Care Quality Commission

Aplin Care Homes Limited

Fallings Park Lodge

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?	Requires Improvement

Overall summary

Fallings Park Lodge is registered to provide accommodation, nursing or personal care for up to 48 people. People using the service have conditions related to old age or dementia.

The Inspection took place on 2 March 2015 and was unannounced. At the time of our inspection 24 people were using the service. The provider told us his plans to reduce the number of registered beds in the home were continuing so that occupancy levels would be reduced from 48 to 30 people.

When we last inspected Fallings Park Lodge in September 2014 the provider was not meeting the regulations inspected. These related to the monitoring of the quality of the service and record keeping. Following that inspection the acting manager sent us an action plan informing us of the action they would take to address the breaches we found. At this inspection we looked to see if these improvements had been made and found that they had been.

The registered manager had left the service in April 2014. 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.

Summary of findings

The provider had appointed two acting managers over the period of April 2014 and February 2015. The acting manager told us that they were in the process of applying for registration with us, although no formal application had been received at the time of the inspection.

People we spoke with told us they felt safe in the home and with the staff. Staff we spoke with had received training on how to protect people from abuse and were able to demonstrate the action they would take.

People and staff said there were sufficient numbers of staff available to meet people's needs. We saw the acting manager used a staffing tool to review the levels of staff needed alongside people's individual needs to reduce risks to people's wellbeing.

There were systems in place to ensure all the appropriate checks on new staff's suitability to work at the home. Staff had received training and support to develop their skills and we saw there were opportunities for them to reflect on their practice. Staff meetings and formal supervision had been utilised to develop staff knowledge and re-enforce good practice.

People received their medicines safely and when they needed them. Arrangements were in place to ensure medicines were stored securely and regularly audited. People had access to healthcare professionals when they needed them.

Staff were receiving training to support them to understand the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We saw staff were receiving support from the local authority to help them understand and apply the MCA in order to support people's rights when specific decisions needed to be made. This included ensuring mental capacity assessments were in place so that people's rights were supported. We saw staff obtained people's consent before providing them with support by asking for permission and waiting for a response, before assisting them.

People told us they enjoyed the meals provided and the choices available. We saw systems to monitor that people were getting enough to eat and drink were in place. Risks to people's nutrition were minimised because staff understood the importance of offering meals and involving healthcare professionals when this was required.

People had the support of an activity co-ordinator and told us they regularly enjoyed the activities on offer. Relatives and staff told us because the occupancy level had reduced there was more time to spend time with people and support them in activities.

People who lived at the home, their relatives and staff were encouraged to share their opinions about the quality of the service. The provider's system for dealing with people's concerns and complaints needed some improvement to reflect how concerns had been investigated.

People were happy with the improvements in the lounge areas, and staff were happy with the reduced occupancy numbers as this had allowed them to spend more quality time with people. The systems in place to monitor and improve the quality of the service had improved and had been maintained by the acting manager. This had resulted in identifying improvements needed. However the provider had not addressed all of the works identified in the most recent infection control audit carried out by the infection control team.

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?
The service was safe.

People told us they felt safe and staff understood their responsibilities to keep people safe from harm.

There were sufficient staff to meet people's needs and a system for calculating staffing levels alongside people's needs.

People had their medicines when they needed them. The arrangements for managing people's medicines were regularly reviewed for safety.

Good

Is the service effective?
The service was effective.

People were cared for by staff who had received training, supervision and support to meet their needs effectively.

People's capacity to be able to consent to their care had been formally assessed in line with the requirements of the Mental Capacity Act (2005).

People were supported to eat and drink enough and staff understood people's nutritional needs.

People had access to health care professionals to meet their specific needs.

Good

Is the service caring?
The service was caring.

People told us that staff were kind and polite and we saw staff supported people in a caring way.

Staff knew people's histories and interests and promoted conversation with them which people told us they valued.

People's privacy and dignity was respected by staff.

Good

Is the service responsive?
The service was responsive.

People told us their individual needs were responded to. We saw improvements to care planning meant people's needs were met in a personalised way.

People had a variety of fun things to do on a daily basis. This was supported by an activities coordinator.

People felt that their concerns were listened to and would be acted upon.

Good

Summary of findings

Is the service well-led?

The service was not consistently well-led.

There is no registered manager at the service; interim management arrangements have been in place for the last year.

There was improvement in the way the service was monitored but the action to address shortfalls identified in infection control remained outstanding.

Requires Improvement

Fallings Park Lodge

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 inspection took place on 2 March 2015 and was unannounced. The inspection team consisted of an inspector and an expert by experience (ex by ex). The ex by ex had personal experience of caring for someone who experiences dementia.

We looked at the information we held about the service prior to the inspection. We looked at information received from relatives, from the local authority commissioner and the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

During our inspection we spoke with 14 people who lived at the home and three relatives. We also spoke with the acting manager, three care staff , two senior staff and the cook. We looked at the care records for three people, the medicine management processes and at records maintained by the home about staffing, training, meetings and the monitoring of accidents, falls, complaints and the quality of the service.

Good

Is the service safe?

Our findings

People who lived in the home told us that they felt safe living there. One person said, “Yes, I feel safe, I’ve made friends while I’ve been here”. People’s relatives did not have any concerns about people’s safety. One relative told us, “It’s a completely different place; staff spend more time on the floor so people aren’t falling, they tend to them, I think they are very safe”.

Staff we spoke with understood the types of incidents that constituted abuse, how to report their concerns and how to escalate matters externally if necessary. The majority of staff had training in how to safeguard people from abuse and plans had been made for two staff to update their training which showed action to protect people was being taken. The local authority advised us that one safeguarding investigation was still underway. The acting manager showed us she was monitoring any safeguarding’s to ensure if improvements were needed action could be taken quickly. Staff we spoke with were aware of their responsibilities to whistle blow if they were concerned about conduct in the home and had access to these procedures. Information on how to contact the local authority was also on display. There had been no referrals made to the local authority but we saw the acting manager understood how to do this.

People who lived at the home told us there were enough staff to meet their needs. One person said, “Oh yes, there are lots of girls running around”. A relative told us, “It seems much less rushed, calmer and more staff available, I think it has improved”. Prior to our inspection we had information that staffing levels at night time were being reduced and there was concern the reduction would mean people’s needs may not be met. The acting manager showed us the dependency tool used to assess the staff levels needed to meet people’s needs both during the day and at night. We saw that people’s needs were met by staff throughout the day because staff were available to respond to them when they needed this. A staff member told us, “There have been lots of changes but I think people’s needs both day and night are met”. A person living at the home told us, “There is enough staff. They don’t leave us to fend for ourselves”. The local authority had no current concerns about people’s safety or the staffing levels. We saw from records of their recent monitoring visits to the home that they were satisfied with the improvements being made to audit people’s care and safety. A person living there said, "It is better, seems to be less rushed now I'm quite happy staff look after me well".

Risks to people were recognised and assessed and staff had information to promote people’s safety. We saw staff knew how to manage individual risks to people so that these were reduced. For example people were provided with the support they needed in relation to their continence needs and people were moved regularly to prevent the risk of harm to their fragile skin.

Accidents and falls had been reviewed and action had been taken to keep people safe. For example a person had been provided with a sensor mat and sensor alarm to alert staff to their movements to try and reduce the risk of them falling. Staff we spoke with knew how to reduce the risk of the person falling and we saw their risk assessment and care plan had been updated following the fall. The acting manager was monitoring accidents, incidents and pressure sores to ensure risks were identified and acted upon.

There was a system in place for the safe recruitment of staff which included pre-employment checks with the Disclosure and Barring Service (DBS). The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concern. Staff told us that prior to them working at the home these checks had been completed. The acting manager had a tool to review that checks on recruitment were in place before staff commenced work.

People told us they received their medication when they needed it. One person said, “Yes, I get medication in the morning and the afternoon. They are very good about them and they always get my inhalers”. Another person told us, “I get my medicine every day, in the morning and dinner time. Oh yes, I get pain relief”. We saw the arrangements for the management of people’s medicines included information about how they should take them. This ensured staff had guidance as to when to administer medicines that were only needed when specific symptoms or circumstances were evident. Medicine records had been consistently signed to indicate people had their prescribed medicines at the correct time and interval. People’s medicines were securely stored. We sampled a range of audits which showed us the system was regularly reviewed to ensure people had their medicines and there was sufficient stock of medicines. Staff we spoke with had

Good

Is the service safe?

undertaken training to administer medication safely. We saw the acting manager reviewed the medication audits on a weekly basis which provided her with information as to whether staff followed procedures safely. We also saw she had taken appropriate action if an error was identified. For example we saw she had reinforced the use of appropriate codes and written protocols where medicines were given in a specific way.

Good

Is the service effective?

Our findings

People told us that they thought staff were trained to meet their needs and that they were happy with the way staff supported them. One person told us, "I'm very happy because the staff understand my condition and know exactly how to help me". Another person told us, "I need help because I can't walk, they regularly move me so I don't get sore, and anything I want they will come straight away". Relatives we spoke with complimented the staff, one said, "They [staff] went that extra mile when [name of person] was sick". Another relative told us, "The staff know how to look after people and there's more continuity now that there are less people in the home".

The majority of staff we spoke with had worked at the home for a number of years but did confirm that they had an initial induction to prepare them for their role. They told us their induction had included shadowing more experienced staff. One member of staff told us, "It [induction] covered the routines, procedures and getting to know people". Most staff we spoke with had an understanding of the common induction standards designed to guide them in providing care.

Staff told us they received regular supervision in which to discuss their practice and we saw supervision had been planned for each staff member on a monthly basis. One member of staff told us "We meet and discuss care issues, training and our progress". Staff also informed us that 'spot checks' had been put in place so that their performance was monitored to ensure they were meeting people's needs appropriately and to the required standard.

There was a training plan which identified the training each staff member had undertaken. We saw most staff had training in areas relevant to meeting people's needs. We saw that gaps in training had been planned for to include updates on medication training and manual handling. A staff member told us, "I have had the training I need, I've done dementia care, moving and handling and other training. We also discuss the right way to do things such as pressure care and managing incontinence in our staff meetings". We looked at the staff meeting minutes and saw that practice areas had been identified and reinforced via the use of staff meetings. We saw that specialist knowledge such as dementia care was outdated for several staff which is needed to meet the specific needs of people living in the home. Staff had gained experience over their years working in the care industry but current training in dementia for all staff would help ensure staff had the knowledge and skills to provide care based on best practice.

We observed staff sought consent from people regarding their every day care needs. We also saw they waited for people to give their consent before, for example, carrying out care tasks or routines. One staff member told us, "I know some people here get confused but the staff always ask them to make their choices about their food or clothes or everyday things".

Some people who lived at the home had dementia and lacked capacity to make certain decisions for themselves. Staff knowledge about the Mental Capacity Act [MCA] and the impact it had on their work was limited. However we saw that the local authority had been working with the service on developing mental capacity assessments. This meant, for example, that a mental capacity assessment and best interest meeting was arranged for a person who had a 'do not attempt resuscitation' (DNAR) form in place. A DNAR tells staff and members of the emergency medical team that the person should not be resuscitated if they stopped breathing. We saw the relevant health care professionals had been involved with the decision and the DNAR had been appropriately signed by the GP as part of the person's end of life care. This was reflected in the person's care plan. This ensured the procedures were followed where the person lacked the capacity to make decisions for themselves. The acting manager told us that they recognised training was needed in this area and we saw this was being planned.

The acting manager told us that no one in the home was subject to a deprivation of their liberty, under the Mental Capacity Act 2005 (MCA) [DOLs]. These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. We found that the acting manager and the staff understood they could not deprive people of their liberty without authorisation. The acting manager told us she understood how to identify if people needed an application and how to make one to protect their rights. We did not see any evidence of people being deprived of their liberty.

People were supported to have sufficient amounts to eat and drink. One person told us, "Food's very good, I have

Good

Is the service effective?

lots to drink – I never need to worry about that. They are very good about that". Another person with a medical condition told us they were confident staff understood their dietary needs, "Of course they have to be careful because of [medical condition] but they do all that". A relative told us that the person they were visiting had been poorly but that staff had, "Ensured they had plenty to eat and drink and were very encouraging".

We observed a mealtime and saw staff appropriately support people who needed assistance to cut up their food, or who needed assistance to eat their meal. Staff were seen to prompt people and offer them alternatives. The cook was able to demonstrate a good knowledge of people who required specialist diets due to health conditions. She also knew about people at risk of losing weight and who required additional supplements to aid their nutritional intake. The cook was aware of people's food allergies as well as religious and cultural dietary needs. Records showed that people had an assessment to identify what food and drink they needed to keep them well and what they liked to eat. This included cultural dishes which had been provided for one of the people at their request. We saw that people received support from other health professionals such as dieticians when necessary in order to assess their nutritional needs. Fluid and food intake charts had been completed for people assessed as being at risk of poor nutrition or dehydration. There was a system in place to monitor these so that a check was made people were eating and drinking enough.

Some people at the home were at risk of developing sore skin. We saw that care plans were in place describing the equipment, staff and care interventions they needed. We saw people had appropriate equipment in place such as pressure relief mattresses and cushions. We also saw people were supported to change their position at regular intervals to avoid skin damage. One person told us, "I don't have a pressure sore but they move me regularly because my skin is thin and I get sore". Staff we spoke with were confident in alerting the district nurse to any blemishes or discoloration of people's skin in order to seek advice.

People told us they had access to healthcare professionals when they needed them. Relatives told us staff sought external help in a timely manner from the doctor, district nurse, optician or dentist. One relative said, "I've got no worries about health, staff will always get the doctor if I request or if [name of person] is showing signs of being poorly".

Good

Is the service caring?

Our findings

People told us that staff were kind to them. One person said, "Staff are very nice, you treat them as you would like to be treated and they treat you the same". A second person said, "They look after me quite well here". Another person told us, "I'm very happy here, the staff are very good and don't leave me struggling".

Relatives told us staff were friendly and approachable. One relative said, "The approach of staff and the acting manager is very good; they respond to any worries I have and I see they are caring towards people". Another relative said, "I think things have improved, the staff have always been good but there's more time now for them to spend with people, have a chat, it's just better".

People told us that their family and friends were able to visit whenever they wished, which enabled people to maintain contact with people important to them. A relative told us, "I come most days, any time; staff are happy to chat and I can see they do care for people".

Staff spoke to people in a kind and encouraging manner. They were patient and took their time to communicate with people in a way they understood. This at times warranted repeating instructions, reassuring people and waiting for them to respond. We saw that when people were unsure or distressed staff knelt down and spoke to them, or stroked their hand or arm. We observed a person returning from a hospital appointment who remarked, "Thank you so much – you are such a good girl to look after me".

We observed that people enjoyed contact from the staff and staff sat with them and enjoyed conversations. We heard that staff understood people's interests and histories because they used this well in encouraging people to recall events they had enjoyed in their life. One person told us, "When they can they will sit and chat, it makes me feel happy because some days I don't [feel happy]". Another person said, "I have bad days but they don't make me feel I'm a nuisance, they talk to me and ask me what I want to do, it helps".

People we spoke with told us they were happy about the care provided by the staff. We also saw staff responded to people in the way they wanted and needed. For example, some people helped the staff clear the table, one person said, "I like to feel useful". We saw a staff member supported a person to water their plants as they were worried they were dying, and another staff member encouraged a person to elevate their legs, "Remember what the doctor said, try and keep your legs up".

People told us that they had attended meetings in which they could express their views about their care. One person said, "I have gone to every one [resident's meeting] and my daughter comes, but it's been a while now". Some people were able to confirm that they had been involved in making decisions about their care and a relative told us they had also been consulted. One person said, "They asked me about my care and I told them so I'm quite happy they listen".

Staff promoted people's dignity when delivering their care by ensuring their clothing was adjusted when they assisted them to move with the hoist. We saw staff closed toilet doors and knocked bedroom doors when seeking permission to enter. One person told us, "When they help me with bathing they are very kind and always make sure I'm covered". Relatives told us they were pleased with the support provided to people to maintain their appearance. We saw people had been supported with their appearance; wearing clean clothing and jewellery. People told us they had access to the hairdresser and we saw staff had supported people to have their nails cut and varnished. People confirmed their privacy needs were respected and that they were happy with their own arrangements for managing their personal affairs. One person said, "My son does all my mail, correspondence, banking, things like that". We saw that information about advocacy services was available should people need someone to act on their behalf.

Good

Is the service responsive?

Our findings

People told us they had been involved in developing their care plans and we heard from relatives that they had been included in discussions about care.

We heard from the local authority that they had worked with the staff on developing personalised care plans. Reports of their monitoring visits to the home showed progress had been made in this area. We saw that people's care plans had improved and contained sufficient information about people's specific needs and how these should be met.

Staff we spoke with were aware of people's needs and how to support them. We saw staff had the knowledge they needed to meet people's individual care needs. The care plans were personal to the individual and included information on a person's preferences and history. We saw staff understood people's individual needs and abilities. One person told us, "The staff know me and my routine, they are very good and do things the way I want them done". Staff told us they read people's care plans and were told about people's changing needs at staff handovers. We saw care plans had been regularly updated to ensure up to date information was available in relation to people's changing needs. This meant staff had information about different aspects of people's care such as their mobility, dietary needs, personal care and any risks evident such as falling or pressure care. Since our last inspection a number of people had been reassessed and moved to alternative accommodation as the service was not suited to their needs. We saw the acting manager was ensuring she liaised with health care professionals to assess people's changing needs. We saw this had enabled them to plan for people's needs in advance so that their needs could continue to be met. A staff member told us, "Now we're not under a lot of strain – it's a happier environment. It's a lot better".

We saw people participated in leisure interests and hobbies. An activity co-ordinator was in post and had organised a range of activities. We saw some group activities taking place, bingo, skittles and a throwing game. We saw that in the morning before the activities, people bagged up a selection of sweets to use as prizes. One person told us, "Oh yes we do this regularly, games and the like, we have a bit of fun and some little prizes, its good". Relatives we spoke with told us they regularly saw activities take place including singing, music and a pet dog regularly visited which people told us they loved. All of the staff we spoke with commented on the improvements they had seen in the home since the occupancy level had been reduced. One staff said, "It's so much better, more time to spend with people not just doing care tasks but making sure they are happy".

People told us they were aware of how to make a complaint. One person said, "I would speak to the manager, but if it's something that could be sorted easily I'd just tell the staff". Relatives told us if they were unhappy about something they would raise a complaint. The procedure on how to make a complaint was on display in the home. We looked at the action taken by the provider to respond to a complaint. It was not clear how the person's complaint had been investigated. The written response to the complainant did not show how the provider intended to learn from or improve the service. We discussed this with the acting manager who showed us a system recently implemented. This showed us she intended to monitor complaints and ensure a written response was sent to the complainant to include the investigation and outcome. This should help people to feel confident that their complaint would be taken seriously.

Requires Improvement

Is the service well-led?

Our findings

At the previous inspection in September 2014 the provider was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) 2010. The audits in place to monitor accidents and falls had not been consistently maintained. Risks to people's care had not been identified or their care plans updated to reflect changes to their needs. At this inspection we saw that appropriate action had been taken and that risks that could compromise people's safety had been reviewed to identify patterns or trends. For example accidents and falls people had. This had resulted in people having equipment to support them and reduce the risks.

Our previous inspection had found a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) 2010. The provider had not ensured that information contained in people's records accurately reflected significant changes to people's care needs. The care records also showed shortfalls; lack of dates, signatures, details and instructions and the assessment of people's pressure sores were not accurate. At this inspection we found record keeping had improved. An audit tool was in use to check care plans were person centred and included sufficient information to enable staff to meet people's needs. Reports of monitoring visits carried out by external professionals confirmed that appropriate improvements had been made and sustained in relation to record keeping. Staff we spoke with told us there was a regular audit of care plans and risk assessments and any omissions were rectified. One staff member said, "It is much better, we have a lot more guidance and direction and know what we need to do". All of the staff we spoke with were complimentary about both the previous and current acting managers.

People who lived at the home and their relatives spoke positively about the acting manager. People knew her by name and told us they could approach her with any problems they had. We saw she spent time talking to and assisting people. One relative told us, "She's very approachable and gets things done". A person living there told us, "She's nice, talks to me, asks me how I am, she's always out and about with the staff".

The service has not had a registered manager since April 2014. The provider had interim management arrangements. However this had not been consistent because in the eleven month period the home has had two separate acting managers. The current acting manager told us she is applying to be the registered manager in order to strengthen the management structure. Despite the uncertainty the acting manager had sustained the required improvements and had also strengthened the auditing systems.

The acting manager told us the provider had advertised to recruit to the vacant deputy manager post. There was no evidence that the nominated individual was in regular contact with the service to oversee the care practices. The changes in the management of the service over the previous twelve months had impacted upon staff and people using the service. One person told us, "I really liked the other manager [and the current one] but I don't know why they leave".

We saw the acting manager had open communication with both the people who used the service and the staff team. This was evidenced in the minutes of meetings which had been used to avoid speculation about the future of the service. A staff member told us, "We do worry and morale was low but we have a good acting manager if we can keep her". We observed the acting manager was available to people and staff and demonstrated a good knowledge of the people who lived at the home. Her approach was inclusive and encouraging; as confirmed by staff and people we spoke with. We saw she understood her responsibilities for formally notifying us of events within the home which may impact upon people's care or welfare and these had been sent in a timely manner.

Systems were in place to monitor the quality of the service. We saw surveys that included feedback from people who used the service and their relatives with positive comments about the improved standards within the home. One relative told us, "There's a completely different management approach, it has made a big difference". Relatives confirmed that they had attended meetings in which they could share their opinions of the service provided. Minutes of these meetings confirmed they were regularly held and that people's comments had led to changes, for example, one relative had commented that, "It is nice to see approachable staff and that complaints are acted on promptly".

Staff meetings had been regularly held and we saw these provided staff with the opportunity to discuss their practice issues as well as develop their skills. One staff said, "Any

Requires Improvement

Is the service well-led?

new initiatives are discussed so that we all know what we are doing. For example we have talked about monitoring weight loss, fluids, completing charts correctly; it is much better now".

We saw that there was an audit tool in place to undertake regular checks on medicines management, health and safety and the environment to make sure it was maintained and safe for people. We saw that improvement to the environment had been made to include redecoration of the lounges with new fire places. Several people commented on how much they liked this. One person told us, "It is lovely, we didn't have fire places before, and it gives a homely feel".

The acting manager demonstrated that she had the systems in place to develop and drive improvement. The system of internal auditing of the quality of the service was known by the senior staff we spoke with who also carried out a number of these checks. Discussion with senior staff demonstrated an increased confidence in their role and responsibilities. One senior told us, "We have had two good acting managers and the leadership is good because the acting manager works with us shows us and explains things". The service has a history of not meeting regulations and sustaining improvements. The acting manager told us the provider visited the home on a regular basis and that she could discuss any improvements needed. Environmental improvements had been addressed by the provider; however the action plan for the most recent infection control inspection had not been met because some works had not been completed. The acting manager told us the provider was aware of this. We did not see any evidence about how outstanding works would be achieved.