

Tudor Bank Limited

Alt Park Nursing Home

Inspection report

Parkstile Lane
Gillmoss
Liverpool
Merseyside
L11 0BG

Tel: 01515465244

Website: www.tudorcarehomes.co.uk

Date of inspection visit:
19 December 2018

Date of publication:
29 January 2019

Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

What life is like for people using this service:

Since the previous inspection the registered provider has made improvements, however further improvements were required.

Processes for checking the quality and safety of the service had improved since the last inspection, however further improvements were required because they were not always effective in identifying areas of improvement.

Service leadership, management and governance was not always effective. Statutory notifications regarding incidents and events which occurred at the home were not always submitted to the Care Quality Commission (CQC) as required by law.

Some concerns about the safety of the environment were identified during the inspection; these were discussed with the interim manager and immediately responded to.

We have made a recommendation about the safety of the environment.

Medication management procedures had improved since the last inspection. However, further improvements were needed so that medication administration records (MARs) were appropriately completed.

People were protected from harm. Staff understood safeguarding and whistleblowing procedures and knew how to report any concerns as and when they presented.

Staffing levels had improved since the last inspection. People received care and support from the right amount of staff in a responsive, timely and considerate manner.

Recruitment was safely managed. Staff had undergone the appropriate recruitments checks and provided the right care and support to people.

The registered provider complied with the principles of the Mental Capacity Act (MCA) 2005. People's level of capacity was appropriately assessed and measures were in place to ensure people received support in the least restrictive way possible.

We received positive feedback about the quality and standard of food. Staff were familiar with people's dietary needs as well as their likes and dislikes.

People received care and treatment in a dignified and respectful manner. We received positive feedback

about the quality and safety of care people received.

There was a complaints process and policy in place. People and relatives knew how to make and a complaint and felt confident that any concerns would be responded to accordingly.

More information is in the full report below.

Rating at last inspection: Requires Improvement (report published 28 December 2017) This is the third consecutive time the service has been rated Requires Improvement.

About the service: Alt Park is a 'care home' that provides nursing and personal care for up to 35 older people living with dementia. At the time of the inspection 25 people lived at the service.

Why we inspected: This was a planned comprehensive inspection based on the ratings at the last inspection.

Please refer to the end of the report for the action the registered provider needs to take.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner. We will meet with the registered provider to discuss how they plan to address the issues identified during this inspection.

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 not always safe

Details are in our 'Safe' findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our 'Effective' findings below.

Good ●

Is the service caring?

The service was caring

Details are in our 'Caring' findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our 'Responsive' findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our 'Well-Led' findings below.

Requires Improvement ●

Alt Park Nursing Home

Detailed findings

Background to this inspection

The 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.

Inspection team: One adult social care inspector, an 'Expert by Experience' and a 'Specialist Advisor' conducted the inspection on 19 December 2018. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service and a Specialist Advisor is a person who has professional experience and knowledge of the care which is being provided.

Service and service type: Alt Park Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

There was no registered manager in post at the time of the inspection. A registered manager and the registered provider are legally responsible for how the service is run and for the quality and safety of the care provided. There was an interim manager in post and they had submitted the necessary registered manager applications to CQC as required.

Notice of inspection: This inspection was unannounced.

What we did when preparing for and carrying out this inspection: Prior to the inspection we reviewed the information we held in relation to Alt Park. This included statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the Local Authority and the local Clinical Commissioning Group (CCG) to get their opinions of the service.

We looked at the Provider Information Return (PIR). This form asks the registered provider to give some key information about the service, what the service does well and what improvements they plan to make. We used this information to plan our inspection.

During the inspection we spoke with the interim manager, four care staff, one activities co-ordinator, one member of kitchen staff, three people who lived at Alt Park and six visiting relatives

We looked at four people's care files, four staff recruitment files, policies and procedures, medicine administration processes, compliments and complaints and other records relevant to the quality monitoring of the service.

We undertook general observations of the home over the course of the inspection, including the general environment, décor and furnishings, bedrooms and bathrooms of some people who lived at Alt Park, lounge and dining areas.

In addition, a Short Observational Framework for Inspection (SOFI) tool was used. SOFI tool provides a framework to enhance observations during the inspection; it is a way of observing the care and support which is provided and helps to capture the experiences of people who live at the home who could not express their experiences for themselves.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management:

- We found improvements had been made to the area of risk and safety management, however, further improvements were required.
- Environmental risks were not always identified. For instance, we found accessible toiletries which could have compromised people's safety as well as a trip hazard in one person's bedroom. These were discussed with the interim manager and immediately risk managed.

We recommend that the registered provider reviews the processes in place to monitor the quality and safety of the environment.

- People's level of risk was assessed from outset, however not all measures to manage such risks were always completed. For instance, we found tools used to monitor people's nutritional risk were not always completed as and when they should have been.
- Recruitment was safely managed. All staff who worked at Alt Park had been appropriately vetted, all pre-employment checks had been conducted and suitable references had been obtained.
- Care plans and risk assessments contained a detailed amount of information in relation to the support people required. Staff were familiar with people's care and support needs and told us that they received regular updates in relation to people's health and well-being needs.
- Utilities and assisted equipment people used were as safe and well maintained.
- Safety checks and audits were being completed and compliance checks for gas, electricity and legionella were in place.
- People had the relevant emergency evacuation plans in place to assist staff in safely evacuating them in the event of an emergency.

Using medicines safely:

- Medication processes and systems had improved since the last inspection however further improvements were required.
- Although we evidenced people received their prescribed medication, not all medication administration records (MARs) had been signed to reflect this. We raised this with the interim manager and they agreed to action this.
- Some items of prescribed medication was not safely stored. Prescribed creams were accessible in people's bedrooms. The interim manager responded to this area of risk after we raised it with them.
- Staff received the necessary medication training and regularly had their competency assessed.
- Protocols were in place for the administration of medication prescribed for people to be taken when required and for prescribed creams.

Preventing and controlling infection:

- The environment was in the process of being improved. A refurbishment programme was in place to improve the quality and standards of the home.
- Infection prevention control measures were in place. Audits and checks were carried out to ensure people lived in a safe and well-maintained environment. Staff received personal protective equipment (PPE) and followed safe infection control practices.

Staffing levels:

- We received positive feedback about staffing levels. People and their relatives told us that care and treatment was provided in a safe, timely and responsive manner.
- Staffing levels were appropriately managed and people received care and treatment from staff who were familiar with their support needs. We received positive feedback about the level of consistent care people received. Comments included, "There are always plenty [of staff]" and "Staff know [relative] really well."

Safeguarding systems and processes:

- Safeguarding and whistleblowing procedures were in place. Staff explained how they would report any safeguarding concerns and the importance of complying with these to keep people safe.
- Safeguarding training was provided and the necessary safeguarding referrals were appropriately made to the Local Authority and CQC as required.
- People and their relatives told us that safe care was provided. Comments we received included, "I feel like [relative] is safe", "Staff are so good", "There's a good feeling about the place, [relative] feels safe" and "I don't think you would find a better one (home) in Liverpool."

Learning lessons when things go wrong:

- Accidents and incidents were appropriately reported and recorded. Accident and incident trends were established to identify if any risks could be further mitigated.
- Staff understood the accident and incident reporting procedures and reported such events in accordance with the registered providers policy.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this. Legal requirements were met.

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

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 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 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 and found that they were.

- People's level of capacity was appropriately assessed from the outset. Where people did not have capacity to make decisions, the appropriate best interest decisions were made and involved the necessary representatives and professionals.
- Where possible, people were involved in the decisions that needed to be made about their care. People's consent to care and treatment had been obtained and people's level of capacity was regularly reviewed and monitored.
- Where people were deprived of their liberty, the relevant DoLS application had been submitted to the Local Authority and people received care and support in the least restrictive way possible.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People's needs were assessed from the outset and measures were put in place to regularly review, assess and monitor them.
- Staff were familiar with people's needs and provided them with the right care and support.
- Staff applied an effective provision of care that was in line with best practice. People received support by staff who had the necessary skills and qualities.

Staff skills, knowledge and experience:

- Staff received regular training, learning and development opportunities relevant to people's needs and their job role.

- We received positive feedback about the skill set and experience of staff. Comments included, "They [staff] have an awful lot of training" and "They [staff] are getting lots of training."
- Staff received regular supervision and they told us they felt supported on a day to day basis. Staff members told us, "[Manager] is great, so supportive" and "[Manager] is great, we get all the support we need."

Supporting people to eat and drink enough with choice of a balanced diet:

- We checked the quality and standard of food people received. The food was well-presented, appetising and well-balanced.
- Relatives told us that people received good quality food, that there was a variety of options and people were supported with their likes and preferences of food.
- Staff were familiar with any specialist dietary needs people had. Care records contained relevant information about the support people needed with their dietary needs were catered for.
- People could request food and drink at any point throughout the day and night.

Staff providing consistent, effective, timely care within and across organisations; Supporting people to live healthier lives, access healthcare services and support:

- Staff provided care and support to people in a safe, effective and timely manner.
- People received a holistic level of care and support and referrals were made to external healthcare professionals accordingly. Any guidance provided was incorporated within people's care plans and risk assessments.
- Staff monitored people's level of risk and identified any changes in a responsive manner.
- One person who experienced swallowing difficulties and was at risk of choking had received support from Speech and Language Therapists (SALT). The person's care records were up to date with relevant guidance which staff followed.
- Referrals had also been made for people when required to District Nurses and Tissue Viability Nurses (TVNs).

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

- Improvements had been made to the environment since the last inspection. Specific areas of the home had been refurbished and further refurbishments were underway.
- People could safely and independently mobilise throughout the home. There was clear signage, adequate lighting and contrasting walls and doors. This design particularly supported people who were living with dementia.
- The home had sufficient amenities and facilities for people to use. People's bedrooms were personalised, there was adequate communal areas for people to socialise in and a large garden area that people and relatives enjoyed using particularly during the warmer months.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

- We observed people being treated with dignity and respect. Feedback from people also confirmed this. Their comments included, "Staff are kind, I'm so happy here" and "They [staff] treat me very well."
- Relatives also told us that people received a good quality of care that was centred around their needs. Comments included, "Staff are very good, very friendly" and "Staff help promote [relatives] independence."
- People received support in a manner that was kind, compassionate and attentive. People were offered reassurance and supported in a way that maintained their privacy and dignity.

Supporting people to express their views and be involved in making decisions about their care:

- People were encouraged to make decisions about their care and support; staff helped people to make decisions and offered them choice on a daily basis.
- Staff offered care and support in a person-centred way; people received care in a manner that was centred around them, their wishes and preferences.
- For people who did not have any family or friends to represent them, contact details of local advocacy services were provided. Advocacy services support people to make decisions with different areas of care and support they may need.
- Measures were in place to gather the thoughts, views and suggestions of people who lived at Alt Park and their relatives.

Respecting and promoting people's privacy, dignity and independence:

- Staff were familiar with people's level of independence and encouraged people to remain as independent as possible. Staff explained how they assisted and supported people to make decisions and respected their wishes as much as possible.
- Staff told us how they ensured people's dignity and privacy was upheld and we received positive feedback about the dignified approach of staff.
- People's confidential and private information was protected and in line with General Data Protection Regulations (GDPR).
- People were encouraged to maintain close relationships and support networks. People could access to local support and loved ones could visit without any restrictions.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

People's needs were met through good organisation and delivery.

Personalised care:

- A person-centred approach to care had been developed since the last inspection. People received care that was tailored around their needs and preferences.
- Care records contained personalised information that enabled staff to develop a good understanding of the people's needs and preferences and how they were to be met.
- People's needs were appropriately assessed and planned for. This included any protected characteristics such as age, gender, disability and religious support needs.
- Any reasonable adjustments and/or adaptations were made, meaning that people were treated fairly and equally. For instance, one person required specific sensory support due to communication difficulties they experienced. Sensory support was in place, staff were familiar with the specific level of care that the person needed and care records contained the relevant information and guidance for staff to follow.
- Staff provided personalised care that was responsive to people's needs. For instance, when a person experienced an increased level of anxiety we saw that staff remained calm and offered the person with reassurance with good outcomes for the person.
- People were encouraged to participate in a variety of activities which they found engaging and stimulating. We received positive feedback about the range of activities, and the garden area was an attractive social area used particularly in the warmer months.

Improving care quality in response to complaints or concerns:

- There was a complaints policy and procedure in place which was provided to people and their relatives. People told us they knew how to make a complaint should they need to.
- One person's relative told us that they had never needed to complain and all the staff at Alt Park were 'wonderful.'
- The interim manager maintained a record of complaints; at the time of the inspection there were no complaints being dealt with.

End of life care and support:

- People who were assessed as being at the end of stages of their life received dignified care and support. The care was tailored around the person's wishes and desires.
- End of life care was provided in a dignified and sensitive manner, ensuring that the wishes and desires of the person were respected and maintained.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Manager's and staff are clear about their roles, understanding of quality performance, risks and regulatory requirements:

- Regulatory requirements were not always being met. We identified three notifiable incidents had occurred at the home and had not been reported to CQC in line with regulatory requirements.
- The systems for assessing and monitoring the safety and quality of care had improved since the last inspection, however they were not always effective.
- Quality performance was understood by staff and managers however checks carried out on the safety of the environment and records did not always identify the areas of concern we found during the inspection.

These were breaches of regulation in relation to 'Good Governance'.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on duty of candour responsibility.

- People received person-centred care that was tailored around their needs. Staff provided care that was individual to each person and supported people to maintain a good quality of life.
- Staff provided us with specific examples of the support they provided people with. One member of staff explained specific adjustments that had been made in one person's bedroom as a measure of improving their quality of life. Such adjustments meant that the person was much more comfortable, relaxed and provided with the care and support they preferred.
- Staff explained the importance of delivering person-centred care. One member of said, "It's excellent care, we tailor our care around each resident, it's very person-centred, we get to know residents well."
- We received positive feedback about the quality of care people received. Comments included, "It's very good", "We have no complaint's whatsoever" and "Staff do a good job."

Continuous learning and improving care:

- We saw that improvements had been made since the last inspection. The registered provider ensured us that MCA principles were reviewed and improved upon, newly revised quality assurance systems had been implemented and new paperwork had been devised to improve the level of person-centred care that people received.
- We saw evidence of action plans and areas of improvement that needed to be addressed as well as regular meetings between managers and senior managers in relation to provision of care people received.
- Accident, incidents and safeguarding events were routinely recorded, reviewed and discussed to establish any trends that were occurring as well as identifying if any lessons could be learnt.

Engaging and involving people using the service, the public and staff; Working in partnership with others:

- The registered provider ensured that the views, opinions and suggestions of people and relative were captured. For instance, we saw evidence of 'resident and relative' meetings and satisfaction questionnaires being circulated.
- Some of the feedback from the questionnaires we reviewed included, 'I am extremely pleased with all aspects of the care my [relative] receives, it's of a very high standard, my [relative] is so happy and content' and 'The care [relative] receives is always of a high standard, the staff treat her with dignity and respect.'
- Feedback from people and relatives enabled the management team to identify areas of strength but also areas of improvement. For instance, feedback was provided in relation to the décor and one of the ground floor bathrooms. At the time of the inspection, parts of the home had been re-decorated and the bathroom was being renovated in the New Year.
- Staff, 'resident' and 'relative' meetings were taking place. We were told that the levels of communication had improved and people, staff and relatives were actively encouraged to support the provision of care being delivered.
- The registered provider had developed effective working relationships with other agencies who were supporting the home. Relationships had been developed between the Local Authority, GP's, and external health-care professionals.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered provider had not notified CQC of notifiable incidents which had occurred at the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Service leadership, management and governance was not always effectively in place. Quality assurance processes did not always assess and monitor the provision of care people received.