

Mrs Y Kerr and Mrs J Hartley

Parade Rest Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Parade Rest Home is a residential care home that was providing personal care to 11 older people, some of whom were living with dementia.

People's experience of using this service:

We observed medicines being administered and looked at how they were managed. While staff were kind and patient during the dispensing of medicines, staff did not always follow good practice guidance around the management of medicines. We have made a recommendation about this.

People told us they felt safe at Parade Rest Home. Relatives stated they believed their family members were made safe by the care they received. Staff told us they had appropriate training, knowledge and support to keep people safe. Staff could tell us how they managed risk and behaviours that challenge in a way that respected the person and supported their dignity.

People and their relatives we spoke with felt confident in the management. They told us there was a caring culture within the home and staffing levels were appropriate. One person told us, "When I ring the bell staff always come."

It was clear staff morale was good and everyone was committed to ensuring people received care and support based on their preferences and life choices. The registered manager told us the low staff turnover allowed positive relationships to be built with people receiving support and strong teamwork to develop. People who lived at Parade Rest Home expressed positive views on how they were treated by staff.

Observations during our inspection showed people were respected and care and support was delivered in a dignified manner with consent being sought before any actions were taken. We saw the use of eye contact, appropriate touch and humour to engage and foster positive relationships.

Care plans had been developed with people and their relatives being involved throughout the process. These were regularly reviewed to reflect people's current needs. The management of risk was included within the care plan to minimise the likelihood of preventable harm occurring.

Staff files we looked at evidenced the registered manager used the same safe recruitment procedures we found at our last inspection. Staff told us training was ongoing and they were supported to gain vocational qualifications in health and social care.

Staff supported people with their meals sensitively and respected their wishes. Plate guards were used to promote people's independence and staff were available to provide support should it be required. We observed one person start to eat their meal independently but accepted support to finish when they became tired. Everyone we spoke with told us the food was good and the registered manager ensured

people always had access to food, drink, snacks and cake.

There was a complaints procedure which was made available to people and their family. People we spoke with told us they were happy with the support they received.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included satisfaction surveys to seek their views about the service provided. We noted activities were provided as part of the care people received. People told us they enjoyed the visiting singer and photographs showed us regular activities took place.

The service engaged with outside agencies to ensure people received timely healthcare support. The management team engaged with other agencies to gain updates on legislation, best practice and learn from other providers' experiences.

More information is in the full report.

Rating at last inspection:

Good (Report published 23 August 2016)

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up: ongoing monitoring; possibly more about how we will follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme or if any issues or concerns are identified.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Parade Rest 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 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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 carried out this inspection.

Service and service type:

Parade Rest Home is a care home. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission (CQC). This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced. We did not tell people who lived at Parade Rest Home, relatives, the registered provider, registered manager or staff when we would be visiting.

What we did:

Before our inspection, we checked the information we held about Parade Rest Home. This included notifications the registered provider sent us about incidents that affect the health, safety and welfare of people who received support.

We also contacted the commissioning and contracts departments at Blackpool Borough Council, Lancashire County Council and Healthwatch Blackpool. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and

compliments through their engagement work. This helped us to gain a balanced overview of what people experienced when they received support at Parade Rest Home.

We looked at information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. All the information gathered before our inspection went into completing our planning document that guides the inspection. The planning document allows key lines of enquiry to be investigated focusing on any current concerns, areas of risk and good or outstanding practice.

We activated the call bell three times during our visit to assess staff availability and response times. We spent time watching day to day activities, communication, relationships and care practices taking place. We did this to assess the quality of interactions that took place between people living in the home and the staff who supported them.

We spoke with two people who lived at Parade Rest Home and five relatives, the registered manager, business administration manager and two care staff. We looked at the care records of three people; training and recruitment records of three staff members, records related to the storage and administration of medicines and the management of the service.

As part of the inspection process we walked around the building to carry out a visual check. We did this to ensure the home was clean, hygienic and a safe place for people to live.

We looked at what quality audit tools and data management systems the provider had. We used all the information gathered to inform our judgements about the fundamental standards of quality and safety of the service delivered by Parade Rest Home.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely

- Regular competency checks did not take place to ensure staff competency and knowledge had been maintained after training. We observed good practice guidance was not consistently followed when signing for medicines being administered.
- We recommend the registered provider seeks advice from a reputable source on good practice for the administration of medicines in care homes and shares this with their staff team.
- People told us they were consulted about their medicines and they received them on time.
- Medicines were securely stored to keep them secure and people safe.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe. One person told us, "I do feel safe living here." A visiting relative told us, "All residents seem comfortable and [relative] is very safe."
- The service had safeguarding policies which were reviewed regularly to ensure they were current.
- The registered manager was aware of their responsibility to report concerns to the relevant external agencies should any incidents occur. They attended local forums to ensure they remained up to date with current legislation and best practice.
- Staff told us how they would respond to suspected abuse and keep people safe. This indicated staff had the knowledge and confidence to protect people who may be vulnerable.

Assessing risk, safety monitoring and management

- We noted the registered provider used technology to alert staff of people's movements to minimise the risk of regular falls. After consultation, one person had rails installed on their bed to help them feel secure.
- We saw risk assessments were person centred and individualised for each person. For example, we saw individual plans that reflected people's unique behaviours and the appropriate response required by staff to help maintain people's safety.
- Each person had an emergency evacuation plan to guide staff on how they needed to leave the home in the event of an emergency.

Staffing and recruitment

- Staff continued to be recruited safely. Records we looked at showed all pre-employment checks had been carried out including Disclosure and Barring Service (DBS) checks.
- Rotas we looked at showed no staff had started their role until all checks had been completed.
- We looked at how the service was staffed and found appropriate arrangements were in place as at the

previous inspection. People who lived at Parade Rest Home told us they felt enough staff were available to meet their needs. Staff we spoke with were satisfied sufficient staff were on duty at all times.

- We observed staff going about their duties and noted they had appropriate time to respond to people's needs.

Preventing and controlling infection

- People we spoke with praised the cleanliness of the home. One person told us, "They keep the place nice and tidy." However, when we walked around the home we observed areas that would benefit from additional cleaning and maintenance. We spoke with the registered manager who took immediate action.
- Appropriate personal protective equipment hand hygiene gel and liquid soap were available.
- Parade Rest Home had been awarded a five-star rating following their last inspection by the 'Food Standards Agency'. This graded the home as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

Learning lessons when things go wrong

- We saw evidence any accidents and incidents were investigated and actions put in place to reduce the risk of similar incidents.
- The registered manager was aware of their responsibility to report concerns to the relevant external agencies.

Is the service effective?

Our findings

Effective – this means we looked for evidence 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.

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

- Staff had a good understanding of people's assessed needs.
- We observed people received care which met their needs and protected their rights.
- People's needs were assessed, their care was planned and regularly reviewed to ensure they received support that met their changing needs.
- The registered provider attended provider forums run by the local authority to maintain their health and social care knowledge and gather best practice information from experts and their peers.

Staff support: induction, training, skills and experience

- Staff told us their induction included shadowing more experienced staff to gain experience and learn their role. One staff member told us, "I learnt a lot to be fair."
- Staff told us there was ongoing training and the business administration manager ensured all mandatory training was completed yearly.
- People we spoke with felt staff had the skills to complete their role effectively.

Supporting people to eat and drink enough to maintain a balanced diet

- One person told us, "We get plenty to eat, and plenty of tea and coffee. I've often thought I could do with a gin." We shared this with the registered manager who told us the person had access to a limited supply of alcohol.
- A relative told us, "The quality of the food is incredible, I wish I could eat there myself."
- There were effective strategies to ensure people received a balanced diet. We read a care plan that described one person's preference on how they ate their meal. They started their meal and may leave to return to their food later. A relative confirmed that staff were aware of the person's preference.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- We found good evidence to show people were supported to access relevant health and social care professionals. This was achieved by contacting health professionals through the local authority community hub. This ensured people's assessed needs were being fully met in a timely way, in accordance with their plans of care.
- We saw advice provided by healthcare professionals was followed by staff which ensured people were supported to maintain their health and wellbeing
- One relative told us, "They [staff] book all health appointment and either me or them attend. I am always kept up to date."

- We found evidence the registered manager was referencing current legislation and standards to achieve effective outcomes. For example, the registered manager received updates from Public Health England and the Care Quality Commission.

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

- The building provided people with choices about where they spent their time.
- A passenger lift was available, if people needed it, to access the upper floors. There were call bells in all the rooms to allow people to summon assistance should they require it.
- There was ongoing refurbishment of the home. Carpet had been replaced with safety flooring and new dining chairs had been purchased to aid with people's mobility.

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 that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
- The registered manager knew the process to safeguard people who did not have capacity. Records we reviewed included an assessment of capacity and best interest decisions.
- Throughout our inspection, we observed people were supported to make their day-to-day decisions.
- Decisions taken on behalf of people who were unable to make decisions for themselves were done in line with the best interest process. Where possible friends and relatives who knew the person well were involved in the process.
- People were asked for their consent before any care was delivered. People who could had signed their care plans to indicate they agreed with their planned delivery of care.

Is the service caring?

Our findings

Caring – this means we looked for evidence 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; equality and diversity

- Staff were kind, caring and patient with people and this was observed throughout the inspection visit.
- People told us how well they were treated. One person told us, "The staff are very kind." A second person said, "The staff are caring, they do care."
- Staff spoke positively about people who displayed unique behaviours. They recognised and presented the person's full personality that valued them as an individual and did not focus on behaviours that could be viewed as negative.

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

- People we spoke with told us they were involved in decisions about their care. One person told us, "People do talk to me about paperwork and go through information."
- Relatives we spoke with told us they were included in decisions about family member's care.
- One relative commented, "They [family member] have a care plan and they [registered manager] talk to me if anything changes."
- Information was available about local advocacy services. An advocate is an independent person, who will support people in making decisions, to ensure these are made in their best interests.
- Care plans included a 'This is me' section that held information on people's life histories. The registered manager told us that finding out about a person's life history allowed them to build and foster relationships.

Respecting and promoting people's privacy, dignity and independence

- We saw sensor mats were being used to allow positive risk taking to take place and to support one person to have privacy and independence in their bedroom.
- We observed staff knocked on people's bedroom doors and waited for a response or permission to come in before entering.
- Records we saw and our observations demonstrated that dignity and respect was a high priority for the service, with a wide range of choices being offered and diverse needs being consistently met.
- The registered manager ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Records were stored safely maintaining the confidentiality of the information recorded.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- We saw everyone living at Parade Rest Home had a care plan. People or their relatives told us they understood and agreed its contents.
- Care records we looked at demonstrated a person-centred approach to plan and support people's needs. For example, they guided staff on how to ensure information was accessible to people. We saw documentation that informed staff one person struggled occasionally to find the right words when in conversation. It guided staff to wait and allow the person to contribute their views in their own time.
- People's rooms were decorated and furnished to meet their personal tastes and preferences.
- Activities were organised around seasonal events and people's preferences. For example, we saw a valentine's romance quiz had taken place. We saw people participating in arts and craft activities that were adapted to meet their needs. We noted singers regularly visited the home.
- One person told us, "We have a music man on a Wednesday and he is brilliant. We also do quizzes."
- People were supported to manage their finances so they could budget and continue to maintain their valued lifestyle.

Improving care quality in response to complaints or concerns

- People understood how to make a complaint if they needed to. One person said, "If I had a complaint, which I don't, I would see a social worker." A second person commented, "I have never needed to complain but if I had to I would. They [registered provider] would respond because they know you are being honest about it."
- The service had a complaints procedure. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately.
- No complaints had been received since our last inspection?

End of life care and support

- The registered provider was aware of the Electronic Palliative Care Coordination System (EPaCCS) and was discussing this with the local authority health professionals. EPaCCS will enable all healthcare services to have access to key information about people's end of life decisions regardless of the time of day and night, resulting in coordinated joined up care.
- People's end of life wishes had been recorded so staff were aware of these. People had the option of having their do not attempt cardiopulmonary resuscitation (DNACPR) wishes recorded on a DNACPR form. Those people who had one had it stored with their diary notes so staff could access it in times of need.
- We saw people had been supported to remain in the home where possible as they headed towards end of life care.

Is the service well-led?

Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- We observed the registered manager promoted positive values of equality, diversity and working in partnership with people, which the staff followed in practice.
- The registered manager and management team demonstrated a good understanding and awareness of people's needs, likes and choices. The registered manager told us, "We work to the needs of the residents."
- Comments we received about the management of Parade Rest Home were positive about the organisation and the way the home operated. One staff member said, "They are really good bosses, they are approachable." One relative told us, "The home is really relaxed, when we walked in we knew this was the right place and the manager is so friendly."
- Where audits had been completed we noted the findings from these were recorded so any actions required could be and were acted upon. This confirmed the service was open and transparent in all areas.
- Staff had been trained and were able to tell us they had a responsibility to report any bad practice to ensure people remained safe.
- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had clear lines of responsibility and accountability. The registered manager, management team and staff were experienced, knowledgeable and familiar with the needs of people they supported.
- We saw the registered manager had quality assurance processes that were effective and improved the service as intended. For example, the registered manager completed unannounced visits at evenings and weekends. This helped ensure staff delivered high quality care.
- The registered manager had notified CQC of any incidents in line with the regulations. The home had on display their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- The management team worked with one person to manage their finances. This promoted the person to maintain their independence and access community activities independently.
- We saw the home worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included the local

authority, social care forums where best practice was discussed, G. P's, and district nurses.

- People and their relatives told us they were encouraged to comment on the care delivered to them. People also told us they could simply speak with staff if there was anything they wished to discuss or change.
- The registered manager used satisfaction surveys as a way of gaining people's feedback. We saw evidence of changes made because of feedback received.
- The registered manager was committed to ensuring continuous improvement. Accidents and incidents were investigated and actions recorded where improvements could be made.
- The management team were responsive in their actions to feedback from external audits from the local authority and CQC.