Four Seasons Homes No.4 Limited

Park Farm Lodge

Inspection report

Park Farm
Tamworth
Staffordshire
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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**

Overall summary

We inspected this service on 5 August 2015. The inspection was unannounced. At our last inspection in January 2015 we found the provider was breaching the legal requirements associated with safe care and treatment and the management of the service. The provider sent us an action plan demonstrating how they would improve the service. At this inspection we found that improvements had been made, however we found that an improvement in staff availability was required.

There was no registered manager in post; however a manager had been appointed who was progressing through the process to register with us. 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.

Park Farm Lodge is an 80 bedded care home. The home is divided into two units, one providing dementia nursing care for up to 40 people and the other providing frail elderly nursing care for up to 40 people. There were 45 people living in the home on the day of our inspection.

Summary of findings

We found that at times there were insufficient staff available to care for people safely. The arrangements for the management and administration of people's prescribed medicines had improved since our last inspection. Staff understood their role in providing safe care and the actions they should take if they had concerns about people's safety. People looked relaxed in the company of staff and told us they felt safe.

People were provided with a choice of suitable food and were encouraged to take adequate fluids to support their health. People's health and wellbeing needs were regularly monitored and when necessary people received additional support from health care professionals.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report what we find. The DoLS are for people who cannot make a decision about the way they are being treated or cared for and where other people have to make the decision for them. We saw that people were routinely asked for their consent before their care was provided. When people lacked the capacity to make decisions for themselves we saw that staff understood the requirement to work within the Act.

People were treated kindly and politely by staff. People's privacy was promoted by staff to support their dignity. Staff recognised people's individuality and provided care which respected their preferences. People were supported to maintain the relationships which were important to them.

People had opportunities to meet socially with others living in the home or were supported individually to take part in hobbies or activities which interested them. People and relatives knew how to raise concerns or complaints and felt their worries would be dealt with appropriately.

People who used the service and staff felt well supported by the new management arrangements. An open and inclusive home was being promoted. There were arrangements in place to monitor the quality of the service and use the information gained to improve care.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not consistently safe. The level and availability of staff needed to be improved to provide a consistent level of care. There were safe medicine management arrangements in place to ensure people received their prescribed medicines correctly. People's risk of harm was fully assessed and reviewed. There was a recruitment process in place to ensure staff were appropriate to care for people.

Requires improvement

Is the service effective?
The service was effective. Staff were supported to improve their knowledge and skills and had opportunities to discuss the care they provided. People were encouraged to eat food they enjoyed and drink sufficient amounts to sustain their health. People were referred for specialist support when the need was identified.

Good

Is the service caring?
The service was caring. Staff treated people with kindness and compassion. People were treated with dignity and their right to privacy was recognised by staff.

Good

Is the service responsive?
The service was responsive. People received care which met their preferences because staff knew their likes and dislikes. People had opportunities to participate in social activities if they wanted to. People and their relatives felt supported to raise concerns and complaints.

Good

Is the service well-led?
The service was well-led. The manager encouraged people, relatives and staff to share their views to promote an open atmosphere in the home. The quality of the service was monitored and the information from audits was used to make improvements to people's care.

Good

Park Farm Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 5 August 2015 and was unannounced. Our inspection team consisted of five inspectors and two experts by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We checked the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service and information we had received from the public.

We spoke with 23 people who used the service and 12 visiting relatives. We also spoke with eight members of nursing and care staff and the manager. We did this to gain people's views about the care and to check that standards of care were being met.

We spent time in communal areas observing the care people received and we looked at eight people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service. These included quality checks, staff rotas and staff files.

Requires improvement

Is the service safe?

Our findings

At our previous inspection we identified there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider was not ensuring that people were protected against the risks associated with medicines. At this inspection we found there were arrangements in place to ensure people's medicines were stored, recorded and administered safely. One person told us, "I've had my tablets this morning to kill some of the pain. I always get them on time". We saw staff spent time with people when they were administering the medicines. We heard one member of staff say, "I know you don't like them and they're not very nice". Staff offered encouragement and gave an explanation of what the person was taking and why they were important to maintain their health.

We saw there was guidance in place for staff about the use of 'as and when' required medicines, including those used to relieve pain and discomfort. Some people were unable to verbalise their feelings and we saw staff were guided to observe facial expressions and the person's mood when considering if the person was in pain. This demonstrated that staff had support to help them identify if people required relief from pain and the amount of medicine that they could give safely.

People and relatives we spoke with on the ground floor told us there were not enough staff to provide care in a timely manner. One person said, "Sometimes I call but no one comes". Another person said, "The staff keep me waiting". Relatives told us there had been some improvements in staffing levels but there were times, particularly at night and at the weekends when there were not enough staff available. We saw there were no staff present for long periods to support people sitting in the communal areas. On one occasion we observed people were unsupported by staff for a period of 30 minutes. No one sitting in the lounge had access to a call bell to alert staff if they needed assistance. The manager told us they based the staffing levels on people's dependency for care, however we saw that most of the people on the ground floor required assistance from two members of staff at the same time. At lunchtime several people needed to be supported with their meal at the same time and there were insufficient staff available to do this. This demonstrated there were times when people had to wait for attention.

People we spoke with told us they felt safe living in the home. One person said, "Yes, I'm safe here, thank you". A relative told us, "My [the person who used the service] is safe here. It's a good place". Another relative said, "I feel my [the person who used the service] is well looked after and safe here". Staff were aware of their responsibilities to keep people safe. Staff demonstrated a good knowledge about categories of abuse and safeguarding people. Staff spoke with confidence about the actions they would take if they thought a person was at risk of abuse. One member of staff said, "We know we have a duty of care to protect people". Another member of staff told us, "I would report my concerns straight to the manager or contact the local authority directly".

Risks to people's safety were identified and assessed. We saw there were risk assessments for all aspects of people's care needs and the environment they lived in. Some people were unable to move without help from staff. We saw that people received the support to mobilise that had been planned for their individual needs. We watched staff operating a hoist to move people and saw this was done in a safe manner. A member of staff said, "There you are my friend, we're keeping you safe". The risk assessments were reviewed regularly to ensure they still met people's requirements.

Some people who used the service were living with dementia. We saw that people were supported appropriately when they presented with behaviours which challenged. Staff sat with people and used distraction as a way of defusing potentially challenging situations. We saw staff reassuring people and heard one member of staff say, "Don't worry. We all get days like that". This demonstrated that staff understood how to support people when they were feeling anxious and unsettled.

Staff told us and we read, that there were processes in place to ensure potential staff were suitable to work with people living in the home. Staff told us they provided a range of information before their employment began including evidence of their identity and previous work experience. We looked at three recruitment records and saw pre-employment checks were completed before staff were able to start work. This included the outcome of checks with the disclosure and barring service (DBS). DBS is a national agency which holds information about criminal convictions.

Good

Is the service effective?

Our findings

People told us the staff knew how to care and support them. Staff said, as part of their learning, they had received an update in the care of people living with dementia. We saw that staff used what they had learnt at the training to support people. One member of staff said, "The training was good and helped me have a better understanding". New staff told us they received support when they started working in the home. One member of staff told us, "I was able to shadow other staff for two weeks before I started working without support. I think the induction here is better than I've had before". Staff told us there were arrangements in place to discuss their work performance and development. One member of staff said, "We have regular supervision sessions and an annual appraisal. This gives me an opportunity to discuss my needs as a worker". This meant staff had support and training to meet people's needs.

The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out the requirements that must be in place to support people who are unable to make important decisions for themselves. Some of the people who lived in the home lacked the mental capacity to make decisions which affected their health, safety and well-being. We saw that people's capacity and ability to make decisions was considered through all aspects of their care. We heard staff asking people for their consent before providing care. We saw that guidance was provided to staff on how to support the decisions of people who did not have the capacity to offer consent. We read in a care plan for a person who did not have capacity, 'offer a drink, wait for reaction to see if they like it before proceeding'. Staff documented when they made best interest decisions on behalf of people. The best interest decisions included the use of bedrails to keep people safe. We saw that people's family, their doctor and other health care professionals were included in the best interest discussions to ensure they met the person's needs. Some of the people who used the service were being deprived of their liberty as they did not have the capacity to understand their risks. The provider had sought and received the legal authority to do this, to keep people safe.

People received a choice of food and drinks. We heard people being asked what they would like for their lunch, from a choice of three meals. Some people did not want the choices offered. We heard staff say, "What do you fancy?" One person said, "I'd really like some scampi", and we saw they were provided with their choice at lunchtime. People who needed support to eat their meal received encouragement from staff to eat their meal at their own pace. One member of staff said, "You can't put a time on eating and drinking when you're helping someone. It takes as long as it takes".

People's weight was monitored and we saw appropriate actions were taken when concerns were highlighted. Individual food diaries were completed to record people's food and fluid intake. We saw there was guidance for staff on how to complete the records accurately to ensure a comparison could be made between a person's intake and output. We saw that when necessary people's wellbeing was supported by the use of supplements to increase their calories. One person had gained lost weight after taking supplements and support from staff and it had been possible to discontinue them. Some people had problems with swallowing whole foods. We saw people received food that had been pureed and drinks that had been thickened to reduce the risk of them choking. One relative told us, "The staff explained to me the reasons they were giving [the person who used the service] their food and drink in this way so I could understand why it was necessary".

People had access to specialist health care support to maintain their mental, psychological and health needs. Relatives told us they were informed when it was necessary for their loved one to see the GP or receive specialist advice. One relative said, "My [the person who used the service] has very delicate skin. They took advice on the best way to care for them".

Good

Is the service caring?

Our findings

We saw that members of staff were caring towards people. Everyone we spoke with told us they were happy with the care they received. One person said, "The carers do more than just support me. They are good". Another person told us, "I am quite happy here. They look after me very well". Relatives told us the care had improved. One relative said, "I cannot fault the care".

People were supported to maintain their independence. We saw one person was supported by two carers to walk to the dining room. It took them a long time but staff told us the person liked to be mobile rather than sitting in a wheelchair. One person told us, "If you want anything, they'll get it or do it for you". Staff recognised people as individuals and we heard staff speaking with them about their past lives, encouraging them to reminisce and showing genuine interest in the stories they relayed. One person told us, "The staff come and talk with you. They make a special effort and talk about things like my family".

People looked at ease in the company of staff. We heard light hearted banter between them and several people were singing. One person told us, "The staff are always friendly. I have a good laugh with them". We saw staff offered non-verbal support and reassurance through gestures such as placing a hand on their arm whilst chatting. In return we observed some people stroking the arms and faces of staff as they spoke with them which indicated that people were happy and content with the staff.

People we spoke with felt respected by the staff. We observed people's rights to privacy and dignity were recognised and promoted by staff. People told us staff always knocked on their bedroom doors and waited for a response before entering. We saw that people were covered with blankets when they were being moved with the hoist to ensure their dignity was protected. A relative told us, "I visit several times a week. My [the person who used the service] is respected by staff and their dignity is maintained". People were supported to maintain their personal hygiene and dress in clothing of their choice. One member of staff told us, "If I'm in a person's room, it's about that person and what their needs are at that time".

People were supported to maintain their important relationships with family and friends. Visitors were welcomed by staff and could visit whenever they chose. We saw that staff were friendly and sociable with visitors. One relative told us, "The staff are great. The care here is much better now".

Good

Is the service responsive?

Our findings

People were provided with personalised care which reflected their preferences. We saw staff providing people with the care they requested. For example, one person had stipulated what they wanted to wear to bed and the number of pillows they liked. Another person disliked having personal care. We saw their care plan provided information to staff about the best way to support the person so that their care matched their personal preferences. A member of staff said, "We have to be flexible to meet people's different needs".

The manager and staff told us that the care plans were being reviewed and updated to incorporate additional information about people, particularly their life histories and moments in time which had been important to them. Relatives we spoke with confirmed that, when people were unable to provide this information for themselves, families had been asked to contribute. Staff told us the revised paperwork was much better and gave them more information about people. One member of staff told us, "It is important to keep reading the person's care plan to make sure we know them". We saw information about people, their preferred name and favourite pastimes was displayed by their room. This gave staff an instant insight about the person.

Staff received updates about people and their care at shift handover so that they were aware of any changes in their needs or condition. We heard staff being informed about how people were that day, what care they had received and any areas which needed to be addressed. We saw staff recording daily records about people as they completed their care which meant the records contained up to date information.

People told us they were able to socialise with other people living in the home. The provider employed a member of staff whose sole role was to provide opportunities for people to take part in hobby type activities either independently or as a group. The manager told us they were recruiting a second member of staff which meant they could provide people with this support seven days per week. The activity coordinator was on holiday when we inspected but we could see evidence of the support people had received including, flower arranging and a tennis event in the garden followed by a strawberry tea. We saw that people from both floors in the home joined together for a 'sing song'. We observed that people gained enjoyment from the session and one person said, "That was fun". The home had a 'pub' and a 'teashop' which were run by volunteers. We saw an evening event was advertised for people to attend, if they wanted to, in the 'pub'. People told us that if they did not want to take part in the organised arrangements their views were respected. One person said, "I don't always join in. It depends what it is".

People and relatives we spoke with said they would raise any concerns or complaints directly with the manager or by approaching the staff. One relative said, "They are very good here. I have no concerns but if I did I would speak to the nurse or the manager". Another relative said, "I think the care my relative receives is very good. I would soon go to the manager if it wasn't". We saw that people and their visitors had access to the complaints procedure which was displayed prominently in communal areas. When complaints had been received we saw that there had been investigations undertaken and a response sent to the complainant within a timely manner. This demonstrated that the provider had arrangements in place to listen to and respond to concerns.

Good

Is the service well-led?

Our findings

At our last inspection we found the lack of manager continuity had led to a failure to act on the improvements which had been required. At this inspection there was a new manager in post and we could see that improvements had been made. People told us that they saw the manager walk around the home at least once a day to say hello to them. A relative told us, "The new manager is making a lot of difference. There was a lot of negativity before they started". Another relative said, "I've had a conversation with the manager. I found them very approachable. There's more flexibility from staff and there's been an improvement in attitude". One member of staff told us, "This manager is very good". Another member of staff said, "It's getting better here. The manager has had a good effect on the home". The manager was going through the process to become registered with us. The manager had worked as a registered manager before and had implemented several changes and improvements since their appointment in April 2015.

An open and inclusive atmosphere was promoted. We saw there were meetings for relatives to discuss changes that were taking place in the home. We read in the minutes that relatives had been informed about a change to shift times before they were introduced. We saw that there was a copy of the home's newsletter in people's rooms to provide updates about the home. A relative told us, "There is steady progress in all areas, including communication".

Staff told us they also had meetings with the manager to discuss changes taking place which might affect them. A relative told us, "The management support to staff is better". Staff told us the manager was making positive changes to the way people were cared for. The nursing staff told us that they provided a daily report to the manager including updates about people's health, any accidents or incidents which had occurred that day and staffing levels, to keep them up to date with important information. The manager had also introduced a daily meeting which was attended by the heads of all the departments in the home. The meeting was used to provide immediate updates for staff. One member of staff told us, "The meeting helps us feel involved with what's going on each day".

The quality of the service was monitored and reviewed regularly by the manager. There were audits in place to assess the quality of care and the safety of the environment. The information from the audits was used to identify trends or themes. We saw that whenever necessary, improvements had either been made or were planned. For example, we saw an audit on the condition of mattresses had resulted in replacements for some people.

The manager was overseeing a refurbishment programme aimed at improving the home for people to live in. In addition to decoration in the home there was work being undertaken in the gardens to improve access for people to enjoy the outside space. A person we spoke with said, "It's improving. A lot more people are coming out of their rooms now". A member of staff told us, "Some staff who left want to come back here to work. There've been vast improvements; it's a pleasure to come to work".