J Parker (Care) Limited

Alistre Lodge Nursing & Care Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This unannounced inspection took place on 09 and 10 February 2015. Alistre Lodge is registered to accommodate 43 people who require personal and nursing care. There were 39 people using the service at the time of our visit. The home is situated close to St Anne's town centre. The service provider is registered to provide personal and nursing care, diagnostic and screening procedures and the treatment of disease, disorder or injury.

Although the home was compliant with the relevant fire regulations as stipulated by the local Fire Service, it was clear on the day of our visit that staff were unsure about the fire evacuation procedure. As a result this left people in the home in a potentially vulnerable position in the event of a fire. Staff were not fully aware of the fire evacuation procedure, as some had not read the updated documentation, and when questioned about it, were unable to give an accurate account of what they would do in the event of a fire. This is a breach of Regulation 15

Summary of findings

of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 as the registered person had not met the requirements of the relevant Fire Safety legislation.

People's views about the service they received were positive. Our observations and the information held with the records matched the positive descriptions that people who lived at the home had given us.

The systems and procedures operated at the home were designed to enable people to live their lives in the way they chose, depending on their ability. The care and support offered to people at the home was personalised and people's dignity put first. The risks linked to people developing further health and social care problems were minimised as far as possible. The care provided was orientated around the person and took account of people's assessed needs, preferences and choices.

The service and staff respected and involved people in the care they received. For example, all the care plans viewed showed the person's choices and personal preferences. The care planning process had involved the person or their relative when they were written and their views were reflected in the plans. People told us they had input into the menus or activities at the home and we saw that the choice of meals was varied.

Staff members took into consideration the Mental Capacity Act (2005) for people who lacked capacity to make decisions. People's mental capacity was assessed and there was information available in the service for the staff that helped them support a person with fluctuating capacity. We saw consistent approaches from staff with staff explaining to people before they undertook a care process, other staff gave the person information about the care and support they were in receipt of.

Staff were provided with effective support, induction, supervision, appraisal and training. The service had a system to manage and report accidents and incidents. When action plans were needed to monitor people's safety these were produced. The service had a quality assurance and, where appropriate, governance systems in place.

There were accountability systems in operation within the home. If care tasks or records were not completed, action was taken by the Registered Manager or management team to address the issues and ask people for a clear explanation as to why they had not undertaken their responsibilities properly.

We have made a recommendation about staffing arrangements. We recommend that the service consider current guidance and best practice on staffing arrangements and working hours.

There was a registered manager in place at the time of our inspection. 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. We last inspected this service on 19 August 2014 and the home was compliant with the regulations we checked during the inspection.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Staff were not fully aware of the fire evacuation procedure, as some had not read the updated documentation. Although the home was compliant with the relevant fire regulations as stipulated by the local Fire Service, it was clear on the day of our visit that staff were unsure about the fire evacuation procedure. As a result this left people in the home in a potentially vulnerable position in the event of a fire.

People were supported to understand what keeping safe meant and were encouraged to raise any concerns they may have about this. Staff at the service understood that people's safety had to be balanced with people's right to make choices and take risks. People who used the service felt that the risks associated with their care were managed appropriately and that they were involved in making decisions about their safety.

Staff recognised the important role that safeguarding people from abuse had in enabling people to live a positive life.

People who used the service had their medicines well managed by the service, and if they wanted to manage their own medicines, they were supported to do this.

Is the service effective?

Good

The service was effective.

Staff were provided with effective support, induction, supervision, appraisal and training.

People told us they had enough to eat and drink throughout the day, and at night if required.

The premises were well maintained, and appropriately adapted to meet people's mobility requirements.

Is the service caring?

Good

The service was caring.

The systems and procedures operated at the home were designed to enable people to live their lives in the way they choose, so that they could be as independent as possible.

People were treated with dignity and respect by staff and were supported in a caring way.

Staff used people's preferred names and we saw staff being warm and affectionate. People responded to staff with smiles.

Summary of findings

The care and support offered to people at the home was personalised and put the person at the centre in identifying their needs and choices.

Is the service responsive?

Good

The service was responsive.

People were supported to take part in a range of activities whilst staying at the home.

The service had an appropriate complaints procedure, and handled complaints appropriately.

Is the service well-led?

Good

The service was well-led.

There was good communication between all staff within the home.

Staff were motivated and caring. Staff had time to reflect and their feedback was used to improve the quality of the service.

The management and nurse teams took time to speak with staff to discuss people's needs and address any concerns.

Quality assurance and, where appropriate, governance systems were in place and these were used to drive improvement.

The service had appropriate data management systems in place that protected the confidentiality of the people using the service.

Alistre Lodge Nursing & Care 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.

The inspection was carried out by the lead adult social care inspector for the service and an adult social care Inspection manager on 09 and 10 February 2015, the first day's inspection commenced at 7am so we could meet some night staff and observe the early change of shift.

In October 2014 we received a formal complaint regarding the service, and this was passed onto the Registered Manager of the home to consider and investigate using the service's complaints procedure. The Registered Manager investigated and responded to the complaint via the Care Quality Commission. The complaint raised issues regarding the care and welfare of the people living at the home. The complainant is currently considering their response to the Registered Manager. We have used the information with in the complaint to assist the planning of this inspection.

In February 2015, we received concerns from a whistle blower alleging that people living at the home had to get up early and that the staff had a poor attitude. This allegation was investigated under the Local Authorities safe guarding procedures.

The Local Authority did not find any information to substantiate the concerns raised by the whistle blower. Prior to this inspection we gathered information from a number of sources. This included notifications we had received from the provider about significant events that had occurred at the service.

We spoke with a range of people about the service, such as the Registered Manager, clinical lead, five staff members, nine people who used the service and three visiting family members. Prior to this inspection we contacted the local authority in order to ascertain if there were any issues from their perspective. They did not have any concerns. We also spent time looking at records, which included the care records of five people, five of the staff training and personnel records and a number of management and audit records relating to the running of the home.

Requires Improvement

Is the service safe?

Our findings

People who used the service were protected from potential abuse or avoidable harm because the Registered Manager and service provider had taken reasonable steps to minimise the risks associated with the care of vulnerable people. All of the people we spoke with and their relatives told us they did not have any concerns about safety. People we spoke with told us they felt safe with and trusted the staff who supported them. People also told us they would feel able to tell someone if they were unhappy about something.

We found written records to show what the arrangements were in place to provide safe and effective care in the event of an emergency or a failure in major utilities. However, staff were not fully aware of the fire evacuation procedure, as some had not read the updated documentation, and when questioned about it, were unable to give an accurate account of what they would do in the event of a fire. Although the home was compliant with the relevant fire regulations as stipulated by the local Fire Service, it was clear on the day of our visit that staff were unsure about the fire evacuation procedure. As a result this left people in the home in a potentially vulnerable position in the event of a fire.

This is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 as the registered person had not met the requirements of the relevant Fire Safety legislation.

The processes in place within the home for identifying and responding to signs and allegations of abuse were found to be appropriate. We spoke with three staff members about their understanding of what constitutes abuse and how they respond to signs and allegations of abuse, and they gave a very detailed account. One staff member said, "It's our job to make sure that we prevent abuse or neglect before it occurs, and this means reducing the risks and keeping people safe. We do this by making sure the care plans are followed, and making sure that any problems or risks are highlighted and removed as much as possible." Another said, "If we were to see other staff members or family members abusing residents, either physically or verbally, then we would report it to the manager or owner straightaway. I think we would do this in any situation whether that be another staff member rushing someone with their care, or something extreme such as someone physically hitting someone."

The systems relating to safeguarding vulnerable people were found to take into account both local and national guidance. Staff confirmed that they had both seen and had access to the local procedures, and the staff personnel records confirmed that staff had received training on the subject. Upon receipt of the concerns raised by a whistle blower, the Registered Manager took immediate action and put systems in place to ensure that people using the service were safe. During the investigation the registered manager closely supervised staff members.

Accidents and incidents were documented, and if action was needed to be taken to address issues or change practice, this was completed by the staff. Risk assessments and care plans had been updated following incidents such as falls or illness. We found that people's needs had changed over time due to deteriorations in their health, and risk assessments and care plans reflected these changes. One person who had moved into the home with a pressure sore had been supported back to good health, and their pressure sore had reduced. People at risk of losing weight had risk assessments in place for the staff to follow in order to minimise or eliminate the possibility of weight lost.

We looked to see that there were sufficient staff with the right skills, qualifications and experience on duty to meet the assessed needs of the people at all times. Information held within the personnel records showed that staff had been trained and held relevant qualifications in either nursing or social care. The Registered Manager explained that the staffing numbers and arrangements were reviewed routinely, sometimes on a daily basis, in response to the needs of people who lived at the home. We saw information in the rotas that supported this, but noted that from time to time, some staff worked long hours. For example, some night staff were seen to work an evening shift followed by a waking night shift. We spoke to two staff about this, and the impact it had on them. They both said that working these hours didn't bother them, and that they were happy to undertake the shifts from time to time if needed. We spoke with the Registered Manager about this issue and she said, "I know the situation is not ideal, and we don't routinely ask the night staff to work in this way. We

Requires Improvement

Is the service safe?

put this plan into action as a last resort if and when other staff ring in sick." We acknowledged this point, but suggested that the Registered Manager find an alternative solution to support the staff team.

The systems relating to the safe recruitment of staff were found to be appropriate. Safe and effective procedures were followed for all staff, including temporary and agency staff, students and volunteers. Records held with the personnel records showed that the service had assessed the character of applicants during an interview process, and had undertaken appropriate safety and employment checks to ensure people were either fit to work in care, or unsuitable for employment. The Registered Manager explained that the application and interview process was in place to check that potential staff had the right skills and qualifications needed to do the job. She added, "We check that nurses have an up-to-date registration with their professional body, and ensure that this is kept up to date if employed. If after people are employed, we find that we need to take disciplinary action against a person for whatever reason, then we have a process to identify this and then refer people onto the relevant agency, be that their professional body or the Disclosure and Barring Service. We found that all disciplinary action taken against staff was well documented.

The processes for the safe and secure handling of medicines were found to be appropriate and in line with the relevant guidance and legislation. The service was found to have a clear process in place for the handling of controlled drugs. The clinical lead for the home explained that the nursing staff received training in the safe administration of medicines, and information within the training records confirmed this. She added, "We have regular 'nurses' meetings and if there are any updates or we need to give out new guidance and alerts relating to specific medicines then we do so, so that staff are always up to date." We found records of these meetings. The process in place to ensure a person's prescription was up to date and reviewed was found to be appropriate, and took into account their needs or changes to their condition or situation.

We recommend that the service consider current guidance and best practice on staffing arrangements and the European working time directive.

Good

Is the service effective?

Our findings

People indicated to us that they got on well with staff and that staff provided 'good support' that they liked. Relatives we spoke with told us they had confidence in the skill and knowledge of the staff that supported their loved ones. Comments from relatives included: "I'm very happy with the service. They work well with my relative" and "The staff are very good with my relative and they like all the staff".

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensure where someone may be deprived of their liberty, the least restrictive option is taken. We found that action had been taken by the service to assess people's capacity to make decisions. We found written records to show that considerations had been made to assess and plan for people's needs in relation to mental capacity. The registered manager had a good understanding of MCA and DoLS.

We found that the service had appropriate processes in place to ensure that people were able to give consent to their support and care. Where people lacked capacity, the staff and manager knew how to comply with the MCA. Assessment and review processes were found to be in place to ensure that staff and relatives were kept up to date with a person's ability to make decisions and to ensure that staff followed the correct procedures when supporting people who lacked capacity. We found documentary evidence to show that the systems operated within the home relating to consent to care and treatment took into account both local and national guidance. Where needed, mental capacity assessments took place; best interest meetings were convened and referrals to the Local Authority were made if a DoLS was required. The staff we spoke with understood the need to ensure people were enabled to give consent to care, and understood the requirement to seek external advice and guidance if there were any doubts about a person's ability to make informed decisions. The training records showed that staff had either received training in this area, or were due to undertake this training.

Information held within the personnel records showed that there were processes in place to assess if the staff were competent to deliver care and support to people living in the home. The Registered Manager explained that the supervision arrangements in place involved not only discussion with staff about their role and work, but the identification of their learning and development needs. The records showed that mandatory training was discussed and planned for, and if staff needed to update their skills, then arrangements were put into place. If staff showed any interest in obtaining qualifications relating to the care sector, then again, the records showed that arrangement were put in place to meet this need. The staff we spoke with confirmed that they had access to formal supervision and appraisals, and we found documentary written evidence to support this. The clinical governance systems operated within the home were used to enable the nursing staff to continue to meet professional standards, and requirements of their registration. Information held within individual staff files showed that nursing staff had received update training and appraisals.

We found that there were appropriate processes in place to make sure people did not experience poor nutrition and hydration. We found documentary evidence to show that ongoing assessment, planning and monitoring of nutritional and hydration needs and intake took place. We observed that food and hydration was provided and made available in sufficient quantities and on a regular basis, and this was supported by comments from people living at the home. We found there to be a choice of food and drink that took account of people's individual preferences. People said that they could decide when to eat and where to eat. We observed staff offered support and to enable people to eat and drink when necessary. This was found to be documented within the individualised care plans.

The Registered Manager explained that many of the people who lived at the home had significant healthcare needs. We found information to show that some people had been assessed as being at risk of losing weight and of dehydration. Systems were found to be in place to monitor and manage these risks, and record keeping was both accurate and up to date.

Good

Is the service effective?

We found the building to be large and spacious, its design and layout was appropriate to the meet the needs of the people living there. Reasonable steps had been taken to ensure that premises were accessible to all those who need to use them. The premises and grounds were well maintained and potential risks to people's safety had been identified and managed through a risk assessment process.

Written documentation held at the home showed that following a recent Fire Officer's visit, the home was compliant with the environmental legislative requirements relating to fire safety.

Good

Is the service caring?

Our findings

Feedback from people about the attitude and nature of staff was positive. Comments included, “They are great staff”, “They are lovely and you can have a chat with them”. “Staff talk to me about how I am feeling, and spend time with me because I get a bit down about life.” “The staff did a good job, they are very helpful.”

Staff showed they cared for people by attending to their feelings. For example, one person was distressed and a care worker responded to the person. They talked with the person and asked how they were. They gave time for the person to talk and engaged with them. People’s bedrooms were personalised and contained photographs, pictures, ornaments and other items each person wanted in their bedroom. This showed that people had been involved in establishing their own personal space within the home.

We looked at the ways in which people were supported to understand the choices they had in relation to their care and treatment and how staff supported them to make positive decisions. We spoke to four people at the home who said they were comfortable when expressing decisions about their care. One person said that they could approach the staff or manager to discuss issues such as the food, clothing and medication. A number of people were unable to express their views about their involvement in decision making, so we spoke to a number of relatives and visitors who told us that they felt they could influence the care and support their relative received, and explained that they had been involved in significant decisions about their relative’s healthcare. They explained that they had been given the opportunity to have input into their relative’s care plan, and had been consulted about changes to the care that had been provided. We found documentary evidence to support this in people’s care plans and risk assessments.

We observed care workers knocked on people’s doors before entering rooms and staff took time to talk with people or provide activities. People were treated with dignity and respect by staff and they were supported in a caring way. Staff talked with people and involved them in activities. Care workers used people’s preferred names and we saw warmth and affection being shown to people. People recognised care workers and responded to them with smiles which showed they felt comfortable with them. Tasks or activities were seen not to be rushed and the staff were seen to work at people’s preferred pace.

Staff confirmed they had received end of life care training. The registered manager explained that the home used the 6 Steps Programme: a system to support staff development to enhance end of life care within residential homes. The programme aims to ensure all residents receive high quality end of life care provided by a care home that encompasses the philosophy of palliative care. A member of staff explained, “The end of life programme allows us to have sensitive discussions as end of life approaches. We make detailed records on the co-ordination of care; care in the last days of life and also care for the bereaved.”

One nurse said, "We arrange for staff to be with people, until their family arrive. No one is left alone. If we need an extra member of staff we can do this. It’s important for us to make end of life a time where people feel comfortable and at ease. This is difficult, but we try our best to make sure people have a comfortable passing.”

People were involved in decisions about their end of life care. For example one person had a ‘do not attempt cardio pulmonary resuscitation’ (DNACPR) order document in place and an advanced care plan (a plan of their wishes at the end of life). We saw the person and their family were involved in this decision.

Good

Is the service responsive?

Our findings

Relatives we spoke with told us that support and care was planned and delivered around the person concerned in terms of their needs, likes and interests. Relatives spoke highly about how staff always tried to include people in decisions relating to their lives, as far as was possible. One said, "I think my relative is well care for. The staff really know their needs and preferences, and we have been involved in giving the staff information about my relative's life history." Another said, "I know how to complain and raise issues. I feel I can always approach the Registered Manager or clinical lead. They always listen and make changes if and when we raise issues."

Information held within the care plans showed that people had been actively involved in their assessment of need, depending on their capabilities. This process helped to identify their individual needs and choices, and was based on information supplied by social workers or healthcare staff. If the person was unable to contribute, information had been actively sought from others such as family members and friends. Written personalised care plans, which detailed people's individual needs and choices, had been put together by the staff and the person in receipt of the care where possible. The people we spoke with said that the care they received was delivered in accordance with their needs and wishes, and the written reviews of this care supported this view. The assessment and care planning processes were based on current good practice relating to the care and treatment of vulnerable people. The service was found to hold a lot of very detailed information about each person, and it was recommended that this be condensed into a more manageable format for the staff to follow on a day to day basis, and in the event of emergencies. We spoke to three relatives about the care planning process, and delivery of care, and they all were satisfied that the staff were following the guidelines set in their relative's care plans, and that this had resulted in their relatives experiencing a good quality of life whilst living at the home.

The staff we spoke with understood the importance of involving people in appropriate activities which helped people feel involved and valued. Staff told us activities were based on people's preferences. For example there were one to one activities such as talking about the news, reminiscence, arts and crafts. The activity co-ordinator told us they had time to talk with people and their families to develop life history documents. We saw evidence of this within people's care files. People's preferences regarding activities were recorded. The daily notes in the care plan recorded what activities and events the person was involved in.

The home had a suitable complaints policy and procedure that was publicised in its Statement of Purpose and documentation was provided to new people entering the home. A record of complaints was kept and examined. The Registered Manager explained that they had been involved in a long running complaint regarding a former resident. We reviewed the records relating to this complaint, and found that the organisation had liaised openly and honestly with the complainant, and provided them with up to date and accurate information relating to their complaint.

The home had appropriate processes in place to ensure that when people were admitted, transferred or discharged, relevant and appropriate information about their care and treatment was shared between providers and services. Information held with people's personal care records showed that liaison had taken place with other health professionals and a relative spoken with confirmed that they had been involved with the assessment process and had been kept informed at every stage. We found written records to show that information was shared in a timely way and in an appropriate format so that people received their planned care and support.

The Registered Manager explained that staff worked with other providers and professionals such as district nurses, hospital staff and social workers, to ensure that people's care plans reflected their individual and diverse needs. This was documented. In the event of an emergency, we found details of how information would be shared with other agencies in a safe manner, so as to make sure people received a coordinated approach to support the need to meet the needs described in their care plan. Written records were maintained and appropriate external contact details were logged. Staff at the home sated that confidential information was only shared about a person once it was established it was safe to do so. We observed this in practice when a staff member spoke to a relative over the telephone regarding a sensitive healthcare matter.

Good

Is the service well-led?

Our findings

Everyone we spoke to said that the Registered manager and management team provided good leadership. Most people said that the Registered Manager was knowledgeable, and that she was able to deal with issues in a positive manner as they arose. One person said “The Registered Manager values other people’s contributions, but she is very clear about the way she wants the home to be run.” Another person said, “The management team are very supportive to the staff, but they won’t tolerate any poor practice, which I think is a good thing.”

The Registered Manager said, “I believe there is definitely a culture in the home where we evaluate and take action on, or learn from incidents and accidents, complaints or external inspections.” When we questioned some of the staff about this, they confirmed that they received regular handovers (daily meetings to discuss current issues within the home). They said that handovers gave them current information to continue to meet people’s needs, and provide an opportunity to receive updates regarding incidents, and what action to take to minimise or reduce the possibility of further accidents or incidents. One staff member told us, "Handovers are really important. We all have some input and it keeps you up to date with what has gone on."

The care and support systems in the home were based on current best practice. The home was organised and we found that there were clear lines of responsibility. There were good systems in place to monitor if tasks or care work did not take place. Partnership working with other agencies was planned, and was seen to be an important aspect of service provision.

We found written evidence to show that the Registered Manager had an appropriate system in place used to assess and monitor the quality of the service. Information held within the management records showed that people received safe and appropriate care and support. The staff we spoke with clearly understood the lines of reporting and accountability within the home. When we questioned staff they were able to give a good account of their roles and responsibilities with reference to keeping people safe, meeting people’s needs and raising concerns regarding the quality of care provided at the home. The registered manager explained that she and the clinical lead for the home were involved in auditing different aspects of the service provided. We saw evidence of these audits, and saw that the system had flagged up areas of concern, and minor issues relating to care delivery and service provision. These issues had been actioned, and dealt with appropriately. The records confirmed this. We saw that records of incidents and accidents were kept. The staff told us that these were monitored and reviewed by the nursing staff and management in order to identify areas of concern and improvement.

We found documentary evidence to show that risk assessments and safety plans were in place relating to different aspects of the home. For example: care planning, treatment, infection control, medication, fire, healthcare, environmental safety and staff training.

We found a number of daily records to show that various people at the home had been involved in incidents that required notification to the Care Quality Commission and/or the local Safeguarding team, we saw records to confirm that these notifications had been processed and sent in a timely manner.

We observed the registered manager talk to people and their relatives throughout the day and she spent time ensuring people were content and happy with the service they were receiving. The deputy manager told us the service welcomed feedback and used this as way to make improvement and develop the service further. For example they took on people’s views when making changes to menus, and when looking at activities for people to take part in. We found that an annual questionnaire was delivered to the people supported by the home, relatives, and local health professionals. The results of the questionnaires and any recommendations were looked at by the management team and put into action. The feedback from the latest set of questionnaires was found to be positive with no recommendations.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises **The registered person had not met the requirements of the relevant Fire Safety legislation.**