

Hometrust Care Limited

Carlisle Dementia Centre - Parkfield

Inspection report

Carlisle Dementia Centre (Parkfield)
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Carlisle Dementia Centre – Parkfield is a residential care home providing personal care and nursing for up to 44 people, some of whom were living with dementia or a mental health related condition. At the time of the inspection, there were 28 people living at the service.

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

Staff were thoughtful and caring. Positive interactions took place between people and the staff team.

Medicines were managed in a safe manner.

Care plans now fully reflected people's care needs and health conditions.

People and their relatives said they were involved in planning their care and were encouraged to provide feedback regarding the service.

There were enough safely recruited staff available to meet people's needs. Staff felt supported and morale had improved.

The service was light and welcoming. Good infection control procedures were now in place and the service was clean and tidy. The provider worked in line with current guidelines to support safe visiting.

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

People were supported with their dietary needs and had enough to eat and drink. People were referred to healthcare professionals when necessary.

People, relatives, staff and healthcare professionals were positive about the new manager and commented on the positive changes the manager had introduced.

The manager and provider monitored the quality and safety of the service. There was an improved programme of checks in place. Many improvements had been made, including enhancing garden areas for people to enjoy with further work planned.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 14 January 2022) and there were

breaches of regulations.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced focussed inspection of this service on 22 November 2021. Breaches of legal requirements were found. We issued a warning notice. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions, Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Carlisle Dementia Centre - Parkfield on our website at www.cqc.org.uk.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information 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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Carlisle Dementia Centre - Parkfield

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 Care Act 2014.

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

The inspection was carried out by one inspector 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

Carlisle Dementia Centre - Parkfield is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post, but they had resigned. The new manager was in the process of applying to become the registered manager.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

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. We used all this information to plan our inspection.

During the inspection

We spoke with nine people who used the service. We spoke with four relatives via telephone. We spoke with 14 members of staff. This included, the manager, the deputy manager, the compliance manager, two nurses, a cook and kitchen assistant, a domestic, the administrator, the activity coordinator and members of care staff.

We spoke with an advocate, two members of the care homes support team and a GP.

We observed the care and support provided to people in communal areas across different parts of the day, including mealtimes and during activities.

We reviewed a range of records. This included five people's care and medicines records and three staff files in relation to recruitment. We also reviewed records related to the management of the service, which included incident reports, quality assurance checks, minutes of meetings, policies and procedures and a range of health and safety records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

At our last inspection the provider had continued to fail in ensuring infection control policies and procedures were followed by staff. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The providers approach to visiting was in line with government guidance. They were continuing to encourage family members to use regular COVID-19 testing before visiting.

Using medicines safely

At our last inspection the provider had not ensured the safe management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. They had also not ensured topical medicines were recorded correctly or monitored fully. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvements had been made at this inspection and the provider was no longer in breach of regulation 12 or 17.

- Medicines were safely managed. The provider had updated medicines procedures and enhanced their

quality monitoring processes to ensure safety of medicines was maintained.

- All registered nurses who administered medicines had the relevant knowledge, training and competency that ensured medicines were handled safely.
- Medicines, including those for use 'as required', were available for people to take. One person said, "I'm going to see if I can have a paracetamol, the nurse is doing the medicines soon so I shall ask her."

Assessing risk, safety monitoring and management

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 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Daily risks to people had been evaluated and risk assessment records had been fully reviewed to ensure they were still valid. Risks considered areas such as falls, skin integrity, nutrition and any distressed behaviours. Risks were continually monitored.
- There was ongoing maintenance of the service. The manager carried out environmental risk assessments and ensured equipment was safe to use and regularly serviced and monitored. For example, the fire safety systems were checked at regular intervals to ensure these were in good working order.

Systems and processes to safeguard people from the risk of abuse

- Systems and procedures were in place to protect people from the risk of abuse. Staff had received safeguarding people training and knew how to identify abuse. Staff told us they would have no concerns in reporting any safeguarding incidents, should they occur.
- The manager was aware of their regulatory responsibility to report any safeguarding concerns and this had been done appropriately.

Staffing and recruitment.

- There were enough staff to meet people's care needs. The provider's assessed number of care staff, based on their dependency tool, had been exceeding the number required. This continued to be monitored. One person said, "They come if you call but they look in as well."
- Safe recruitment procedures were in place. The provider carried out pre-employment checks to ensure staff were of good character before they were employed. This included checking if applicants had any criminal records via the Disclosure and Barring Service (DBS) and references from previous employers. We noted that some DBS checks were not routinely updated every three years as is best practice. The manager told us they would address this immediately.

Learning lessons when things go wrong

- Accidents and incidents were reported and recorded correctly. Staff discussed any incidents or accidents in handover meetings and with the manager. Any actions arising were addressed immediately.
- The new manager operated an open and transparent culture whereby staff were encouraged to report concerns or safety incidents.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has changed to good. This meant 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

At the last inspection the provider had continued to fail to maintain complete care records. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 17.

- People's needs were thoroughly assessed prior to them moving into the service.
- Care plans were created following the assessment process to ensure staff understood the individual needs of people so they could fully support them.
- All care plans had been recently reviewed in line with best practice, to ensure they remained up to date and valid to meet people's needs.

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

At the last inspection the provider had failed to work within the principles of The Mental Capacity Act 2005 (MCA) and had not maintained complete care records. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 17.

The 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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were protected from unlawful restrictions and consent had been considered.
- Staff adhered to the principles of the MCA. The manager demonstrated a good understanding of when best interests decisions were required.
- Records had been fully reviewed, including DoLS applications. These were now all up to date.
- Advocates were involved to support some people. An advocate is an independent person who represents the best interests and views of the person they support.

Staff support: induction, training, skills and experience

At the last inspection the provider had failed to ensure staff records were fully maintained. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 17.

- Staff were supported. Staff were happy with the support they received and felt confident to ask for additional support should this be required. One staff member said, "I am totally confident to speak to any of the nurses or the manager if I need to. [Manager] is really great."
- Staffed received a good induction to the service and ongoing competency checks.
- Staff had received a range of training to support them in their roles. The manager monitored this to ensure all staff had completed mandatory training and any other training deemed to be required.

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

At the last inspection the provider had failed to ensure kitchen records and people's weight monitoring records were fully maintained. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 17.

- People were supported to eat and drink enough healthy food to maintain a balanced diet. One nurse said to a member of care staff, "[Person's name] can have everything...his blood sugar is alright."
- Care plans were detailed to show staff how to support people to meet any special dietary requirements.
- People's weight was monitored, and any concerns were reported to other healthcare professionals for their input, including GPs.
- People who were unable to eat independently were provided with help from staff when necessary.

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

At the last inspection we made a recommendation the provider considers best practice guidance regarding the use of dementia care signage. The provider had made improvements.

- The environment was secure, maintained and had been adapted to meet people's needs. This included

accessible toilets and bathrooms. New handrails had been fitted and were in the process of being painted to maintain infection control procedures.

- Refurbishment work was ongoing in an upstairs unit which include a new lift which was about to be installed.
- There was a garden area which had been improved with new seating areas, bedding flowers, chickens and a new area for smokers. People had been involved in planting and a competition was underway to see who grew the best sunflowers. Further work was planned in the garden to include a sensory area and further raised flower beds.

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

- Staff supported people to maintain their health. Appropriate referrals were made to healthcare professionals when this was required. A GP who regularly visited the home said, "Communication is generally very good" and "They make timely referrals when it's needed outside of my visits to the home."

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has changed to good. This meant the promotion of a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for the person.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At our last inspection the provider continued to have ineffective governance procedures and incomplete care records. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 17.

- The staff team were clear about their roles. Since the last inspection, there was a new manager in post. During the inspection we found the manager was extremely committed to improvement.
- Quality assurance checks were in place to monitor and improve the service.
- The manager understood their responsibility to submit notifications to CQC in line with legal requirements.
- People were consulted and involved in the service provided. The management team were visible within the service and made themselves available to speak with people, their relatives, visitors and the staff team.
- Staff meetings took place. These offered staff the opportunity to discuss issues arising or raise any concerns they may have had. One staff member said, "I have got no problems whatsoever speaking up if I need to. It has improved so much over last few months."
- Learning from accidents or incidents was used to improve the service. The manager had also utilised other healthcare professionals to support improvements within the service.
- The provider was in the process of implementing an electronic recording system to support staff with the upkeep of care records. This was being trialled and was due to be rolled out fully in the next few weeks after staff had received further training.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 service promoted an open and person centred culture. We received very positive feedback from all those we spoke with about the new manager. One relative said, "We can contact them here easy enough, the manager is very good, we are really happy with it now."

- Staff spoke positively about the improvements made at the service and how the management team were more open and involved. One staff member said, "Since your last inspection things are so much better... thank you. [Manager] has been great, he really wants to put things right and has worked hard to do that."
- The manager had fully complied with their duty of candour responsibility. Throughout the inspection the manager was present and was honest and open with us. They acted immediately on any feedback and were keen to further improve the service.

Working in partnership with others

- The staff and management team worked in partnership with other healthcare professionals. The manager had brought about an improved working relationship and better communication with healthcare professionals involved with the service.
- Regular visits from a local GP and the local Care Home team continued. One of the Care Home team said, "There has been a really big difference. It's one of the better homes now. They seem organised. Staff are happy and it is well staffed from what we have seen. The staff seem well supported."
- The manager had worked with the local infection prevention and control team to ensure the service improved its procedures, particularly regarding the COVID-19 pandemic.