

Four Seasons (Evedale) Limited

Park Lane

Inspection report

Park Lane
Knypersley
Stoke-on-trent
Staffordshire
ST8 7BG

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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

Park Lane is a care home which provides accommodation, personal care and nursing care for people aged 65 and over. Five of the 48 beds were allocated and funded by the local Clinical Commissioning Group to support people to return home after a hospital admission. The accommodation is provided in a single building, arranged over two floors. There is a communal lounge and dining area on each floor, a conservatory and a secure garden area. At the time of the inspection, 42 people were living at the home, some of whom were living with dementia.

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

People felt safe and were protected from the risk of harm by staff who understood their responsibilities to identify and report any signs of potential abuse. We found any concerns were taken seriously and investigated thoroughly to ensure lessons were learnt.

Risks associated with people's care and support were managed safely. People received their prescribed medicines when needed and there were suitable arrangements in place in relation to the safe administration, recording and storage of medicines. There were enough, suitably recruited staff to meet people's needs.

The registered manager and staff liaised closely with other health and social care professionals to ensure people received care that met their holistic needs. Staff received training and ongoing support to meet people's individual needs. People were supported to have sufficient amounts to eat and drink to maintain good health.

Staff knew people well and always promoted their dignity and independence. There was a kind, caring and inclusive atmosphere. People were supported to have maximum choice and control of their lives, in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's care and support plans reflected their needs and preferences and were regularly reviewed. People's diversity was recognised and promoted by the staff and systems were in place to meet people's communication needs. People had opportunities to take part in activities, attend social events and follow their religious beliefs. People and their families were well supported and staff provided compassionate and dignified, end of their life care.

The provider used management systems to identify and effectively manage risks to the quality of the service and drive continuous improvement. People and their relatives had no complaints but felt confident any issues raised would be resolved. There were systems in place to capture people's views on how the service could be improved and these were acted on. Staff felt supported and valued by the management team.

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

Rating at last inspection

The last rating for this service was Good (Published 3 December 2016).

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 safe.

Details are in our safe findings below.

Good ●

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 ●

Park Lane

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

The inspection was carried out by one inspector, supported by an Expert 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.

Service and service type

Park Lane 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 the Care Quality Commission. 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. This included details about incidents the provider must notify us about, such as accidents or abuse and feedback from the local authority. 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 six people who used the service and two relatives about their experience of the care provided. We spoke with seven members of staff including the regional manager, registered manager, deputy manager, a nurse and care workers. Some of the people using the service were unable to give us their views in detail because of their complex needs. We therefore spent time observing how staff interacted with people and how they supported and cared for them. We did this to understand people's experience of living at the service.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We asked the registered manager to send us information in relation to staff training which they provided as requested.

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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home and we observed people looked comfortable in the company of each other and the staff. One person said, "Yes, I do feel safe, I'd tell anybody around here [if I didn't]". Another said, "I couldn't be more safe".
- Staff were actively encouraged to raise their concerns and to challenge risks to people's safety. They were confident that any concerns reported were acted on.
- The provider had effective safeguarding systems which followed local safeguarding procedures. We saw any concerns raised were recorded, investigated and reported to the local safeguarding team when needed. The registered manager notified us of any safeguarding concerns in accordance with the requirements of registration with us.

Assessing risk, safety monitoring and management

- People felt safe and well cared for by the staff. One person told us the staff helped them to move safely using equipment. They said, "Sometimes they need to hoist me, they're [the staff] careful". Relatives we spoke with told us they had no concerns about their family members.
- Staff understood people's needs and followed risk management plans which gave them detailed information on how to manage identified risks, for example when supporting people to move using equipment or to avoid developing sore skin through pressure damage.
- Risks assessments were person centred, reviewed regularly and updated to reflect people's changing needs.

Staffing and recruitment

- There were enough staff to keep people safe and ensure their wellbeing. The registered manager kept staffing levels under review and there were arrangements in place to cover short notice absences which ensured people received consistent support from staff they knew well.
- The registered manager told us they had been using agency staff whilst they were recruiting nursing staff. They added that they used the same staff where possible and had provided cover themselves to ensure people received consistent care. People and relatives confirmed this.
- Recruitment systems were robust and ensured suitable staff were recruited to support people,

Using medicines safely

- People received their medicines when needed. We saw that medicines were stored securely, and staff were trained and monitored to ensure they followed safe practice.

- We saw that medicines were recorded accurately and monitored closely to ensure people received their medicines as prescribed.

Preventing and controlling infection

- People were protected by the prevention and control of infection. We saw the home was clean and personal protective equipment was available when needed.
- Staff had received training and understood their role and responsibilities for maintaining cleanliness and hygiene at the home.

Learning lessons when things go wrong

- The registered manager promoted an open culture of learning from mistakes. Staff were encouraged to report any concerns and a thorough investigation was carried out to ensure lessons were learned. Staff participated in learning to improve safety, for example they told us how procedures had been changed following a recent safeguarding concern.

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 because improvements were needed to ensure people's consent was obtained in line with legal requirements. At this inspection this key question has improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

- At the last inspection, we asked the provider to make improvements when family members gave consent for people's care, for example to have bed rails, to minimise the risk of falls. At this inspection, we saw systems were in place to ensure the registered manager checked that there was a relevant Lasting Power of Attorney in place which gave the family member legal authority to make decisions on behalf of their relative.
- We saw people's capacity to make certain decisions was assessed and any decisions made in their best interests involved relevant people and professionals. However, we saw that some assessments related to several decisions, which does not meet good practice. The registered manager had recognised this and was reviewing best interests decisions to ensure they were consistently recorded and followed legislation and people's wishes.
- Staff understood their responsibilities to support people to make their own decisions as far as possible. We observed staff seeking people's verbal consent before supporting them and discussions with staff demonstrated they knew what to do to make sure decisions were taken in people's best interests.
- Applications had been made to the local authority to lawfully deprive people of their liberty to ensure their safety. The registered manager actively monitored these applications and notified us of any authorisations and ensured that any conditions of the authorisations were being followed by staff.

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

- People's needs were comprehensively assessed prior to moving to the service and appropriate referrals made to other services to ensure people's holistic needs were met.
- Best practice guidance was used to ensure consistency of practice, for example, nationally recognised tools such as the multi universal screening tool (MUST) were being used to assess people's nutritional risk.
- Staff were knowledgeable about people's needs and explained how they supported people. We saw this was in line with the information recorded in people's care plans.

Staff support: induction, training, skills and experience

- People and relatives told us the staff understood their needs and provided effective care. One person said, "I think the care staff know what they're doing".
- Staff received a range of training in a range of areas and their practice was regularly monitored by the registered manager. Nursing staff told us they were supported to maintain their professional registration to ensure they kept up to date with best practice.
- New staff received an induction which included shadowing more experienced staff and completing the nationally recognised Care Certificate. This supports staff to gain the skills needed to work in a caring environment.

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

- People and their relatives were happy with the food provided. We saw menus were displayed and people were offered alternatives if they wished.
- People's individual dietary needs were assessed and met. We saw guidance was in place from the speech and language therapist where people had swallowing difficulties. We saw staff followed this to keep people safe.
- People's ethical preferences were considered and met. One person told us they were supported to follow a vegetarian diet. They told us "It's a bit difficult because I'm sort of vegetarian and I'm quite happy with plain food; I think they've got it [right] now".
- Staff monitored people's weights and where needed, advice from other professionals such as the GP and dietician was acted on.

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

- People were supported to manage their day to day health and had access to ongoing support from their GP and other professionals including physiotherapists, occupational therapists and podiatrists. One person said, "The nurses contact the doctor [if needed] but they come once a week anyway". Staff liaised closely with professionals and acted swiftly on their recommendations.

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

- The home had several different areas where people could choose to spend their time and people had access to outside space that was safe.
- The provider had considered the needs of people living with dementia and installed pictorial signage to help them to orientate themselves and promote their independence.

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 Good. At this inspection this key question has remained the same. 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

- People and their relatives were positive about the relationships they had with staff. One person said, "They treat me very well". A relative told us, "I have a very good relationship with them".
- We saw staff were kind and caring and treated with respect throughout our visit. Staff acknowledged people when they came in the room and anticipated people's needs. For example, at lunchtime we heard staff checking people were sitting in a comfortable position and had everything they needed.
- Staff showed genuine commitment to the people they supported. One member of staff became tearful when they told us what was most important to them. They said, "I'd like to thing I make a difference to people".
- People's diverse communication needs were understood and met. For example, one person had limited verbal communication. We saw staff spoke clearly and observed the person's body language to ensure their wishes were followed.

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

- People were involved in making decisions about their care. One person told us, "They always let me know [what they are doing] and consult me." Another person said, "I look after my own affairs and get help from my family [with decisions]".
- When people needed support to make their views and wishes known, we saw they had access to the support of an advocate. This ensured they could make their views and wishes known.

Respecting and promoting people's privacy, dignity and independence

- People told us the staff respected their privacy and always promoted their dignity. One person said, "Staff always close the door [when they are supporting me]."
- Staff's approach to privacy and dignity was clearly embedded in the values of the service. One member of staff said, "I always think of it as how I would want it to be".
- People were supported to be as independent as they wished. We saw staff were patient and encouraged people to walk using their zimmer frame. One member of staff told us how they had encouraged a person who initially stayed in bed when they moved in. They told us, "They're walking with a zimmer frame now, [it's really great]".

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 Good. At this inspection this key question has remained the same. 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

- People received personalised care from staff who knew them well. Staff understood people's care needs and preferences for how they liked to be supported. For example, one person preferred to have the light off when staff supported them and to have the window open and curtains closed. We saw staff followed their wishes.
- Care plans we looked at detailed people's life history, interests and preferences in addition to their physical conditions. The regional manager told us improvements were being made to the assessment process to ensure more emphasis was placed on exploring people's protected characteristics, for example their sexuality, to ensure staff could understand how this may influence how they wished to receive care and support.
- People's care was reviewed regularly, including 'Resident of the Day', which gave each person an opportunity to discuss all areas of their care and support. The registered manager monitored this to ensure any concerns were acted on.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they were offered opportunities to take part in a range of activities and social events, supported by an activities co-ordinator. One person said, "There is a lady here who used to be a carer and she's doing entertainment now and she's pretty good at it and takes people out". The home shared the use of a mini-bus with two other services and regular outings were arranged, for example to go shopping or to a garden centre for lunch.
- There was a regular programme of activities and social events; on the day of our inspection, people enjoyed afternoon tea, served in china cups, with a selection of drinks and cakes.
- People were supported to follow their hobbies and interests. For example, one person was growing tomato plants in the conservatory and the registered manager told us they were taking part in a sunflower growing competition with other Four Seasons homes.
- People's faiths and spiritual beliefs were discussed with them and regular church services were available for people to attend.

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.

- We saw that people's communication needs were assessed and planned for, for example people's sensory needs in relation to wearing glasses or a hearing aid were identified and met. The registered manager was aware of the standards and told us how information was made available to people in pictorial or large print when needed, which showed the provider was meeting the standard.

Improving care quality in response to complaints or concerns

- People and their relatives did not have any complaints but were confident the registered manager and staff would listen and resolve them. One person said, "I'm not complaining at all, [they] treat me very well".
- There was a complaints policy and a procedure for logging and tracking any complaints, which showed that any complaints had been responded to promptly.

End of life care and support

- People were supported to make decisions about their preferences for end of life care, which were recorded in an end of life care plan. We saw this considered any cultural or religious beliefs and was kept under review to ensure people were supported to have a comfortable, dignified and pain-free death.
- There were numerous cards displayed which detailed positive feedback from relatives in relation to the care people had received at the end of their life. Comments included, "We cannot thank you enough for the way you looked after [Name of person], especially at the end of their life", and, "Thank you for your love, care and consideration for the whole family around the last few days of [Name of person's] life".

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 Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and relatives were happy with how the service was run. One person said, "My GP advised me to come here, he said it's the best nursing home in the area. If any resident isn't happy here, there is something wrong with them".
- The registered manager and staff promoted a positive, inclusive culture at the service. We observed a cohesive staff team who were committed to providing high quality care. Staff were proud of the service and told us they worked well as a team and were well supported by the registered manager. One member of staff said, "I love the residents to bits, enjoy my job and all the staff I work with and the support of the manager". Another told us the registered manager was approachable and fair. They said, "They let you know if something is wrong, but will fight tooth and nail for you when she knows what you have done is right".
- There was a whistleblowing policy and staff told us they would not hesitate to raise any concerns with the registered manager. Whistleblowing is when staff raise concerns about poor practice or wrongdoing at their workplace.

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 registered manager was proactive and robust systems were in place to investigate any concerns and complaints in an open and transparent way. A relative told us, "[The manager's] quite straightforward but I like straight forward".

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

- There was a comprehensive quality assurance system which was effective in identifying shortfalls and ensuring swift action was taken to make the improvements needed. The registered manager had clear oversight of the service and was committed to ensuring people received good quality care.
- The registered manager understood the requirements of registration with us and a copy of the latest inspection rating and report was on display at the home as required. This is so that people, visitors and those seeking information about the service can be informed of our judgments.

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

- People and their relatives were encouraged to give their views on the quality of the service through meetings and an annual satisfaction survey. A 'You said, we did' board was displayed in the reception of the home, which showed people's views were considered and acted on where possible.
- Staff were encouraged to be involved in the running of the home. They had meetings with the registered manager and told us their views were considered when they made suggestions on how people's care and support could be improved.
- The registered manager had developed links with local schools and colleges and students attended the home as part of their health and social care studies. This helped to maintain people's involvement in the local community to reduce the risk of social isolation.

Continuous learning and improving care; Working in partnership with others

- The registered manager was supported by a regional manager who visited the service regularly and monitored the service to ensure compliance with the providers quality assurance programme.
- We found the registered manager and staff worked closely with other professionals to ensure people received effective, joined up care. For example, the staff and registered manager liaised closely with the Advanced Nurse Practitioner from the local GP surgery and therapists who supported people who were being supported to return home after discharge from hospital. One therapist told us, "We have regular multi-disciplinary team meetings with staff and they act on our advice".