Mrs Alice Togher

Park Street Home

Inspection report

10 Park Street, Bath, BA1 2TE
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Date of inspection visit: 26 November 2015
Date of publication: 14/01/2016

Ratings

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

Overall summary

This inspection took place on 26 November 2015 and was unannounced. When Park Street Home was last inspected in December 2013 there were no breaches of the legal requirements identified.

Park Street Home is a residential dementia care home without nursing and provides care and support for up to ten older people. On the day of our inspection the home was at full occupancy.

The service has 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.

The provider did not have adequate processes in place to ensure the safe management and administration of medicine. Areas which required further development included processes for recording medicine protocols and guidance for staff, covertly administered medicines and medicine disposal.

The Department of Health guidance on the prevention and control of infection had not been followed. The home used communal hand towels and laundry processes which did not follow the guidance. This increased the risk of cross-infection.

The staff had received training regarding how to keep people safe and they were aware of the service safeguarding and whistle-blowing policy and procedures.

Summary of findings

Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely. Staff we spoke with felt the staffing level was appropriate.

Staff demonstrated a detailed knowledge of people's needs and had received training to support people to be safe and respond to their care needs. However staff supervision had been irregular and was being improved by the registered manager.

Care provided to people met their needs. Care records provided personalised information about how to support people. People were involved in regular activities.

The staff had a basic understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. These safeguards can only be used when a person lacks the mental capacity to make certain decisions and there is no other way of supporting the person safely. Meetings had been arranged in order to enable people's best interest to be assessed when it had been identified that they lacked the capacity to consent to their care and treatment.

There was a robust staff recruitment process in operation designed to employ staff that would have or be able to develop the skills to keep people safe and support individuals to meet their needs.

People had their physical and mental health needs monitored. The service maintained daily records of how people's needs were meet and this included information about medical appointments with GP's and dentists for example.

There were positive and caring relationships between staff and people at the service. People praised the staff that provided their care and we received positive feedback from people's relatives and visitors . Staff respected people's privacy and we saw staff working with people in a kind and compassionate way when responding to their needs.

There was a complaints procedure for people, families and friends to use and compliments were also recorded.

We saw that the service took time to work with and understand people's individual way of communicating in order that the service staff could respond appropriately to the person.

The provider had quality monitoring systems in place which were used to improve the service.

We found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 at this inspection. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe.

The provider did not have adequate processes in place to ensure the safe management and administration of medicine.

The Department of Health guidance on the prevention and control of infection had not been followed.

Risk assessments were reviewed and amended appropriately when the risk to a person altered.

People were protected from the risk of abuse. The service had provided staff with safeguarding training and had a policy and procedure which advised staff what to do in the event of any concerns

The service had safe and effective recruitment systems in place.

Is the service effective?

Good

The service was effective.

Staff had received training which enabled them to have the skills to undertake their role. Supervisions had been irregular and were being improved by the provider.

DoLS applications had been made for those people that required them. The service had carried out capacity assessments and best interest meetings

People had enough to eat and drink and were supported to make informed choices about the meals on offer.

People were supported to access health care services.

Is the service caring?

Good

The service was caring.

People told us staff were kind and caring. Relatives said they were happy with the care and support provided.

People's privacy and dignity was respected. People and staff got on well together and the atmosphere in the home was caring, warm and friendly.

People were supported to maintain relationships with their family. Relatives spoke positively about the support provided by staff.

Is the service responsive?

Good

The service was responsive.

Care plans provided staff with the information needed to provide person centred care.

Summary of findings

Staff communicated effectively with people and involved them to make decisions about the support they wanted The service had involved other professionals to support people. The service had a robust complaints procedure.	
Is the service well-led? The service was well-led. The provider and manager had quality assurance systems in place to ensure continuous improvement to the service. People told us staff were approachable and relatives said they could speak with the manager or staff at any time. The provider sought the views of people, families and staff about the standard of care provided.	Good

Park Street Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 an unannounced inspection which took place on 26 November 2015. This inspection was carried out by two inspectors. Before our inspection, we reviewed information we had received in relation to the home; which included any incident notifications they had sent us.

During the inspection we spoke with one person who lived at the home in detail and five visitors. We asked them to share their experiences and views with us. We were not able to speak in detail with other people due to their level of dementia. We also spoke with the provider, registered manager and three staff members. We observed how people were supported and looked at four people's care records. We also made observations of the care that people received.

We looked at records relating to the management of the home such as the staffing rota, policies, incident and accident records, recruitment and training records and audit reports.

Requires improvement

Is the service safe?

Our findings

The provider did not have adequate processes in place to ensure the safe management and administration of medicine. People's medicines were stored securely within a locked cupboard. The provider used a monitored dosage system (MDS) and medicines were provided by a local pharmacy on a weekly basis. The MDS boxes had photographs in the front, along with the person's name to indicate who they had been dispensed for. However, the photographs were not dated which meant there was a risk that if people's appearance changed, staff who were unfamiliar with people might not know the medicines were for them. Because there were only nine people using the service, and the staff had been in post for some time, this risk was minimal, but we did discuss it with the provider during our inspection. One bottle of medicine had not been dated and signed when opened. This meant there was a risk that staff could administer medicines that had expired.

Medicine administration record (MAR) charts were all signed and up to date. However, there was no person centred information documented with the MAR charts to inform staff how people preferred to take their medicines. One person using the service was receiving transdermal skin patches. When the patches are changed the site should be changed too, but there were no body maps in place to indicate where the last patch had been placed, and no information informing staff to rotate the patch location. This is good practice to avoid the risk of staff placing a patch in the same position each time. This was also discussed with the provider during our inspection.

Where people had been prescribed as required medicines (PRN) for example for agitation or pain relief, there were clear protocols in place for staff to follow. One person occasionally received their medicines covertly. This is when medicines are disguised within food or drink. Although there was some documentation in place to support the decision to administer medicines this way, it was incomplete and did not comply with the provider's own medication policy. The policy stated that a broad and open discussion amongst carers, relatives, advocates, GP and pharmacist should take place, but there was no documented evidence of this taking place. The policy also stated that the method of covert administration would be clearly documented on the MAR sheet, but this was not in place. Although the person had been receiving medicines covertly for at least three years, the paperwork to support the review of this decision was not in place. Although the form had been signed on 06/11/2014 by the person's GP, there was no other signature to indicate staff, pharmacist or advocate input. The provider's policy also stated that covert decisions would be reviewed monthly, but this had not happened.

Although medicines were stored safely, the process followed when medicines were no longer required and needed to be returned to the pharmacy was not safe. The provider was using a small notebook to document returned medicines. The medicines were written into the book by the pharmacist and signed and stamped when received. However, medicines were not "checked out" of the home and they were not witnessed by another member of staff. This meant there was no way of correlating the number of tablets that had been removed from the home, and the number that were received by the pharmacist because they were not being recorded.

The home was clean and hygienic throughout. However, some of the provider's practices in relation to cleaning did not comply with Department of Health guidance on the prevention and control of infection. None of the communal bathrooms contained paper towels. Instead, communal cotton handtowels were in place. This meant there even when staff followed good hand hygiene practices, there was a risk of infection spreading when they dried their hands as guidance states hands should be dried "with a single use towel". Bathrooms also contained used bars of soap and personal bath products. Owing to the products being accessible to anyone who used the bathroom this increased the risk or cross-infection.

In the kitchen, there were also no paper towel dispenser or paper towels available. Instead staff used a communal cotton towel. This meant there was a risk of infection spreading. Although an infection control audit had taken place on 25/11/2015, this issue had not been identified.

There was a small laundry room where people's clothes were washed. However, the process for washing soiled linen did not comply with recommended guidance. The provider told us that soiled lined was rinsed under the tap and then boil washed with other linen. Soiled linen should be segregated from unsoiled linen and should be placed into a water soluble bag and washed separately from other

Requires improvement

Is the service safe?

linen. This issue had been identified during the provider's infection control audit in November and the audit recommendation had been noted as "To improve cleaning and laundry formal procedures by end January 2016".

These failings amounted to a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

The home had completed an assessment of people's risks and had recorded guidance on how to manage identified risks. The risk assessments showed that assessments had been completed for areas such as mobility, continence, food and diet. The building was spread over three floors with no lift, therefore there were additional risk assessments to take this into account. The registered manager explained that a full mobility risk assessment was completed before people moved into the home, and that if people's ability to walk up and down stairs changed, then this was discussed with relatives. One visitor said "My relative's mobility is limited and we're going to have a meeting with the manager after Christmas, but I would hate for her to have to move somewhere else".

Incidents and accidents were recorded and cross referenced to the care files of people involved in the incidents. We saw that preventative measures were also identified by staff wherever possible and that some of the risk assessments were updated if required, particularly in relation to falls.

The service had a policy and procedure regarding the safeguarding of people and guidance was available for staff to follow. Staff told us they had received training in safeguarding adults and the prevention of abuse. Staff were confident that they could report any issues of concern to the registered manager and that they would be followed up.

There were sufficient numbers of staff to support people safely. Care appointments were met by staff when people needed them and the care they needed was given. We found that the staff rota was planned and took into account when additional support was needed for planned appointments and activities outside of the home. Staff told us that on occasion when there was a shortage of staff that this was covered by the regular staff at the service.

There was a robust selection procedure in place. Staff recruitment files showed us that the service operated a safe and effective recruitment system. An enhanced Disclosure and Barring Service (DBS) check had been completed. The DBS check ensured that people barred from working with certain groups such as vulnerable adults would be identified. We saw that the recruitment process also included completion of an application form, an interview and previous employer references to assess the candidate's suitability for the role.

Good

Is the service effective?

Our findings

Staff had the knowledge and skills to carry out their role. Staff received training provided by the service when they joined as part of their induction programme. On completion of their induction they also received refresher training. Training subjects included first aid, infection control and food hygiene. Staff said they received mandatory training and had access to further training if they wanted it. One member of staff said “Anything extra I want to learn about, I just ask the manager”.

Staff said they received supervision sessions “every couple of months”. However, staff also said that these sessions didn’t always take place. One said “I was asked if I wanted/ needed a supervision session”. We found that staff supervision had been irregular; the supervision records we looked at supported this. Supervision is dedicated time for staff to discuss their role and personal development needs with a senior member of staff. We spoke with the registered manager about this and found that systems were being put into place to develop supervisions to ensure that all staff received supervision regularly and to ensure that staff performance and progress was monitored effectively. When we spoke with staff they told us they were given opportunities to speak with the registered manager about any concerns they had or any development they needed and that they felt well supported

The provider had met their responsibilities with regard to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. We found that people’s mental capacity to make decisions had been assessed and appropriate DoLS applications had been made specifically around people's constant supervision by the service. The service had invited appropriate people for example social workers and family members to be involved with best interest meetings which had been documented fully.

Care plans held decision making agreements and advised staff how to assist a person to make day-to-day decisions, wherever possible. We spoke with staff and found that not all staff were able to demonstrate a good understanding of how mental capacity assessments linked with the deprivation of liberty safeguards. This was discussed with the registered manager during the inspection feedback.

People were supported to maintain their well-being and good health. We saw from records that people had regularly accessed health care services. When a person required additional regular clinical support this was provided. There was also evidence of input from the community psychiatric team and GPs in people’s records. We saw within everyone’s care plan that regular visits or appointments with dentists, opticians and dentists had happened when required and that staff had then acted upon the actions agreed at the respective appointments.

We observed lunch during our inspection. The food smelt and looked appetising. The tables were laid, with individual napkins and napkin rings for people. Although the menu did not offer a choice of meals, the chef said that if people didn’t like or want what was on the menu, an alternative would be offered. One member of staff said “The residents read the lunch menu in the morning, and we check that they are happy with what’s on offer”. The chef said people were routinely asked if they wanted something else added to the menu, or if people didn’t like a particular meal. For example, the chef said “We used to do jacket potatoes for supper sometimes, but feedback from residents was that they didn’t like them. So, I made a change, and cooked potato skins with bacon and cheese, and they went down really well”. Another member of staff said “The menu has changed as the residents have changed. Because our residents are now a bit younger, we offer different foods, like pizza."

The service had two lunch services, one for people who required extra support from staff and another for those who were more independent. People were told what the food was and staff asked if they needed assistance. For example, “Would you like me to cut up your food?” and “Shall I put your napkin on? It will help keep your jumper clean”. People using the service said “The food is very good” and “It’s lovely, no complaints”. Snacks, fresh fruit and hot or cold drinks were also provided at regular intervals during the day.

People’s nutrition and hydration needs were met. People’s nutritional assessments had been completed and reviewed. Where concerns had been noted, external guidance had been sought. People were weighed monthly and that if someone was noted to have lost weight, this

Good

Is the service effective?

was discussed with the GP. One person using the service had been prescribed a food supplement, and staff knew how often they needed to offer this and why the person had been prescribed it.

Good

Is the service caring?

Our findings

The registered manager and staff knew people well and were able to explain people's individual likes and preferences in relation to the way they were provided with care and support. The home's staff team was very stable with the provider and registered manager having worked in the home for over 20 years.

The registered manager explained that the home took a holistic approach to care by ensuring the wellbeing of both people and their families. For example the manager described care agreements that had been reached between people, the home, and relatives. The home recognised the sense of loss experienced by family carers when their relative moved into a care home. These agreements enabled existing carers to retain some responsibility for specific aspects of the person's care.

We observed that staff universally demonstrated a kind, caring and compassionate attitude towards people using the service. Staff crouched down when speaking to people so that they were at eye level. They spoke kindly and provided gentle reassurance to people. When we saw staff walking around the building with people, they didn't rush them. They encouraged independence whilst also offering support when it was needed.

People told us they were treated with dignity and respected by the staff. All of the visitors we spoke with were also positive about the care provided. Comments included "The carers are kind and considerate and treat my relative with respect", "I have never felt this anything but kindness here" and "There is such a friendly, family, homely atmosphere here".

Relatives were actively encouraged to visit regularly and people were encouraged to invite their friends and relatives to attend the activities in the home. All of the visitors felt their relative was happy living at Park Street Home. One visitor said "At the last place, my mother cried when I left, but she never cries here. I know she is happy here" and "When my mum moved here, it was the first time she had been treated with kindness and dignity and treated like a person. Previously, we'd always been told she had challenging behaviour and was difficult, but here, they treat her as an individual. All of the staff know the people really well".

One visitor explained that when their relative had been in hospital recently, staff had visited every day, even when they weren't working. A staff member confirmed this and said "I did go and visit one resident in hospital on my days off. I wanted to". Another visitor said "The manager is a saint. They are always on call. At Christmas they invite in local residents for lunch who don't have anyone with them".

Staff said "I absolutely love my job. I did work in another care home, but I never got the chance to interact with people like I do here" and "Everyone works together here".

Good

Is the service responsive?

Our findings

Each person had an individual care plan which contained information about the support people needed. We found that people and their relatives also had input into the care plans and choice in the care and support they received. Care plans contained information such as people's medical history, mobility, communication and care needs including areas such as: continence, diet and nutrition. These plans provided staff with information so they could respond to people positively and in accordance with their needs.

Staff recorded the support that had been given to people in care notes. Staff recorded information regarding daily care tasks, including the support that had been provided and personal care tasks that had been carried out. This information provided evidence of care delivery and how staff had responded to people's needs.

We observed how staff responded to people's needs. Staff spent time with people and responded quickly if people needed any support. Relatives told us that the staff in the home knew what support people needed and provided this as they needed it. Call bells were answered quickly and people confirmed that staff responded in good time. During our conversations with people and staff and through our observations we identified numerous novel approaches used to meet people's individual care needs. The support provided was highly personalised and designed to enable people to live the lives they chose.

People and their relatives said they had access to activities they wanted to take part in. We also found that staffing was organised in a way so that people living in the home could go out every day into the community if they wished to. For example, during our inspection, one person went out for lunch, and another went for a walk. We also found that some people had their own individual hobbies they were supported to engage in within the local community. Relatives said activities were person centred; for example one relative said "When my relative was more mobile staff would take her down to the local department store so that she could buy her clothes; she was always so fashion conscious, and the staff knew that". Another relative said "They set up an account at the local newsagent, so my mum can go and choose her own magazines" and "The staff keep people involved in normal day to day things, like walking down to the post box to post some letters". One other relative said "Here people are engaged they go out on day trips to the park, the Roman baths, the Pump Rooms for tea. It's wonderful". People were also encouraged to be as independent as possible; one of the staff said "We get the residents involved; we all sit round the big kitchen table and make cakes for example".

People were supported to maintain relationships with their family. Relatives told us they were in regular contact with the home and were kept informed of any issues regarding their relative. Visitors said they were invited to discuss care plan reviews and were always informed of any changes in their relatives care or condition. They said "The family have been invited in for care plan reviews and we are involved" and "The staff are great at keeping in touch. The manager phones about hospital appointments for example" and "If anything changes, they let me know straight away". Families we spoke with told us that they were able to visit their relatives whenever they wanted.

People and their relatives felt able to complain or raise issues within the home. The home had a complaints procedure available for people and their relatives. Everybody we spoke with said they knew how to complain, and all said they had never had cause to. We checked records for the last year and found that there had been no complaints made.

Good

Is the service well-led?

Our findings

The provider and registered manager were a visible presence throughout the home and visitors were unanimously positive about the way the home was managed and how approachable the registered manager was. They said “The manager is very open, and will always find a way to make things work” and “The manager doesn’t just look after the residents, but she looks after the whole family too. She cares so much”. We also saw records that demonstrated that relatives and other people important to people living in the home were communicated with through planned meetings and also on the phone if there was anything urgent that they needed to know.

Staff told us they were regularly consulted and involved in making plans to improve the service with the focus always on the needs of people who lived there. Staff told us they felt well supported by the registered manager and their colleagues. We saw there were effective communication systems in place regarding staff handovers. The staff spoke well of the registered manager. One member of staff told us “The manager is the best. She gives so much”.

One visitor said that when they were looking for a placement for their relative there were no vacancies at Park Street, but that the registered manager had invited them to visit every week in order for them to get to know the people using the service and the staff. They said they had done this weekly until a vacancy had become available.

The registered manager had confidence in their own knowledge and experience and were willing to challenge advice from professionals where they believed this was not in the person’s best interests. Records showed the registered manager had recently successfully challenged some health advice after having sought a second opinion from another health professional. This had resulted in a better outcome for the person’s health.

To ensure continuous improvement the registered manager conducted regular audits to monitor and check the quality and safety of the service. They reviewed issues such as; medicines, care plans and training. The observations identified good practice and areas where improvements were required. We saw that staff supervision process had already been recognised as requiring improvement through the provider’s own quality checks and the registered manager was working towards improving them.

There also were systems in place to ensure regular maintenance was completed and audits to ensure that the premises, equipment and health and safety related areas such as fire risk were monitored and that equipment tests were also completed. We saw that where actions were required to improve the service there were action plans in place.

People were encouraged to provide feedback on their experience of the service to monitor the quality of service provided. People who used the service and their relatives were given questionnaires for their views about the quality of the service they had received. We saw the results of surveys had been analysed and comments were positive.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People were at risk from poor hygiene practices. People were at risk from unsafe medicine management. These are breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).