

Althea Healthcare (Management) Limited

Park Lane Residential Home

Inspection report

7-9 Park Lane
Congleton
Cheshire
CW12 3DN

Tel: 01260290022

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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

This inspection was unannounced and took place on the 23 June 2016.

Park Lane Residential Home was previously inspected in September 2013. Two breaches of legal requirements relating to: safeguarding and assessing and monitoring the quality of service provision were not found to be met.

We asked the provider to take action to make improvements and found that the breaches had been met during our inspection.

Park Lane Residential Home is a three-storey care home that provides accommodation and personal care for up to 42 older people, the majority of whom are living with dementia. At the time of our inspection the service was accommodating 37 people.

The home is operated and managed by Althea Healthcare (Management) Limited (the registered provider).

Resident's accommodation consists of 42 single rooms. Each floor is equipped with a dining area, lounge, bathing and toilet facilities. Car parking facilities are provided at the front of the building.

At the time of the inspection there was a registered manager at Park Lane Residential Home. 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.

We spent time with people using the service during our inspection of Park Lane Residential Home. We observed people living in the home to be relaxed, content and comfortable within their home environment and saw that interactions between staff and people using the service were friendly, polite and unhurried.

Staff were observed to have knowledge and understanding of people's personalities, preferences, needs and support requirements. Through discussion and observation it was also clear that there were positive relationships between the people using the service and staff responsible for the delivery of care.

We saw evidence that people had undergone an assessment of their needs and that plans had been developed that outlined people's abilities and needs; the support / action required by staff; identified risks and actions and outcomes and covered a range of areas that were relevant to the people's individual needs.

People had access to a range of one to one and group activities that were facilitated by staff or external entertainers.

People had access to health care professionals and medication was ordered, stored, administered and disposed of safely by trained staff.

People had access to a choice of menu which offered people a varied, balanced and wholesome diet.

Staff recruitment systems were in place and information about prospective employees had been obtained to make sure staff did not pose a risk to people using the service.

Staff had access to induction, training and supervision to develop the necessary skills and competence for their roles.

The provider had developed policies relating to the MCA (Mental Capacity Act (2005) and DoLS (Deprivation of Liberty Safeguards). The registered manager and staff understood their duty of care in relation to this protective legislation and rights of people living in the home.

Audits had been established to monitor the service and systems were in place to safeguard people from abuse and to respond to complaints.

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.

Policies and procedures were in place to inform staff about safeguarding adults and whistle blowing. Staff had received training in regard to safeguarding vulnerable adults and were aware of the procedures to follow if abuse was suspected.

Risk assessments had been developed so that staff were aware of current risks for people using the service and the action they should take to manage them.

Recruitment procedures provided appropriate safeguards for people using the service and helped to ensure people were being cared for by staff that were suitable to work with vulnerable people.

People were protected from the risks associated with unsafe medicines management.

Is the service effective?

Good ●

The service was effective.

Staff had access to supervision, induction and other training that was relevant to their roles and responsibilities.

Staff had completed Mental Capacity Act and Deprivation of Liberty Safeguards training and had access to policies and procedures in respect of these provisions.

People living at Park Lane had access to a choice of wholesome and nutritious meals and a range of health care professionals subject to individual need.

Is the service caring?

Good ●

The service was caring.

We observed interactions between staff and people using the service were friendly, polite and unhurried.

People were seen to interact with each other in a friendly and good humoured manner and staff were observed to treat people with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People using the service had their needs assessed and planned for. Systems were also in place to keep records under review and to ensure the on-going development of care plans and associated records.

People received care and support which was personalised and focussed on promoting independence and wellbeing.

Is the service well-led?

Good ●

The service was well led.

The service had a registered manager who provided leadership and direction.

A range of auditing systems had been established so that key aspects of the service could be monitored and developed. There were arrangements for people using the service and / or their relatives to be consulted about their experience of the service.

Park Lane Residential 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 checked 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.

The inspection took place on 23 June 2016 and was unannounced.

The inspection was undertaken by two adult social care inspectors.

Before the inspection the provider completed a Provider Information Return (PIR) which we reviewed in order to prepare for the inspection. This is a form that asks the provider to give some key information about Park Lane Residential Home.

We also looked at all the information which the Care Quality Commission already held on the provider. This included previous inspections and any information the provider had to notify us about. We also invited the local authority's contract monitoring team to provide us with any information they held about the service. We took any information provided to us into account.

During the site visit we spoke with the operations manager, registered manager, three care staff, one domestic, the laundry assistant and the cook on duty. We also spoke with 15 people who lived at Park Lane Residential Home and one relative.

We looked at a range of records including four care files belonging to people who used the service. This process is called pathway tracking and enables us to judge how well the service understand and plan to meet people's care needs and manage any risks to people's health and well-being. Examples of other records viewed included; policies and procedures; four staff files; minutes of meetings; complaint and safeguarding records; rotas; staff training and audit documentation.

Is the service safe?

Our findings

We asked people who used the service or their advocates if they found the service provided at Park Lane Residential Home to be safe.

People spoken with confirmed that they felt safe and one person reported: "My vision isn't good but I feel safe with the help of staff."

We looked at the records of four people who were living at Park Lane Residential Home.

We noted that information on the needs of people using the service had been recorded and that each person had a range of care plans, supporting documentation and risk assessments that were relevant to each person's individual needs.

Personal emergency evacuation plans were also in place to ensure an appropriate response in the event of a fire. Likewise, a service continuity plan had been developed to ensure an appropriate response in an emergency. This information helped staff to manage and control risks for people using the service and to safeguard people's health and safety.

The provider had developed policies and procedures to provide guidance to staff the action they should take in response to accidents and incidents.

Systems were in place to record incidents, accidents and falls electronically. This helped the provider to maintain a monthly overview of incidents and to identify any issues or trends. The operations manager informed us that this information was due to be reviewed to ensure the logs identified lessons learnt and outcomes.

At the time of our inspection Park Lane Residential Home was providing accommodation and personal care to 37 people with a diverse range of needs. The manager was supernumerary and worked flexibly subject to the needs of the service. An on-call system was also in operation to provide additional support to staff.

The manager informed us that minimum staffing levels set by the provider at the time of our visit were as follows. From 08:00 am to 08:00 pm there were two seniors and four care staff on duty. During the night (08:00 pm to 08:00 am) there were three care staff and one senior on duty. This information was verified by reviewing the staffing rotas and through discussion with staff.

We noted that the dependency needs of the people using the service were kept under monthly review and that a staffing tool was in use to help the manager to monitor changes in dependency and the deployment of staff.

No concerns were raised regarding staffing levels at the time of our inspection from people using the service or staff.

The provider had developed a policy to provide guidance for staff responsible for the recruitment and selection of staff.

We looked at a sample of four staff files for staff who had been employed to work at Park Lane Residential Home

Through discussion with staff and examination of records we found that there were satisfactory recruitment and selection procedures in place which met the requirements of the current regulations. In all four files we found that there were application forms; two references, disclosure and barring service (DBS) checks, medical questionnaires; proofs of identity including photographs and interview records.

All the staff files we reviewed provided evidence that the checks had been completed before people were employed to work at Park Lane Residential Home. This helped protect people against the risks of unsuitable staff gaining access to work with vulnerable adults.

The manager and staff spoken with demonstrated a good awareness of their duty of care to protect the people in their care and the action they should take in response to suspicion or evidence of abuse.

Discussion with staff and examination of training records confirmed that all the staff team had completed safeguarding vulnerable adults training.

A corporate policy and procedure had been developed by the provider to offer guidance for staff on Adult Abuse and how to also whistle blow. A copy of the local authority's safeguarding adults procedure was also in place for staff to reference.

The Care Quality Commission (CQC) had received one whistleblowing concern in the last 12 months. Whistle blowing takes place if a member of staff thinks there is something wrong at work but does not believe that the right action is being taken to put it right. The concerns raised were not substantiated.

The safeguarding records for Park Lane Residential Home were viewed. A safeguarding log was not in place however a copy of a care concern referral form and associated records were in place for the one safeguarding incident that had occurred in the last 12 months. Records confirmed that the incident had been referred to the local authority's safeguarding unit and notified to CQC.

The management team developed a suitable safeguarding log during our inspection and contacted the local authority to obtain the outcome of the referral during the inspection.

We checked the arrangements for medicines at Park Lane Residential Home. We were informed that only the registered manager and senior staff were authorised to administer medication and had completed medication training.

A list of staff responsible for administering medication, together with sample signatures was available for reference and photographs of the people using the service had been attached to medication administration records to help staff correctly identify people who required medication.

We checked that there were appropriate and up-to-date policies and procedures in place around the administration of medicines and noted that a medication policy was in place for staff to reference. Protocols for the administration of homely remedies and PRN (as required medication) were also in place. Authorisation had been obtained from GPs to administer homely remedies.

Medication was stored in two medication trolleys that were secured to a wall in a lockable room. Separate storage was also available for additional stock and controlled drugs.

We checked the arrangements for the storage, recording and administration of medication and found that this was satisfactory. We saw that a record of administration was completed following the administration of any medication on the relevant medication administration record (MAR).

Auditing systems were in place to monitor the management of medication and records were in place to record fridge temperature checks; room temperature and medication returns.

Overall, areas viewed during the inspection appeared clean and well maintained. We noted that a splash back covering was required for the hand washing area in the laundry room and received confirmation following our inspection that this had been ordered.

Staff had access to personal protective equipment and policies, procedures and audits for infection control were in place.

Is the service effective?

Our findings

We asked people who used the service or their advocates if they found the service provided at Park Lane Residential Home to be effective. People spoken with were of the opinion that their care needs were met by the provider.

Comments received from people using the service or their representatives included: "I love it here. There is plenty to do and the staff are caring"; "The food is excellent" and "They look after us and we get to see the doctor if we're poorly."

Park Lane Residential Home provides accommodation and personal care for up to 42 older people, the majority of whom are living with dementia. The home is a modern purpose built building set within a residential area near Congleton.

Resident's accommodation consists of 42 en-suite rooms (two of which are double rooms). People's rooms had been personalised with memorabilia and personal possessions and were homely and comfortable. Each floor is equipped with a dining area, lounge, bathing and toilet facilities.

The building is equipped with a kitchen, laundry and a hairdressing salon. There is also a games room and outdoor areas with gardens. We noted that the home received ongoing maintenance and refurbishment and that plans were in progress to improve parts of the external grounds and a sitting area.

Areas viewed during the inspection appeared well maintained. Communal parts of the home had been decorated using different pictures or memorabilia such as: flowers; butterflies and birds or actresses and models such as Marilyn Monroe and Audrey Hepburn.

We saw examples of good practice such as the use of photo theme boards and signage to help people orientate around the home and the availability of snacks, fruit and drinks for people to access.

We discussed additional ways that the environment could be developed to make it more 'dementia friendly' with the management team. The management team was receptive to our feedback and confirmed that they were committed to making on-going improvements to the environment. Following our inspection, the operations manager informed us that large notices had been sourced and ordered to signpost various areas such as toilets, lounge and bathroom areas.

The provider had established a programme of training to deliver induction, mandatory; service specific and qualification level training for staff to access. This was delivered via a range of methods including face to face and electronic on-line training.

We received training information in the form of a training matrix from the registered manager. This highlighted that staff had completed a range of training as highlighted above. We noted that all staff had been enrolled to undertake the Skills for Care 'Care Certificate' and that the majority of the units had been

completed.

Overall, training records confirmed that the majority of staff had completed the necessary training for their role however some minor gaps were noted. Likewise, we noted that N/A (not applicable) had been recorded against several training courses for some staff and gaps for dementia awareness training and dementia awareness e-learning. Records had been updated to highlight that 10 staff had commenced dementia awareness training.

Following our inspection, the registered manager provided us with a plan of action to address the outstanding learning needs of staff. The manager also confirmed that all staff regardless of their designated role or responsibilities would complete dementia awareness training and medication awareness to raise awareness.

We noted that dementia training had been provided to staff as part of one of the units of the care certificate. Additional training had been booked for dementia training with Sterling University and care plan; first aid and MCA / DoLS.

Systems were in place to monitor the outstanding training needs of staff and when refresher training was required. Staff spoken with reported that they had access to on-going training, received regular supervision and attended team meetings throughout the year. This was verified by referring to supervision tracking records and minutes of meetings.

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 refuse care and treatment when this is in their best interests and legally authorised under MCA. The authorisation procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS).

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated DoLS with the registered manager.

We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS) with the registered manager.

We saw that there were corporate policies in place relating to the MCA. Information received from the registered manager confirmed that at the time of our visit to Park Lane Residential Home there were 11 people using the service who were subject to a DoLS. Additional applications had also been submitted to the local authority and were awaiting authorisation. We also saw that the details of people with lasting power of attorney for health and welfare and property and / or financial affairs had also been recorded.

Discussion with the registered manager and staff together with examination of training records confirmed the majority of staff had completed training in the MCA and DoLS and understood their duty of care in respect of this protective legislation.

A four week rolling menu plan was in operation at Park Lane Residential Home. People were offered a choice of cereal options for breakfast and a choice of two options for the main meal of the day. The tea time

meal listed one option however alternative options were available upon request. Menus viewed confirmed the people using the service had access to a varied, balanced and wholesome diet.

We noted that people were asked to select a choice of meal the day before each meal was served. Choices had been recorded and a copy of the daily menu was displayed on each table for people to view. At the time of the inspection we saw no evidence of the use of a pictorial menu to help people living with dementia to make choices.

We viewed the kitchen area and facilities and spoke with the cook on duty. We saw that information on people's dietary needs, preferences and allergies if applicable had been clearly recorded on a notice board and was accessible for all staff working in the kitchen.

We saw that the most recent food standards agency inspection for Park Lane Residential Home was in August 2015. Park Lane Residential Home was awarded a rating of 4 stars at that time. Action had been taken in response to the inspection feedback.

We discreetly observed a lunch time meal being served in one of the smaller dining rooms where people requiring help at meal times were supported. We observed staff to be attentive and responsive to the needs of people during lunch time. People were encouraged to retain their independence when eating and staff offered a caring and reassuring approach when necessary.

We also observed people eating in one of the larger loungers and noted that the mealtime was unhurried and provided a pleasant opportunity for social interaction.

Care plan records viewed provided evidence that people using the service had accessed a range of health care professionals including: GPs; opticians and chiropodists etc. subject to individual needs.

Is the service caring?

Our findings

We asked people who used the service or their relatives if they found the service provided at Park Lane Residential Home to be caring. People spoken with confirmed they were well cared for.

Comments received from people using the service or their representatives included: "The staff are lovely. They always help when we need it"; "The girls [staff] treat me with dignity and respect" and "I'm looked after well."

Staff told us that they had been given opportunities to read people's care plans and supporting documentation to help them understand the needs and support requirements of people using the service.

We spent time with people using the service during our inspection of Park Lane Residential Home. We observed that interactions between staff and people using the service were friendly, polite and unhurried. Staff were observed to have knowledge and understanding of people's personalities, preferences, needs and support requirements. Through discussion and observation it was also clear that there were positive relationships between the people using the service and staff responsible for the delivery of care.

We asked staff how they promoted dignity and privacy when providing care to people at Park Lane Residential Care Home. Staff told us that they had received training in 'WINGS'. This is programme developed by the provider which outlines an approach to caring for people living with dementia. WINGS stands for the five key principles that staff must action when caring for someone with dementia. They are Welcoming; Individuality; Nurturing; Guidance and Sensitivity.

Furthermore, training records highlighted that staff had completed training in person centred planning and how to work in a person centred way to ensure they were aware of the value base of social care.

It was evident from speaking to people using the service and direct observation that staff applied the principles of treating people with respect, safeguarding dignity and privacy and promoting independence whilst undertaking their roles.

Staff were able to give examples of how they promoted good care practice such as knocking on doors and waiting for permission before entering people's homes; speaking to people using their preferred name; asking people how they wished for care and support to be delivered before offering assistance and promoting independence and wellbeing.

We used the Short Observational Framework for Inspection (SOFI) tool over lunch time as a means to assess the standard of care provided. We observed people's choices were respected and noted that staff were responsive and attentive to the needs of people using the service.

People were also seen to interact with each other in a friendly and good humoured manner and staff were observed to treat people with dignity and respect. Staff took time to answer questions and responded

quickly to requests for help or support.

Information about people living at Park Lane Residential Home was kept securely in lockable cabinets and electronic care plan records were password protected to ensure confidentiality.

Is the service responsive?

Our findings

We asked people who used the service or their advocates if they found the service provided at Park Lane Residential Home to be responsive to their needs. People spoken with confirmed the service was responsive.

Comments received from people using the service included: "I'm very happy here. I have no trouble with the staff. They have more trouble with us"; "Activities are okay, but I tend to do my own things" and "I can't complain about anything but would if I needed to."

We looked at the personal records of four people using the service. We noted that assessments of need, terms and conditions and information on people with lasting power of attorney had been stored within files together with other significant records such as 'my life story booklets'.

The organisation used an electronic system known as 'care docs' to record information on the needs of people using the service. Records outlined people's abilities and needs; the support / action required by staff; identified risks and actions and outcomes and covered a range of areas that were relevant to the people's individual needs.

Supporting records such as: personal information; health appointments; emergency contacts; medication information; body maps; risk assessments; daily notes; weight records and important notes were also available for reference.

Records viewed were person centred and provided evidence that the needs of the people living at Park Lane Residential Home had been assessed, planned for and kept under review. We found that some of the information recorded was basic and would benefit from more detail. This was raised with the management team who assured us that this work was in progress and that the records would be developed.

The registered provider had developed a corporate complaints procedure to provide people using the service and / or their representatives with information on how to provide feedback on the service provided.

An 'easy read' version had not been developed at the time of our inspection. Easy read formats include pictures, signs and symbols together with text to help people to understand information more easily.

We noted that the complaints procedure was displayed in the main entrance of the home. Information on how to raise a complaint had also been included in the statement of purpose and service users guide.

The complaint records for Park Lane Residential Care Home were viewed. We noted that the records were disorganised and there was no complaints log or complaint forms in use. The management team developed a suitable log during our inspection and assured us that they would also include a complaint form for any future complaints received.

Records indicated that there had been five complaints in the last twelve months. We were able to ascertain that complaints had been listened to and acted upon as information on the actions taken in regard to each incident were available for reference such as response letters or emails.

No complaints or concerns were received from people using the service or their representatives during our visit.

The registered manager produced a monthly activities programme in consultation with the people living at Park Lane Residential Home as the service did not employ an activities coordinator. The operations manager informed the inspection team that the provider had recently approved for a full time activity coordinator to be appointed.

The management team informed us that staff were responsible for the provision of activities. Weekly activities were also recorded on a notice board in the reception area of the home for people to view.

The activities on offer on the day of our inspection were cake decorating, jenga and nail manicures. Some people were also observed to attend hairdressing appointments in the home's salon.

Individual activities and participants had been recorded electronically in the care docs system. Records detailed that people had participated in a range of activities such as: art and craft work; knit and natter sessions; music afternoons; watching films; board and card games; church services; musical movements; chair exercises; cheese and wine sessions and baking sessions etc. External entertainers also visited the home periodically. For example an organist; singer and (owl friends) pets as therapy.

Is the service well-led?

Our findings

We asked people who used the service or their advocates if they found the service provided at Park Lane Residential Home to be well led. People spoken with confirmed they were happy with the way the service was managed.

One person stated: "The warden [Registered Manager] is okay. She's very friendly and approachable." Likewise, a healthcare professional told us: "The manager is fantastic and welcoming."

Staff spoken with were also complimentary of the registered manager and confirmed she was approachable and supportive.

Following our inspection we were contacted by a relative who told us that in his opinion there was a positive atmosphere and culture within Park Lane which clearly valued the people living in the home and was led from the registered manager.

Park Lane Residential Home had a manager in post who was registered with the Care Quality Commission. The registered manager was present throughout the day of our inspection and engaged positively in the inspection process, together with the operations manager for the service.

We observed the management team to operate an open door policy to staff and people living in the home. Interactions were seen to be positive, caring and inclusive.

We asked the management team to provide us with information on the system of audits in place at Park Lane Residential Home to monitor key aspects of the service.

We were informed that the operations manager completed an audit for the attention of the organisation's head office. This covered a range of areas including: vacancies; training; safety and service certificates; environmental; activities; complaints; accidents and incidents; safeguarding; notifications; medication; care plans; staffing; financial performance and general comments. The audit included an action plan with timescales to ensure accountability.

The service had last sought feedback from people using the service or their advocates and staff during March 2016. Analysis forms had been completed for both surveys which included information on any actions to be taken as a result of each survey. Resident and relative meetings had also been coordinated periodically.

We noted that the surveys contained a range of questions that related to CQC's fundamental standards for the safe, effective, caring, responsive and well led domains. Average scores for both surveys ranged between 86.58% and 88.06 %.

Feedback from the service user and advocate survey highlighted issues with activities and staffing levels.

The action plan for the survey indicated that an activity coordinator was to be advertised and staffing levels increased at night.

Likewise, feedback from staff surveys was generally positive. Some staff indicated that they would like more face-to-face training which the provider was seeking to address by training an employee to deliver training.

People were also encouraged to provide feedback on the carehome.co.uk website. At the time of our inspection seven people had provided feedback on the service in the last 12 months. All feedback was noted to be positive.

A range of monthly audits were also undertaken to monitor medication; personnel files; infection control; electronic 'care docs' records and mealtime experience.

Periodic monitoring of the standard of care provided to people funded via the local authority was also undertaken by Cheshire East Council's Contracts and Commissioning Team. This is an external monitoring process to ensure the service meets its contractual obligations.

We checked a number of test records and / or service certificates relating to: the fire alarm system; emergency lighting; fire extinguishers; portable appliances; gas safety; passenger lifts; hoisting equipment and electrical wiring. All records and certificates viewed / requested were found to be in order.

A statement of purpose and guide for prospective and current users of the service had also been developed. An information leaflet was available in the reception area for people to view which contained key information on the home, the provider, philosophy of care; approach to caring for people living with dementia and care advice and support.