementia friendly signage was used; each person had a picture of interest identifying their room and each corridor had a different theme to help people find their way around the building.

Supporting people to live healthier lives, access healthcare services and support

- The service had a positive relationship with the local GP surgery and they worked together to ensure people's needs were met.
- We met a visiting GP during the inspection and they told us that staff knew people well, quickly recognised if they became unwell and communicated well with medical professionals.

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

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

Ensuring people are well treated and supported; equality and diversity

- People told us that staff treated them well. One person said, "The girls are lovely here; they look after me."
- People were treated as individuals with individual needs. For example, staff considered people's personal histories and any religious and cultural preferences they may have and supported them with these.
- Staff also assisted people to practice their religious beliefs. A local pastor regularly visited the home and one person was supported to attend services at their local church.
- We saw lots of examples of staff spending time with people, talking quietly and offering reassurance.

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

- Throughout the inspection we saw lots of examples of people being encouraged to make choices for themselves about how they spent their time and other day to day choices.
- One relative told us how their family member chose to stay in bed and the staff respected that decision but made sure that the person was safe and well cared for.
- The home had a notice board called; what we asked, what you said and what we did. This showed how the service had responded to people's views about the home.
- The service held a 'residents meeting' where people were consulted with in small groups.

Respecting and promoting people's privacy, dignity and independence

- We observed lots of warm, positive interactions between staff and people who lived in the home. Staff knew people well and how they liked to be cared for. One person told us "I do like the staff. They do everything." Whilst they were talking to us they gestured to one staff member and blew them a kiss and said, "She's a hard worker." They then pointed to another staff member and said, "She's a lovely darling."
- Staff were discreet with support that they provided. We saw staff quietly prompting people to ensure that their personal care needs were met. This protected their dignity.
- One person could not speak but we observed them enjoying interaction with a staff member. The staff member jokingly called them "Sir" and saluted them. The person's enjoyment of this was openly displayed.
- People's private and confidential information, such as their care plans, were stored securely and only people who required access could do so.

Is the service responsive?

Our findings

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

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The care plan files we looked at were person-centred and very detailed. They provided information and guidance for staff on how to meet people's needs and respect their preferences. This information had been regularly reviewed.
- The files contained relevant information about the individual, such as their background, communication methods, along with their health, emotional, and physical needs. There was also clear information about people's daily routines and their preferences about how they liked to be cared for.
- Lots of activities were provided in the home. There was a book exchange, visiting entertainers, exercise classes, a cinema room, art and crafts, puzzles, there was also a covered atrium with a foosball table. The home had a sensory room with water beds which may help people to relax. One person told us, "There is plenty to do. I never get bored."
- People were supported to celebrate special occasions the way they wanted to. One person had been supported to arrange an Elvis tribute act to celebrate their birthday.
- We observed an 'Omph' activity session. This was a form of chair based exercise to music. We saw that people really enjoyed it and engaged with the activity. The staff member was skilled in facilitating the session and enabling people of all abilities to join in as much as they could.
- The staff had a number of ideas that they were working on to improve community engagement in the activities that they provided in the home.

Improving care quality in response to complaints or concerns

- The registered manager kept a record of written and verbal complaints and the response to these. We saw that these had been considered and action had been taken. There was one example we looked at where action was currently being taken to address the complaint.

End of life care and support

- Staff had received training in end of life care and understood how to support people and their families during this time. Some people had advanced care plans in place; which enabled them to express their choices regarding the end of their lives.
- Family members praised the approach from staff who had provided family members with end of life care. One family member told us, "The approach from staff made us feel reassured. End of life care was compassionate; what staff did you can't put into words. It's brilliant here."

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

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Services are required by law to inform CQC of certain events. These are called statutory notifications. The service had sent a number of these to us; however, during the inspection we become aware of some incidents that the CQC had not been notified of.

We recommended that the registered manager revisit the guidance to ensure that every notifiable incident was reported in future.

- There was a positive and caring culture at the home. People told us they felt well cared for and they appeared relaxed and comfortable. Staff told us they felt listened to and that the registered manager and provider were approachable.
- Staff received regular support and open communication with the leaders of the service, for example at regular team meetings.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was not present during the inspection but the systems and processes that they had put in place in the home meant that the service continued to function well without their presence. Staff were very clear of roles and responsibilities.
- There were appropriate systems in place to manage risks and to ensure that people received high quality care and support.

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

- The registered manager had arranged for meetings to take place at the home to gain people's feedback and views. These were arranged by the four different lounges that people used. This created a smaller more comfortable environment for people to speak up in.
- There was also relative's meetings that encouraged communication and feedback from people's relatives. The deputy manager told us that there was an open-door policy and people could speak to the manager without appointment.

Continuous learning and improving care

- The home had a culture of learning. We saw examples of learning and improvements being made when things went wrong.

- There was evidence that the service listened to people and acted on their opinions.
- The home had a quality assurance system that fed into the home's ongoing action plan. This helped ensure continuous improvement.

Working in partnership with others

- The service had good links with the local community and the staff team worked in partnership with them to improve people's wellbeing. For example, the local churches were involved with the care home and regularly came in to provide spiritual care for people.