

Park Homes (UK) Limited

Allerton Park Care Centre

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Allerton Park Care Centre provides care and support for up to 50 people, including people living with dementia and some who have mental health needs. There were 49 people living at the service when we visited on the first day and 48 people on the second day.

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

People and relatives told us the service provided safe care and people's feedback was consistently positive about the support offered by staff.

The provider completed person centred assessments and care plans were updated when required. Some aspects of the recording of risk assessments and care plans required further detail, but this was not found to have impacted on people using the service and the provider immediately addressed the issues found.

Medication was administered safely although further detail was required in relation to some people's 'as and when required' protocols.

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

People were supported to access relevant healthcare services when they needed them, and they were supported to eat and drink well.

People remained supported by staff that were caring, compassionate and respectful. People and where appropriate relatives were involved in making decisions about the care people received.

People's independence was promoted, and their confidentiality was protected.

People received care that met their needs. People had opportunities to take part in activities and outings of their choice.

People, relatives and staff shared positive feedback about the quality of care and the management of the service. There was an open culture within the service, where people, staff and healthcare professionals could approach the registered manager who acted on concerns or suggestions.

There were systems in place to monitor and improve the quality of the service.

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 29 March 2017).

Why we inspected

This was a planned inspection based on a change in this location's registration.

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 ●

Allerton Park Care Centre

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 team consisted of two inspectors and an Expert by Experience on the first day and one inspector on the second day. 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

Allerton Park Care Centre 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

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the CQC. A notification is information about important events which the service is required to tell us about by law. We requested and received feedback from other stakeholders. These included Healthwatch Bradford, the local authority safeguarding team and commissioners. 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. We used all of this information to plan our inspection.

During the inspection

During the inspection, we spoke with seven people using the service and four relatives of people using the service. We spent time observing care in the communal lounges and dining rooms.

We spoke with nine staff members; this included the director, registered manager, nurse, team leaders, carer workers, activities coordinator and maintenance person. We received written feedback from a healthcare professional who regularly works with the service. We looked at care records for five people using the service and samples of medicine administration records. We looked at training, recruitment and supervision records for staff. We also looked at various policies and procedures and reviewed the quality assurance and monitoring systems 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 due to improvements required in the management of the premises. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider was managing the premises in a safe way. At our last inspection, we identified maintenance work and redecoration work were required in some areas of the home. At this inspection we found that, although some areas continued to require maintenance, there was a clear plan in place showing the areas that had been addressed and other ongoing work planned. People had been involved in planning redecoration work in their bedrooms.
- The provider was completing relevant risk assessments to people's care such as assessment of to people's skin integrity, mobility and behaviours. These assessments produced plans that guided staff on how to support people against those risks.
- However, we noted that some risk assessments required further detail. For example, moving and handling risk assessments and care plans did not always detail the method staff should follow when using equipment to help people to mobilise. Our conversations with staff reassured us these risks were being managed safely and the registered manager told us they would add more information as required.
- Equipment in use in the service was maintained and serviced so that it was safe for people to use.
- The provider ensured relevant checks surrounding environmental safety, such as fire and water safety took place. There were emergency planning documents that guided staff what to do in an event of an emergency. People had individual Personal Emergency Evacuation Plans (PEEP) in place that guided staff how to support people in case of, for example an evacuation.
- Accidents and incidents happening at home were being regularly analysed by the registered manager and any patterns and trends considered and acted upon.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the care they were receiving. One person said, "Oh definitely, [staff are] always there for you." Relatives agreed their loved ones received safe care.
- Systems were in place to protect people from abuse and avoidable harm. Staff understood what to look out for and who they should report any concerns to. We reviewed the provider's safeguarding log and noted they had taken appropriate actions to deal with any concerns and sought appropriate advice and support.

Using medicines safely

- Medicines were managed safely and people received their medicines as intended by the prescriber. People told us they received their medication when required.
- Staff kept accurate records of all medicines administered including medicines that contain drugs which are controlled under the Misuse of Drugs Act 1971.

- Some people required medicines prescribed to be given 'when required' and we found PRN protocols did not always have enough detail. For example, one person had been prescribed with a medicine to help manage their anxiety and agitation; their PRN protocol did not detail which specific behaviours, their frequency and intensity, should prompt staff to offer the person this medication. We discussed this issue with staff who were able to describe us when this medicine would be offered and further information was added immediately to the PRN protocol.
- We also found some people's prescribed creams did not detail when these should be applied and their instructions only indicated 'as required'. We were reassured in our conversations with staff that creams were being applied regularly and more often depending on how people's skin was presenting to prevent any deterioration. We also spoke with the registered manager who told us they were in contact with the prescriber to discuss ask further detail on instructions.
- Staff had undertaken training and had their competence checked on a regular basis. Regular audits were conducted by the registered manager and nursing staff, these were detailed, included relevant aspects of medication management and any action taken when necessary.

Staffing and recruitment

- People told us they were supported by staff who knew them well and they felt there was enough staff to provide support. One person said, "It is like a palace and we get on together." The registered manager told us that the service did not use agency staff and there was a regular team.
- The service followed safe recruitment practices. The provider had a staff recruitment procedure in place.
- Staff told us the provider offered career progression opportunities and they enjoyed working at the service. One staff member told us, "It is a lovely place."

Preventing and controlling infection

- People and relatives shared positive feedback about the level of cleanliness of the home. One person told us, "They mop every day." One relative commented, "[The home is] clean and tidy with no smells."
- The provider was mostly managing the risks of cross infection well. On two occasions, we pointed out to the registered manager that bathrooms were not free of odour; the registered manager told us they would ask cleaning staff to address this immediately. Care workers had completed training in infection control prevention and told us they had access to personal protective equipment (PPE), including gloves and aprons.

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 good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider was using recognised clinical assessment tools to monitor risks and provide effective care. Assessment tools were used to measure people's skin integrity, their risk of falls and their nutritional needs. Information and guidance to deliver effective care and treatment was included in people's care plans.
- We saw care and support was delivered in a non-discriminatory way and respected people's individual diverse needs. People's needs in relation to the protected characteristics under the Equalities Act 2010, were considered in the planning of their care. For example, people's communication requirements were assessed and included in their care plans. One person's care plan indicated, "[Person] does not communicate verbally neither to yes and no questions, staff to speak in simple sentences to keep [person] informed and promote interaction."

Staff support: induction, training, skills and experience

- People told us staff were competent and attentive to their needs. People's comments included, "They [staff] work bloody hard" and "Staff are polite and if I feel cold they get me my coat." Relatives also told us staff were effective in their care and this had a positive impact on their loved ones. One relative said, "[Relative] is much less anxious, [relative] is at peace and is settled."
- New staff completed an induction which included training and shadowing experienced members of the team. Staff's knowledge was developed through an ongoing training development programme.
- Staff were supported by regular supervision and told us their supervision meetings were supportive and they were able to discuss about aspects that were relevant to their jobs.

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

- People shared positive feedback about the food and the mealtime experience at the home. Comments included, "Food is very good and nice, [there is] enough to eat and drink, they chop it up for me and I can have fruit if I want."
- We saw people were appropriately supported with their nutritional and hydrational intake. The provider was appropriately monitoring and recording the food and fluid intake of people who had been assessed as at risk of weight loss or required their drinks thickened to manage the risks of choking. We noted that staff were not recording the amount of thickener used when supporting one person with their drinks. We spoke with the registered manager about this and they told us they were going to start recording this in the fluid charts to make sure records evidenced the support provided.

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

- People and relatives told us staff had contacted other healthcare professionals or would do so if required. One relative said, "They [staff] have helped us get an appointment with a psychiatrist to review [person's] medication."
- The records we looked at confirmed referrals had been made when necessary and the provider maintained regular contact with relevant services such as GPs, social workers and the mental health team. A healthcare professional told us staff contacted them with appropriate and timely referrals and followed their advice, they commented, "Staff are responsive to advice and have a good knowledge base of the patients I visit. Staff will contact me in between visits if needed."
- During this inspection we saw the provider was using technology to enhance people's independence. For example, people were provided with adapted equipment during meal times such as plate guards. The provider was involved in a project to use of portable music players and the registered manager gave us an example of how this had been used when supporting one person to go to hospital and how this had a positive impact on their mood. One relative told us how well impressed they had been when their loved one was unwell and the provider promptly arranged a GP appointment through a video call. The registered manager confirmed they were using the local telemedicine services, which refers to remote video consultations between healthcare professionals and patients.

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

- During this inspection, we found several areas of the home had been through redecoration and renovation and we reviewed the provider's refurbishment plan. For example, several areas of the home had been painted and there was a dementia friendly indoor vertical garden.
- Most people were able to walk freely between different areas of the home throughout the day; there were keypads in some areas for safety reasons. People had access to indoor and outdoor spaces where they could choose to be alone, sit with other people or join in activities. There was signage to help people and visitors to access the different areas of the home.

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.

- The provider was working within the principles of the MCA. We saw the provider was completing decision specific mental capacity assessments and best interest decisions for decisions for people who might lack capacity due to their mental health. These had involved relevant people.
- Appropriate applications to the local authority had been done when people's freedoms were restricted in their best interests.
- People told us they were able to make every day choices about the care they received and what wished to do during the day. One person told us, "For breakfast I can have what I want and meal times are flexible."

observed people accessing the smoking area and the registered manager told us some people regularly choose to go out, for example, to the local shops.

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 remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect and their privacy was protected. People commented, "Staff always knock on my door" and "Men and female staff treat me the same, I am never embarrassed."
- People's independence, choice and control was promoted. People were also supported to maintain and develop relationships with those close to them. For example, the registered manager had introduced a 'wish tree' for people to identify activities they would like to do or goals they would like to achieve. As part of this exercise, two people living at the home expressed their desire to get married and we saw how the provider was supporting them with the wedding arrangements and with preparing a double room for the couple. One relative told us, "[Staff are] very accommodating." Other relative told us their loved one's mobility had improved since they had been living at the home and "[Relative] is a lot brighter and [person's name] has got [their] colour back."
- People's records were kept secured and staff's conversations in communal areas were appropriate and people's private matters were discussed with respect for their privacy.

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

- All of the people we spoke with told us that staff were kind and caring. One person told us, "They are all nice to me"
- We observed kind and helpful interactions between staff and people. For example, a staff member discreetly offered a person a tissue when they could see it was required.
- Staff spoke to people respectfully and had a good rapport. However, we observed two instances when a staff member's communication style was not effective, and people did not seem comfortable. We spoke with the registered manager about this; they assured us that this particular staff member had a good and long-standing working relationship with service users and that they had a conversation with the staff member to ensure they used appropriate and effective communication.
- At this inspection we found evidence that the provider was giving consideration to people's gender preference of carers who supported with personal care.

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

- People and relatives told us they were involved in decisions about the care delivered by the provider. Records that we looked at confirmed regular reviews were taking place and involving the relevant people. One relative told us, "We are kept informed and are supported in making decisions about [person's] care with regular updates." We saw evidence that the registered provider regularly contacted relatives to seek

their views and update about their loved one's care.

- People had the opportunity to take part in residents' meetings where they could give their views about relevant aspects of the service such as menu planning and activities. For example, we saw that in the meeting in September 2019, one person had suggested a trip to Blackpool to see the illuminations; this trip was being organised in October 2019. During our first inspection visit, we observed staff and people sat together planning for the Christmas festivities.

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 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 and relatives told us the service met people's needs in a personalised way and staff knew them well.
- We saw staff responded quickly when people required assistance and had time to spend with people. For example, we observed people being patiently supported during meals.
- Most care plans reflected people's needs and preferences when being supported. For example, one person required hourly checks and regular support with maintaining their skin integrity and we saw evidence this was happening. However, their care plan did not detail where staff should place pressure relief equipment such as pillows and a wedge. Our conversations with staff and the registered manager reassured us these risks were being managed safely although improvements were still expected in this area. . On our second inspection day the registered manager told us they were seeking further advice from the tissue viability nurses to help them photograph the correct position of the pressure relief equipment.
- External professionals were complimentary about the care provided at the home. We reviewed questionnaires filled in by visiting professionals; their comments included, "The staff are always very welcoming, in particular [name of team leader] and one of the young carers, care plans appear to be up to date and concise."

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.

- The service was working within the AIS. The registered manager told us how they could made information available to people in different formats to facilitate communication. For example, we saw the service user guide and complaints policy could be made available in large print or audio.

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

- There was a regular and varied programme of indoor and outdoor activities to promote people's wellbeing and interaction. Activities were mainly overseen by an activities coordinator however our observations showed that staff used their available time to interact with people. The registered manager told us the service was focusing on developing social activities. As an example, they told us about a recent activity they had introduced called 'Café Alle' which was a once a week event where speciality coffees and teas were offered to people and staff. We reviewed the minutes of a resident meeting, which stated

"Residents are enjoying the Café Alle option and find it a nice way to socialise with other and with staff. It is nice that staff can sit and chat with them over a coffee. They like the selection of drinks available".

- People were positive about activities provision at the service.

Improving care quality in response to complaints or concerns

- People, relatives and healthcare professional told us if they had any concerns they would not hesitate to discuss them with care staff or management and were confident their concerns would be acted on.
- The provider had policies and procedures in place to manage complaints, concerns and compliments. We reviewed how this was being managed by the registered manager and found it to be appropriate.

End of life care and support

- The registered manager told us people living at the home did not require end of life care but some people's health had deteriorated and they had been prescribed with anticipatory medication, to be administered when required. We saw discussions surrounding people's decisions and choices about the care required at the end stages of their life was documented and relevant people were consulted.

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 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 shared positive feedback about the quality of care they received. Relatives and staff also felt the service was well managed and shared positive feedback about the registered manager. Staff comments included, "[Registered manager] is lovely, she is there for anyone."
- There was an open culture within the service. Staff told us the registered manager and the management team were supportive, that they could raise concerns with them and they were listened to. One staff member said, "[Registered manager is] approachable and takes on board your input, as a manager she is always supportive, her phone is there available." We saw the provider had a residents and relatives communications board with people's suggestions and requests ("you said") and the actions taken by the provider ("we did"). This board also included a "what's next" section with further improvements planned.

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

- The systems in place promoted an effective communication with people such as residents' meetings and with staff including handover meetings and staff meetings. Records we looked at showed staff meetings were being held regularly and relevant issues were discussed.
- Surveys had been completed by relatives, staff and healthcare professionals. Where actions were needed, these had been followed up. We saw several examples of compliments and mostly positive comments such as, "Excellent, caring and involved staff but owners need to invest in the fabric of the home, decoration could be better, some good improvement but more is needed;" "Very pleased with everything" and "Have worked for Park Homes for almost 5 months, I feel that in this time I have learnt a great deal and supported to succeed and grow."

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

- The registered manager and staff understood their roles and responsibilities and were well supported by the provider.
- The registered manager was receptive and open the inspection process and to our suggestions. They took immediate action to address the issues identified at our inspection.
- The Care Quality Commission (CQC) sets out specific requirements that providers must follow when things go wrong. This includes informing people and their relatives about the incident, providing reasonable

support, providing truthful information and accountability when things go wrong. The registered manager fulfilled their responsibilities in relation to this requirement.

Continuous learning and improving care

- There are systems in place to assess and improve the quality of the service provided. These included audits to health and safety, catering, medicines and care planning documents. The registered manager completed weekly reports that were sent to the provider reviewing relevant areas of care such as care plans, medication, staffing, skin integrity. When required, actions were identified to address issues. The provider had developed a sustainability improvement plan to make sure that learning of inspections completed by CQC or commissioners was implemented in practice and used to drive the ongoing improvement of the service.
- The registered manager told us of their ambition to provide outstanding care and we saw they were consulting relevant guidance and information from reputable sources.

Working in partnership with others

- The service worked in partnership and collaboration with a number of key organisations to support care provision and joined-up care. This included working effectively with health care professionals from multidisciplinary teams to make sure people had their health and social care needs met such as tissue viability nurses and mental health teams.