

Indigo Care Services Limited

# Paddock Stile Manor

## Inspection report

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## 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** ●

# Summary of findings

## Overall summary

### About the service

Paddock Stile Manor is a residential care home and was providing personal care to 40 people. At the time of the inspection 28 people were living at the service.

### People's experience of using this service and what we found

The service had made improvements since the last inspection and ensured only staff with the correct level of Disclosure and Barring Service (DBS) check and appropriate training were allowed to support people at mealtimes.

People and relatives told us they were happy with the care and support received.

The provider had systems in place to make sure people lived in a safe environment. Staff had a good understanding of how to keep people safe from abuse. Safeguarding concerns and incident and accidents were checked for patterns and trends.

Staff were recruited safely and received regular training and supervisions. Health and safety checks were regularly carried out and plans were in place to support people in the event of an emergency.

Recording of medicines was not always accurate which meant it was difficult to see if people had received their medicines as prescribed.

Environmental risks were identified and mitigated. Whilst the majority of risks to people had been identified we found one serious risk to a person had not been recognised and no risk assessment or guidance had been put in place to keep the person safe. The registered manager addressed this matter immediately.

The service worked in partnership with healthcare professionals and were quick to respond to changes in people's health.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Mealtime experience varied on the two days we visited, on the first day staff were not as responsive to people's support needs whilst on the second day staff were compassionate and attentive. The registered manager told us they would look into this matter.

Staff respected people's privacy and promoted their independence. People and their relatives were involved in discussions about their care and support.

Care plans were person-centred and clearly outlined people's support and care needs. Relatives were made

welcome at the service and were encouraged to take an active part in activities.

People were supported to maintain links to their local community and to take part in various activities. The provider had a complaints procedure in place and people were aware of how to make a complaint.

Feedback was regularly gathered from people, relatives and staff. The provider had a range of quality systems in place to monitor the service and drive improvement.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection (and update)

The last rating for this service was requires improvement (Published 2 July 2018) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show how and by when they would improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 well-led.

Details are in our well-led findings below.

**Good** 

# Paddock Stile Manor

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

One inspector, an assistant inspector and an Expert by Experience conducted the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

The service had a manager registered with 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

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with eight people who used the service and 10 relatives. We spoke with three care workers, two senior staff members, a kitchen staff member, the registered manager and the regional director. We looked at three people's care records, seven people's medicines records and other records related to the management of the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question remains as requires improvement. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

### Staffing and recruitment

At our last inspection the provider had allowed staff without the appropriate level of Disclosure and Barring Service (DBS) check to support people. This was a breach of regulation 19 (Fit and proper persons employed) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 19.

- The provider had checked that staff who provided care for people had the correct DBS check and those who did not were no longer allowed to carry out supporting duties.
- A robust recruitment procedure was followed. Pre-employment checks took place to ensure suitable staff with the appropriate skills and knowledge were employed.
- People felt there were enough staff to see to their needs. One person told us, "They're (staff) wandering past all the time, I've no complaints."
- Staffing levels were determined by a dependency tool which took into account people's needs. During certain times of the day when people required more individual support for example at mealtimes and when people were getting up, we observed people were left unattended. We discussed our findings with the registered manager and regional director. They told us they would review staffing levels at those times but records of staff interventions fully supported the staffing levels.

### Using medicines safely

- Medicines were not consistently managed safely.
- Some people with swallowing difficulties were prescribed thickeners to be added to fluids. Care plans did not record the amount to be given just the level of support. No system was in place for staff to record, the volume of liquid thickened, the number of scoops of thickening powder used and the amount consumed.
- We found two occasions where staff administering medicines had not followed the appropriate process which then made it difficult to see if people had received their medicines as prescribed. The registered manager advised that the issues would have been identified during the monthly audit.
- PRN 'when required' protocols lacked detail and did not always describe people's symptoms to look out for and when to offer the medicine.
- Medication management had been identified as an area for improvement during the provider's quality monitoring visit in February 2019.

### Assessing risk, safety monitoring and management

- Risk assessments were developed in relation to people's specific care and support needs and covered such areas as falls. Whilst the majority of risks had been identified and mitigated. We found one person had recently had seizures, the registered manager had failed to recognise this as a risk to the person and no care plan or risk assessment had been put in place. We asked the registered manager to address the matter immediately.
- Fire drills were regularly conducted and staff had received training in the use of evacuation equipment. People's personal emergency evacuation plans (PEEP) clearly outlined the support people needed in the event of a fire.
- Checks on the environment and equipment regularly took place and a business continuity plan was available.

#### Systems and processes to safeguard people from the risk of abuse

- Staff we spoke with demonstrated an understanding of how to raise safeguarding concerns and were aware of the provider's whistleblowing procedure.
- Safeguarding procedures were available in easy read format and were displayed in the service.
- The registered manager had raised concerns with the local authority as required and investigated matters.

#### Preventing and controlling infection

- The service was clean and tidy. Staff followed laundry procedures to help prevent the spread of infection.
- Staff had received infection control training and had access to equipment such as disposable gloves and aprons. Hand hygiene posters were displayed to promote good practice.

#### Learning lessons when things go wrong

- Effective arrangements were in place to learn when things went wrong.
- The registered manager carried out root cause analysis on serious injuries. Root cause analysis is a tool which quickly helps identify the source of an issue or problem, enabling services to tackle the true cause of the problem.



# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the service did not ensure that staff supporting people at mealtimes had the appropriate training to do so safely. This was a breach of regulation 12(Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 12.

- The service ensured only staff with the appropriate training were supporting people with their meals.
- People told us they enjoyed their meals and relatives were complimentary about what was on offer. One relative said, "The food they provide is great – they always make a thing about birthdays."
- Mealtime experience was varied over our two-day inspection. On the first day people who needed physical support or verbal encouragement did not receive it constantly. The registered manager told us they would look into this matter.
- On the second day of inspection the experience had improved. Staff had a greater knowledge of how best to support and encourage people to take their meals which resulted in cleared plates.
- The service encouraged people to drink more fluids, advisory posters were displayed which promoted and reminded people to drink. Drinks and snacks were readily available throughout the day.

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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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.

- An assessment of capacity took place prior to a DoLS application being made. The registered manager had submitted DoLS applications to the local authority for authorisation in line with legal requirements.
- The service obtained lasting power of attorney (LPA) when people moved to the service. LPA is a legal process that allows designated individuals the authority to make decisions on a person's behalf, if they do not have the capacity to do so themselves.
- We observed staff supporting people with day to day decisions and respected their choices.

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

- The registered manager and other trained staff visited prospective people to assess their physical, social and emotional needs as well as any cultural or religious needs so these could be considered when planning for their support. Pre-assessments included questions relating to all the protected characteristics of the Equality Act enabling the service to protect all from discrimination.

Staff support: induction, training, skills and experience

- Staff had completed an induction and mandatory training which the provider deemed necessary to perform their role. One staff member said, "the induction was great". Staff also felt there was lots of support within the team from other colleagues.
- Staff had also completed specific training relating to people's needs. For example, React to Red training about pressure ulcer prevention.
- Staff confirmed that they were given opportunities to review their individual work and development needs through supervision sessions, team meetings and appraisals.

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

- The service had developed positive relationships with local health care professionals. Regular meetings involving community nurses, chiropodist and GPs were held at the service.
- Guidance from external healthcare professionals was adopted into people's care plans.

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

- The premises and environment were designed and adapted to meet people's needs. There was clear signage for people, including some pictorial signs to help with orientation.
- People's bedrooms were personalised with items such as pictures, furnishings and decoration they had chosen.
- People had access to outside space in an enclosed garden with a seating area and raised flower beds. One person had expressed enjoyment bird watching. Working with the person's family, a bird feeder was positioned outside of their window.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people with kindness and respect. One relative told us, "I can't fault anything from bottom to top. I'm happy and my partner was happy from day one."
- Staff were trained in equality and diversity and the provider had an equality and diversity policy in place to protect people and staff against discrimination.
- The registered manager regularly observed staff practises and interactions with people, including unannounced visits at night to ensure care standards remained at the appropriate level.

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

- Staff supported people to be involved as much as possible with making decisions about their care. People and relatives told us they took part in discussions about the person's care and support needs.
- The provider regularly consulted with people and their relatives to capture their views about the service.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. One person told us, "Always yes – they do respect privacy."
- Staff knocked on doors and sought permission before entering.
- People were promoted to be as independent as they were able and wished to be. One person told us, "I do my exercises so I don't need help but I know they are there if I do."
- People's confidential information was held securely on an electronic system which was password protected and only accessible to staff who needed the information to carry out their role.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences.

- Improvements had been made to care plans and they included information about people's needs and preferences and how support should be provided.
- Care plans contained detailed information about people's likes, dislikes, routines, personal history, cultural and religious needs. A one-page profile gave staff a clear summary of the most important things they needed to know about each person.
- Care plans were regularly reviewed and they reflected people's current needs.
- An activities co-ordinator was employed at the service and various activities were available for people. During the inspection people enjoyed visiting the hairdresser in the service's salon. We observed care staff engaging in activities with people.
- The provider had a 'fresh air' initiative and encouraged people to take part in day trips and get outside and enjoy garden areas. People were supported to maintain their religious beliefs with church services taking place.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Documentation throughout the service was available in easy read format and large print. Information relating to people's communication needs was gathered during pre-assessment.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy which was displayed throughout the service. Complaints were acted upon in an open and transparent way, with information used to drive improvement.
- People and relatives knew how to make a complaint and were confident any issue would be dealt with. One relative said, "I'd talk to the manager or any of the staff. I know there's a complaints procedure."

End of life care and support

- The service was not providing any end of life support at the time of our inspection.
- People, with the support of their family members, had provided some basic details about their wishes at the end of their lives. We discussed with the registered manager and regional director this was an area requiring more careful consideration, to make sure people had all the important things and people around

them at this time.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Continuous learning and improving care

- The provider had a range of governance systems to monitor the quality of the service and to drive improvement. Information was taken from all the provider's services, analysed and reviewed for trends.
- Clinical information formed part of the manager's monthly report which was reviewed by the head of care. This allowed the service to be responsive and identify any changes in people's health.
- The registered manager attended regular manager meetings where best practise and learning points were shared.

### Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives were fully involved in the service. Relatives had fund raised to purchase items for the creating of a 'bar' and the development of the garden.
- Staff meetings took place regularly and were also used to share information and keep staff up to date.
- Staff morale was good. Staff told us they felt supported and respected.

### How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider met the regulatory requirements to be open and transparent with people using the service when things went wrong.
- During the inspection the registered manager was quick to respond to issues and to put things right.
- When people received poor care outside of the service the registered manager ensured the matter was addressed and the appropriate authorities were alerted.

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

- The registered manager was visible and hands on throughout the service supporting staff and people. Staff commented on how approachable and supportive the registered manager was.
- People and relatives were complimentary about the registered manager. One relative told us, "Yes the manager is brilliant. He's hands on, and I can ask him anything and he will tell me."
- Staff understood their roles and responsibilities and were very knowledgeable about people's needs.
- The registered manager had submitted the required statutory notifications to CQC following significant events at the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback from people and relatives was collected frequently from surveys, results were analysed and fed into the home's improvement plan.
- Staff had opportunities to discuss issues and make suggestions for improvements.

Working in partnership with others

- The service had developed good links with the local community. People were supported to visit the local primary school where a 'Dementia Café' had been created.
- The service worked closely with external health and social care professionals to achieve positive outcomes for people.