Parkhaven Trust

James Page

Inspection report

Parkhaven Trust
Deyes Lane
Maghull
Merseyside
L31 6DJ

Tel: 01515318702
Website: www.parkhaven.org.uk

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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 the 27 & 28 November 2018 and was unannounced.

James Page provides residential and nursing care for 36 people in single en-suite rooms.

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

The James Page nursing home is part of Parkhaven Trust, a registered charity providing a range of services for older people and people with dementia. James Page accommodates 36 people in one single storey adapted building. At the time of the inspection 26 people were living at the home.

There is a registered manager in post. 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.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

Everyone who lived in the home said they felt safe. There were robust measures in place to ensure people were safe. Risk assessments were in place for areas such as pressure care, falls, use of bedrails and mobility, and nutrition and hydration.

There were sufficient staff on duty to meet people's needs. Staff rotas showed a consistent number of staff were on duty each day. People told us call bells were answered within a reasonable time.

Medicines were managed safely and people received their medicines as prescribed. Staff had been trained to administer medicines to ensure errors were kept to a minimum.

The home was very clean and there were no odours. The home was well maintained and in good decorative order. People's bedrooms were personalised and were decorated and furnished to a high standard.

Regular checks and tests, such as gas, electricity, water safety, fire drills, fire alarm tests and external checks of firefighting equipment, were completed to maintain safety in the home.

Staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults. We found that staff had the skills, knowledge and experience to support people effectively and safely. Staff were supported by the manager through regular supervisions, annual appraisal and regular training. Staff had attended training in subjects such as first aid, fire safety, food safety, safeguarding and medication. New staff were required to complete an induction. Staff meetings were held regularly.

People's needs were assessed and reviewed regularly to reflect their current health and support needs. People were supported to maintain healthy lives.

The service was working within the principles of the Mental Capacity Act 2005. Mental capacity assessments had been completed to demonstrate people's ability to understand and consent to care.

People were supported to eat and drink enough to maintain a balanced diet and meet their dietary requirements. Drinks were offered at various times throughout the day to ensure people's hydration needs were met. Staff understood people's individual nutrition and hydration needs and we saw that meals and staff support were provided accordingly.

Everyone living in the home was very complementary about the attitude of the staff and the way they were treated. We observed staff speaking to people respectfully and in a caring way.

Staff knew people and understood their different communication needs. Staff supported people to make decisions about their care, support and treatment as far as possible.

People and their family members were involved in the planning of their care and family members kept up to date with matters relating to their relative's health and welfare.

There was a complaints policy in place, which was displayed in the home. People living in the home told us they did not have anything to complain about.

Activities were provided. There was a programme of activities which included games, quizzes, exercises, art and crafts and musical entertainers. Trips out to local garden centres also took place.

Quality assurance audits were completed by the registered manager, senior nurse and operations manager which included, medication and health and safety.

People in the home and their relatives had the opportunity to voice their opinions about the service. Feedback about the home was positive.

The registered manager and provider met their legal requirements with the Care Quality Commission (CQC). Ratings from the last inspection were displayed within the home and on the provider's website as required.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

James Page

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 was planned to check 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. The inspection took place on the 27 & 28 November 2018 and was unannounced.

The inspection team consisted of two adult social care inspectors and an Expert-by- Experience on the first day of the inspection. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service. One adult social care inspector was present on day two of the inspection.

Before our inspection we reviewed the information we held about the home. This included the Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at the notifications and other intelligence the Care Quality Commission had received about the home. We also received feedback from the local authority commissioning team and environmental health team. We used all of this information to plan how the inspection should be conducted.

During our inspection we used a number of different methods to help us understand the experiences of people who were staying at James Page. This was because the people lived there communicated in different ways and we were not always able to directly ask them their views about their experiences. We spent time observing the care and support provided to people who were staying in the home to help us understand their experiences of the service. Our observations showed people appeared relaxed and at ease with the staff. We spoke with three people who lived in the home, three visitors and six staff members including the registered manager, the clinical lead nurse and three care staff.

We looked at the care records of seven people, four staff files including staff training and recruitment records and records relating to the management of the service.

Good

Is the service safe?

Our findings

People said they felt safe living at James Page. One person told us, "Yes I feel safe here, very much so", A relative said, "As homes go, we couldn't have found a better one. [Name of family member] feels safe, we never worry about them."

There were processes in place to help make sure people were protected from the risk of abuse. Staff had completed training in safeguarding vulnerable adults and we were aware of the action they would take to ensure actual or potential harm was reported. The registered manager had made referrals to the local authority in accordance with this procedure.

Risk assessments and care plans had been completed to help ensure people's needs were met and to protect people from the risk of harm. We saw risk assessments had been completed in areas such as, falls, mobility, pressure area care, nutrition and diet and for using bedrails. Risk assessments were subject to ongoing review and updated to report any change. Any actions or referrals required were completed in a timely way. Staff told us they were made aware of any changes in people's care needs during the daily handover.

Safety checks, including fire alarms, emergency lighting, water temperatures and bed mattresses were completed regularly. Repairs were recorded and addressed by the provider's maintenance team.

Equipment used in the home were monitored and serviced regularly; Safety certificates for electrical safety, gas safety, legionella and kitchen hygiene were up to date. The home had received a recent food hygiene inspection and received a 5 star (very good) rating. This ensured good safety standards in the home.

Personal emergency evacuation plans (PEEPs) were completed for the people living in the home to help effective evacuation of the home in case of an emergency. A signing in book was in place to record visitors to the home and to ensure an accurate record of people on the premises in case of an emergency such as fire.

A thorough recruitment and selection process was in place. We found copies of application forms and references. Staff had been subject to a Disclosure and Barring (DBS) check. The DBS checks help employers make safer recruitment decisions by reducing the risk of unsuitable people working with vulnerable people.

Appropriate numbers of staff were employed to meet the needs of people living at the home. The registered manager informed us there were currently some vacancies for care staff and nursing staff. The vacant posts were currently being filled by regular agency care and nursing staff.

Most people said there were enough staff on duty at all times. We saw that call bells were answered in a timely manner and people received support when they required it. A person told us, "I have access to a call bell. Staff will come right away. If they cannot attend to me immediately, they will always come and tell me when they will be able to come back. They are super, really good to me."

Medicines were administered and managed safely and effectively. Peoples said they received their medicines on time. Staff received training regularly. For people who were prescribed medicines on an 'as required' (PRN) basis, such as, pain relief, PRN plans were in place to support this practice. Body maps were used to demonstrate where a person required prescribed creams, to ensure staff applied it consistently. Medication was kept securely in a locked room and in locked drugs trolleys. Audits were completed to provide assurance that medicines were managed safely and effectively. The audits seen were robust and up to date.

The home was clean with no malodours. Everyone was happy with the cleanliness in the home; one person told us, "The home is spotless." Visitors also praised the cleanliness of the home.

We looked at some bedrooms, bathrooms and the communal rooms; they appeared clean and tidy. Hand washing gel and towels were present in the bathrooms and toilets, with sanitising gel readily available throughout the home.

Domestic staff were visible throughout the inspection. They told us they worked to a schedule to help ensure everywhere was kept clean. Personal protective equipment (PPE) such as aprons and gloves were available and used by all staff when supporting people with personal care, cleaning and when serving food.

The service managed safety incidents well. Staff reported accidents and incidents. Any accidents and incidents were analysed so that any themes and trends could be identified to prevent further occurrence.

Good

Is the service effective?

Our findings

People's needs were assessed to ensure they received the right support. Care records showed people's assessed needs and the support they required. Care plans were updated each month to reflect any change in people's needs. Changes in people's health were addressed by, for example an appointment with the GP, referrals to the Speech and Language Team, the tissue viability nurse or the district nurse.

Records were kept to demonstrate people received regular pressure relief care and health care. However a small number of support plans lacked specific instructions for staff to follow in relation to equipment and specific cleansing procedures. The information was recorded elsewhere in the care record.

People and relatives told us their care and support needs were met by the staff. People felt that the staff were very efficient in relation to the care that they gave. One person said, "The staff would get the doctor if I needed one." Another person said, "The staff will assess me if I am not well and will call the doctor who comes straightaway."

A relative said, "If [name of family member] needs a GP then the staff will call for one; they are very efficient." Another relative said, "If [name of family member] has an infection, the staff will call the doctor in and he comes right away."

The registered provider's training programme provided a good basis of learning for staff and provided them with the skills, knowledge and confidence to care for people safely. Training was provided in subjects considered mandatory. This included moving and handling, fire safety, infection control, and safeguarding. Additional training was also provided which was more specific to the needs of the people staff supported. All members of staff had received training for end of life care. Training was managed by the training department, who informed the registered manager when training was available and which staff needed to attend.

People living in the home felt that staff were trained correctly and all had the skills to support and care for them. A relative said that they felt that the staff were sufficiently well trained. They said, "Being friendly is one of the biggest things. They do a fantastic job."

Staff were supported in their work through regular supervision and appraisal. New staff had received an induction when they had started working at the home. Staff we spoke with said they were supported by the staff and registered manager.

People were given enough to eat and drink to maintain a balanced diet. People were offered a choice of meals throughout the day. People had their dietary needs met. Where required meals were blended to avoid choking. A three-weekly rolling menu offer a choice of home-made meals. People were offered a cooked breakfast, a hot lighter lunch and their main meal in the evening. People's feedback about the food was positive.

The environment of the home was adapted to meet the needs of people and promoted their independence. The home was purpose built and offered level access into and throughout the home. Handrails were fitted through the home. Bathroom and toilets were fitted with adaptations and bathing equipment for people with restricted mobility.

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 are 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. MCA DoLS require providers to submit applications to a 'supervisory body' for authority to do so. DoLS applications had been made to the local authority, however, many authorisations were yet to be made.

Mental capacity assessments had been completed to demonstrate people's ability to understand and consent to care. People who had capacity had given written consent to receive the support within the home and to agree to any restrictive practices, such as bedrails.

Good

Is the service caring?

Our findings

One person who lived in the home told us, "I know all the staff; the home has a nice atmosphere." A relative told us, "I think they [staff] really care about the people here".

When asked how the staff treated them, a person said, "I can't fault them. If there's anything you want, they will get it for you". Comments from other people included, "Staff treat me with kindness; I am happy with the care here", "Staff knew me well, they're always happy to talk about the old days" and "Staff have got to know me and what I like by talking to me".

People said staff treated them with dignity and promoted their dignity. They said staff would knock and wait before entering their bedrooms. One person told us, "Everybody knocks; they are all very pleasant."

A relative told us, "I have never had a problem with any of them (staff). They treat [family member] with the utmost respect. If I wanted to, I could visit them in private."

There were no visiting restrictions and visitors said they were always offered refreshments or to stay for a meal. There were small kitchen areas on each wing of the home for people and their relatives to make refreshments. We saw that some visitors came at lunchtime to support their relative with their meal.

People's communication needs were recorded in care records. An importance was placed on ensuring people who used hearing aids or wore glasses had them on at all times.

Everyone involved with the service understood their responsibilities in keeping information secure. All information was safely secured and protected in line with General Data Protection Regulation (GDPR).

People at the home had access to an advocate should they need this independent support.

Good

Is the service responsive?

Our findings

People's needs were assessed before receiving a service. Care plans had been developed where possible with each person, identifying the care and support they required. People and their relatives (where appropriate) told us they had been involved in the planning of their care.

The provider was following the Accessible Information Standard (AIS). The AIS is to ensure that 'people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need'. Documentation recorded people's communication needs; support plans detailed any aids or equipment people used to communicate, for example hearing aids and spectacles. We observed good communication between people and staff. It was evident staff knew people well and responded to people in a very individualised way.

We found staff knew about people's preferences and personalised care was provided; however, this information was not recorded in most people's care records. Information about people's preferences and daily routines, their likes and dislikes and social background gives staff some personal information about the person so they could be supported in their usual and preferred way. The PIR stated, "James Page house was selected to participate in the Teaching Care Home Program, run by Foundation of Nursing Studies, which will be an asset in networking and looking at ways of improving our service."

The registered manager spoke throughout the inspection about this programme and the impact it was having on the way on the way it was challenging their ways to provide more personalised care and support in the home. Changes to meal provision had already been implemented; people could request their meals at any time throughout the day, with snacks also readily available.

All of the relatives said they were always kept informed of their family member's health and were kept updated when necessary.

People said they had choices over their day. People told us they went to bed at the time they wanted to and got up when they wanted to.

The registered provider had a complaints policy in place and available to people. No complaints had been made since the last inspection. Visitors and people who lived in the home said they had never had reason to make a formal complaint. Everyone knew who to complain to and all said they would complain, if they felt they had a reason. However, people said there was "Nothing to complain about." A visitor told us, "I can't think of anything I've been displeased with."

Activities were organised to encourage social interaction and physical activity by a dedicated activity coordinator who worked in other homes owned by the registered provider. Activities provided included quizzes, art and crafts, weekly chair exercises, movie afternoons and regular musical entertainers. Trips were organised once a month to places as Blackpool lights and local garden centres. Christmas activities were planned for December, including a Christmas Fayre, a pantomime in the home and the local high school

coming in to sing carols. The school was also hosting a Christmas party. Activities took place on both days of our inspection; a weekly timetable was available which showed an activity took place on each week day afternoon. One person said, "I go to the activities; the staff come and tell me what is on that day."

People's religious needs were clearly documented in their care record. Local ministers visited the home regularly visit people and to provide holy communion.

End of life care was provided at the appropriate time. Staff liaised with people's GPs to review their prognosis and with district nurses to request pain relief medication. All staff had completed the 'Six Steps' programme at the local hospice. Information was recorded with regards to people's end of life wishes. Some people had recorded their wishes and details of these were kept in the person's care plan. Do Not Attempt Resuscitation (DNAR) documents were completed as necessary. We spoke with family members whose relative had recently received end of life care at James Page. They described the support their family member received as "Fantastic" and described staff as "Amazing". Family members were able to stay at the home as long as they wanted to; they were provided with meals and drinks and bathing facilities, so they did not have to leave their loved one.

Good

Is the service well-led?

Our findings

People knew who the registered manager was and said they were "Always very friendly" and "Approachable". Visitors knew the registered manager by name.

People said the home had a nice atmosphere. Comments included, "Staff are nice and approachable" and "They will sort any problems out".

The management structure for the home was clearly defined and the registered manager was supported by an Operations Manager, the Chief Executive, as well as a senior nurse and a senior carer. Staff told us they received a good level of support from the management team who they described as 'approachable and supportive'. One staff member said the whole staff team were "Amazing".

Staff told us they attended staff meetings and communication was good. Staff told us they attended a comprehensive handover at the beginning of each shift to be updated on any changes in people's health or care needs.

The governance arrangements provided a clear and accurate picture of the service. This included the completion of scheduled audits in key areas; these were completed by the registered manager, senior nurse, operations manager and service manager. For example, infection control, medicines, care records, health and safety and staff recruitment and training.

Monitoring tools, for the analysis of accidents/incidents also ensured emerging risks were recorded and risk management plans put in place or updated. Any areas for improvement and required actions from the audits were recorded and acted on in a timely manner.

An audit was submitted each month for external monitoring to the Clinical Commissioning Group (CCG), reporting on the quality of care provided. For example, people's particular health needs, staffing numbers, falls, DoLS and safeguarding referrals.

Quality surveys were given to people living in the home and/or their relatives and staff each year. The results from the last survey in December 2017 were positive and showed people felt the service had improved from the previous year.

Policies and procedures provided guidance to staff regarding expectations and performance. These were subject to review to ensure they were in accordance with current legislation and 'best practice'.

People's care records and staff records were stored securely which meant people could be assured that their personal information remained confidential.

The registered manager understood their responsibilities in relation to registration. For example, notifications had been submitted in a timely manner.

Ratings from the last inspection were displayed within the home and on the provider's website as required. From April 2015 it is a legal requirement for providers to display their CQC rating. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate.