

Community Health Services Limited

Paisley Court

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

The inspection took place on 7 December 2017 and was unannounced.

Paisley Court 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.

Paisley Court is a purpose built fully adapted service registered to accommodate up to 60 people who require nursing or personal care. The service specialises in providing nursing care to older people with age related conditions including dementia. The service is divided into four units spread over two floors, with access to the upper floor via stairs and a lift. There is a car park to the front of the building and gardens to the rear.

At the last inspection on 11 November 2016¹⁰ the service was rated Good. At this inspection we found the service remained Good.

At the last inspection we identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because appropriately trained staff were not always deployed in sufficient numbers to meet people's needs. At this inspection we found improvements had been made and the breach was met.

There were enough trained and experienced staff on duty at all times to care for people.

The service was relaxed and homely and people could move freely around the service as they chose. People were supported to have maximum choice and control over their lives and encouraged to remain independent.

People's individual needs had been assessed and used to develop care plans. These provided staff with guidance about the care and support people needed and how they wanted this to be provided.

People and their relatives were consulted about their care to ensure wishes and preferences were met. People chose how to spend their day and they took part in a wide range of activities they enjoyed. Visitors were welcomed at any time.

People received a varied and nutritional diet that met their preferences and dietary needs.

People were supported by a kind, caring and consistent staff team who knew them well. Staff had been recruited safely and had the skills and experience to meet people's needs and provide effective care.

People received their medicine safely and were supported to access the support of health care professionals

when needed. People were protected from the risk of abuse because staff understood how to identify and report it.

Staff considered people's capacity using the Mental Capacity Act 2005 (MCA) as guidance. The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

The management team were approachable and they and the staff team worked in collaboration with external agencies to provide good outcomes for people. Relatives felt concerns would be taken seriously and acted on. Processes were in place to assess and monitor the quality of the service provided and drive improvement.

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.

The provider used safe recruitment practices and there were enough skilled and experienced staff to ensure people were safe and cared for.

Staff understood their responsibilities in relation to protecting people from harm and abuse.

Potential risks were identified, appropriately assessed and planned for.

Medicines were managed and administered safely.

The equipment and environment were well maintained, clean and hygienic.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service remained Good.

Paisley Court

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.

This was a comprehensive inspection, which took place on 12 December 2017 and was unannounced. The inspection visit was carried out by one inspector, a specialist advisor who was a nurse 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.

As part of the inspection, we reviewed the information available to us about the service, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with 10 people, eight people's relatives and one visiting health professional. We spoke with the deputy manager, area manager, two nurses, six care staff, the chef, a kitchen assistant, a maintenance person and an administrator. We also observed the lunchtime experience, the administration of medicines and how staff interacted with people. We checked seven people's care records and medicines administration records (MARs). We checked records relating to how the service is run and monitored, such as audits, staff recruitment, training and health and safety records.

Is the service safe?

Our findings

At the last inspection on 11 November 2016 we identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because appropriately trained staff were not always deployed in sufficient numbers to meet people's needs. At this inspection we found improvements had been made and the breach was met.

There were enough trained and experienced staff on duty at all times to care for people. There were systems in place to assess staff numbers and additional staff were provided if people's care needs required. We saw that there were care staff members available in all areas of the service and some staff were assigned to work with individuals on a one to one basis. Staff vacancies and unexpected leave were covered by regular staff completing additional shifts or by agency staff. Agency staff confirmed they had completed and induction to the service and had been introduced to people before working with them.

People told us they felt there were enough staff on duty and they felt safe. Their comments included, "Yes I feel safe", "Yes I am. (Safe)", "There's always someone around", and "Staff are always here for me". Relatives supported this view and their comments included; "Yes without a doubt 100% safe", "There are enough staff yes, look at today, it's like this all the time" and "I've not seen staff rushing around when I've been here".

People were protected from the risk of abuse. Staff had received training in keeping people safe from abuse and had access to local safeguarding protocols. Staff told us they would have no hesitation in reporting abuse and were confident any concerns would be acted on.

People received their medicines safely. Staff told us and records confirmed they were trained in the administration of medicines. Regular auditing of medicines and administration records took place. This ensured any issues could be identified and addressed. Medicines were stored appropriately and securely and in line with legal requirements. People told us they received their medicines when they needed them. One person told us "If I'm in pain, I can have painkillers". A relative commented "From what I have seen medicines are on time and regular, no reason to believe different".

Risk assessments were in place which identified risks and detailed the measures to minimise harm whilst empowering people to undertake an activity. Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded. We saw specific details and any follow up action to prevent a reoccurrence.

Staff had been recruited through an effective recruitment process that ensured they were safe to work with people at risk. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff have a criminal record or are barred from working with vulnerable people. Proof of identity, employment references and employment histories had also been obtained.

There were plans in place for staff to follow in relation to what to do in the events, such as a loss of power or

evacuation of the property. People's ability to evacuate the building in the event of a fire had been considered and each person had an individual personal evacuation plan. Regular health and safety checks were completed including testing of fire safety equipment.

We saw the environment and equipment were clean and well maintained. Relatives told us the service was always clean and tidy. One relative commented "No smells, very clean". Staff had access to Protective Personal Equipment (PPE) such as aprons and gloves were readily available.

Is the service effective?

Our findings

People were supported by staff who had competencies and skills they needed to meet people's assessed needs. When new staff commenced employment they underwent an induction to the service which included the completion of training the provider considered mandatory for their role. All staff undertook shadowing with an experienced member of staff before working unsupervised. The training plan demonstrated that all staff attended training essential to understanding and meeting people's needs. People and their relatives spoke highly of the staff. One relative told us "I'd give 10 out of 10 for the support and care here".

Staff were supported in their role. They had regular supervision meetings and a planned annual appraisal. Supervision meetings provide staff with the opportunity to discuss with their line manager their personal development and training needs.

People who lack mental capacity to consent to arrangements for necessary care can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found people were supported to make their own decisions for as long as possible. Staff showed us that they had a good understanding of the MCA and worked within its principles when providing people with care. Staff completed mental capacity assessments and guidance was available to show the help people needed to make sure they were able to continue making decisions.

People continued to receive support to maintain good health. Each person had a care plan that provided clear information about their current health, how they communicated and the support they needed. Records showed that people had been supported to see health care professionals when needed and that staff had supported people to follow any health care advice they had been given. Staff kept records about the healthcare appointments people had attended and implemented the guidance provided. One person told us "I can have a doctor if I need one". A relative commented "Healthcare is second to none".

A variety of nutritious food and drink was provided in line with people's dietary needs and preferences. One person told us "The food is good". A relative confirmed this and commented "I've tasted the food, its good stuff". We observed that refreshments were offered throughout the day. Staff monitored people at risk of not eating or drinking enough and took action to reduce this. This included referring people to health care professionals such as dieticians or speech and language therapists. One relative told us "They make sure she doesn't aspirate, very good with that". We saw that people received the support they needed to eat and drink.

People were supported in an environment that was purpose built and fully adapted to meet their needs. Each corridor was decorated with a theme to aid people's orientation around the building. The door to each person's room was brightly coloured and had a brass door number like the front door to a house. There was also a box outside each person's room containing pictures or memorabilia which were familiar to the person and helped people living with dementia to identify their own room.

Is the service caring?

Our findings

People were supported with kindness and compassion. We saw that people looked happy and relaxed in the company of management, staff and each other. One person told us "They are lovely here". A relative commented "They are beautiful, angels they are, top class care".

Peoples' equality and diversity was respected. Staff had completed training in equality, diversity and human rights and adapted their approach to meet peoples' individualised needs and preferences. There were individual person-centred care plans that documented peoples' preferences and support needs, enabling staff to support people in a personalised way that was specific to their needs and preferences.

Staff adapted their approach to meet peoples' individual needs and preferences. We found that staff knew people well and that they were able to anticipate people's needs because of this. Staff had a firm understanding of people's communication needs and ensured people received the information they needed to express their choices and preferences. We observed staff communicating effectively with people for example through making sure they made eye contact, speaking clearly and using short sentences. We observed staff members explained to people what they were going to do before doing it, which meant that people were not suddenly surprised and they were able to indicate if they were not happy for staff to continue. One relative told us "Staff explain to her what they are doing because she cannot see or speak".

People were encouraged to maintain their identity; wear clothes of their choice and choose how they spent their time. Staff had a good understanding of the importance of promoting independence and maintaining people's skills. We observed people freely moving around the service and spending time in the communal areas or in their rooms as they wished. Staff told us, and relatives and records confirmed that people were also supported to maintain contact with their family and friends. Visitors were welcomed at any time and one relative told us "I'm made to feel welcome whenever I come, that's all different times, always the same".

People were encouraged to be independent for example to maintain their personal care and appearance. Care plans provided guidance to staff as to how much support people needed. People were assisted in a sensitive and discreet way. Staff were observed supporting people gently and showing affection and kindness to people. For example we saw one staff member offering reassurance to a person who was displaying behaviours that indicated they were feeling anxious.

Peoples' privacy continued to be respected and consistently maintained. One person told us "When changing me they are good, it's important". We observed staff did not enter people's rooms without the person's permission and one person told us "Staff knock to come in". Information held about people was kept confidential. Records were stored in locked cupboards and on a password protected computer.

Information was provided to people in a range of formats that was accessible to them. Written signage was supported by the use of pictures to aid people understanding. The menu choices were displayed in written format on a notice board. Staff explained they did not provide a pictorial version of the menu because people found it confusing. They explained they had found it worked better to ask people what they would

like or show them the choice of meals each meal time. One person confirmed this and told us "They show me what is for dinner or tea".

Is the service responsive?

Our findings

Staff worked in accordance with the provider's statement of purpose by ensuring people's needs had been assessed before they moved into the service. People had been able to visit the service before deciding whether or not they wanted to live there. Records showed that staff had worked in partnership with the individual, their relatives and professionals involved in their care to develop a care plan outlining how people needed and wanted to be supported. Care plans included clear guidance for staff to help them understand how people liked and needed their care and support to be provided. They contained information on every aspect of people's lives including, personal care, healthcare, communication, social interaction, and wellbeing. Each section was relevant to the person and kept under review. Relatives confirmed they were consulted about their family members care and kept informed of their loved one's wellbeing.

People were supported by a team of consistent staff who were aware of people's personal histories and of what's important to them. Staff had a good knowledge of people's needs and could clearly explain how they provided support that was individual to each person. Staff were able to explain people's preferences, such as those relating to health and social care needs, personal preferences and leisure pastimes. Relatives told us they had been asked to contribute photographs and provide information about their loved one's lives to develop 'All about me' scrap books. One relative told us "We are involved; we did a growing up book, so staff can read it to her".

People had access to a large variety of activities that staff supported them to take part in. There was an activities program in place and people were able to choose what they wanted to do each day. The activities organiser had raised money to buy two log cabins, one of which had been converted into a 'pub' containing a bar and the other was in the process of being converted into a 'tea room'. One person told us they liked to go to the 'pub' with staff and another commented "I've done a Christmas card for my daughter today". A further person told us "I was asked if I want to do anything today. No thanks". People were also supported to go out for walks in the local park, go to the local pub, dementia friendly screenings at the cinema and visit the local social club. We observed people were able to walk freely around the service and spend time as they wish. For example we saw one person having a lie down on a settee and others chatting amongst themselves in one of the lounges

Detailed daily records were maintained of all the care and support delivered to people and included monitoring of some people's moods. This information was shared with relevant professionals and analysed in order to gain a better understanding of what the indicators were for people's high and low moods.

Complaints had been recorded, investigated and responded to appropriately. One relative told us "I would speak to anyone if something not right. But I've never needed to honestly". Another told us "I know the manager. I've no complaints or concerns. It's great".

Is the service well-led?

Our findings

The service had a registered manager. 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.

People and their relatives spoke highly of the service and the way it was managed. Relatives comments included "Can't say a wrong word about the place". "The home is spot on about everything". "Yes it's run well. Come in walk round everyone is pleasant. No smells, everywhere is clean. We want to come in to visit". "They do a good job, I can't thank them enough".

Quality assurance audits were embedded to ensure a good level of quality was maintained. The results of which were analysed by the provider in order to determine trends and introduce preventative measures. The information gathered from audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of care.

The service had a strong emphasis on team work and communication sharing. Handover between shifts took place to discuss matters relating to the previous shift. Senior staff also attended a meeting at 11o'clock each morning to discuss people's changing needs as and plans for the day. Staff commented that they all worked together and approached concerns as a team. Staff meetings were held at which staff had the opportunity to discuss people's changing needs and the running of the service. We saw minutes of the meetings were maintained and made available to staff who had not attended the meetings.

The provider had a whistle blowing policy that staff were aware of and felt confident to use. Whistle blowing protects staff that report certain types of wrong doing, from being treated unfairly or losing their job because they have spoken out or 'blown the whistle'. Staff told us that they found the registered manager approachable and supportive and that they felt confident to speak out or raise any issues they had.

The staff worked in accordance with their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

Roles and responsibilities of staff that worked at the service were clear. The registered manager received support from their line manager and attended meetings with other managers within the provider's organisation at which they could discuss practice issues and learn from each other. The provider's policies and procedures were up to date and regularly reviewed to ensure they were in accordance with current legislation and 'best practice'.

The registered manager and staff worked in collaboration with other areas of the provider's organisation and external agencies and professionals involved in people's care to ensure the best outcomes for people.

