

Althea Healthcare (Management) Limited

Park Lane Residential Home

Inspection report

7-9 Park Lane
Congleton
Cheshire
CW12 3DN

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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 residential home that is registered to provide accommodation and personal care for up to 42 older people and people living with dementia. At the time of our inspection there were 39 people living there. Accommodation is over three floors, with communal lounges and dining areas on two floors, a bar area, hair salon and secure garden.

People's experience of using this service: People living at the service told us they were happy and received care that was tailored to their individual needs and preferences.

People were kept safe from the risk of avoidable harm. Detailed risk assessments were in place and these were regularly reviewed and updated.

Medications were managed safely; all staff had received medication training and regular competency assessments.

The home was very clean and free from malodours, staff used appropriate techniques to prevent the spread of infection.

The premises had been decorated in way that made it easy for people living with dementia to navigate the building and recognise their room. There was a bar area that people and their relatives could choose to visit if they wished.

People told us they enjoyed the food and drink provided. We observed mealtimes, saw that people had a choice of meals. Mealtimes were a relaxed and sociable time at the home.

People living there and staff had formed close bonds, there were enough staff to complete required tasks and provide companionship. We observed many times where staff and people living there engaged in meaningful conversations.

There was a variety of activities on offer. Activities were tailored to the individual preferences of the people living there.

People, relatives, staff and a healthcare professional all spoke very highly of the registered manager. All told us she was friendly, approachable, caring, fair and ran a happy home.

Rating at last inspection: At the last inspection the service was rated good. (Published July 2016).

Why we inspected: This was a planned comprehensive inspection. We had not received any information of concern prior to the inspection.

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

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 Residential Home

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection team consisted of one adult social care inspector and one Expert by Experience. An Expert by Experience is a person who has experience of using this kind of service, in this case, care of older people and people living with dementia.

Service and service type: Park Lane Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, 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 our inspection we looked at information we held about the service. The provider had completed a Provider Information Return form (PIR). A PIR is a form we ask providers to submit annually detailing what the service does well and what improvements they plan to make. We reviewed information stored on our database, such as notifications that the registered manager is required, by law, to submit to us as and when incidents may have occurred. We also spoke to the local authority and commissioning team to gain feedback about the service. The information gathered was utilised to plan the inspection.

During the inspection we spoke with four people who live at the service, seven relatives and seven members of staff, including the registered manager. We also spoke to a visiting healthcare professional. We used the Short Observational Framework for Inspection (SOFI). SOFI is a method of gaining an insight into the experiences of people who are unable to talk to us. We reviewed three people's care records, training records, recruitment records, accident and incident documentation, menus, quality assurance and audits

and building maintenance records.

Is the service safe?

Our findings

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

People continued to be safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People who lived there told us they felt safe. Comments we received included, "I feel really safe here." One relative said, "All the staff do a brilliant job to protect our loved ones."
- There were comprehensive safeguarding and whistleblowing policies in place. Staff demonstrated a good knowledge of these. Staff clearly explained to us about different categories of abuse, how to spot potential signs of abuse and how, when and to whom these should be reported.
- We reviewed safeguarding referrals that had been made to the local authority. All had been made appropriately and followed up by the registered manager. Where actions to prevent re-occurrence were required these were completed quickly and thoroughly. Accidents and incidents were rare, where they had happened they were thoroughly documented and analysed by the registered manager. Lessons were learned and cascaded amongst staff to ensure future risks were mitigated.

Assessing risk, safety monitoring and management

- All of the people living at Park Lane Residential Home had appropriate risk assessments in place. These were completed comprehensively and were regularly reviewed and updated. Staff understood where there were potential risks to people and how to care for them in the safest way possible. There were detailed risk assessments for the interior and exterior of the premises. We reviewed the maintenance safety certificates and found they were all in order.

Staffing and recruitment

- The service had not used agency staff for a number of years. There was a low staff turnover and staff told us they enjoyed working there.
- The registered manager used a dependency tool to assess the level of need for each person living there and then work out how many staff were required on each shift to meet people's needs. The registered manager explained that they always had at least one extra staff member on duty so they had a contingency for potential emergencies. The registered manager and deputy manager were supernumerary, but were a visible presence in the daily running of the service. There was an on-call system where either the registered manager, deputy manager or lead care staff were available by phone if they weren't on site. During the inspection we saw that there were enough staff, not only to meet people's needs, but also to provide companionship to the people living there.
- We reviewed some recruitment records and found that staff were safely recruited. They had been subject to pre-employment checks including clearance from the Disclosure and Barring Service (DBS). DBS informs employers if there is any information held about an applicant that suggests they could be unsafe to work with vulnerable people.

Using medicines safely

- Medicines were safely managed. People received their medication at the right time. All staff who were responsible for administering medication had received training and regular competency assessments. Medication administration records were electronic and regularly audited. There had not been any recent medication errors. A visiting healthcare professional told us that medications were well managed and the service proactively ensured prescriptions were collected quickly even when they were given at night or on bank holidays.

Preventing and controlling infection

- Throughout the inspection the home was clean and free from malodours. Staff had a detailed understanding of best practice around preventing and controlling the potential to spread infection. Regular infection prevention and control audits were completed.

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

People's outcomes continued to be consistently good, and people's feedback confirmed this.

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

- People told us that staff always gained their consent before assisting with any acts of personal care and that they felt they were in control of their own care. Comments we received included, "I choose what I do and they help me."
- The service completed thorough pre-admission assessments, this ensured the staff knew how to meet people's needs and preferences as soon as they moved in.
- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The service was working in line with the MCA. Each person living there had their mental capacity assessed and staff knew which of the people living there had or lacked mental capacity. The service had made DoLS applications to the appropriate supervisory body where necessary. People who were subject to DoLS had the required certification stored within their care files.

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

- One person said, "I'm so glad I'm here, it's beautiful." The registered manager had completed recent re-decoration of the premises. This had been designed to make it easy and comfortable for people living with dementia to navigate the building and find their rooms. Each corridor had a different theme tailored to people's interests. Bedrooms were personalised and homely.
- Communal areas were comfortable and people were seen to either relax or engage in different activities throughout the inspection. There was a secure garden with a pleasant seating area. The registered manager told us how they had recently purchased garden ornaments tailored to the lifestyle choices of people who lived there.

Staff support: induction, training, skills and experience

- People and their relatives told us that staff were well trained and cared for people as individuals. One person said, "The staff here really know what they are doing." During the inspection we observed staff use

good moving and handling techniques. We reviewed the training documentation kept by the registered manager and saw all staff were up to date with current training.

- When new staff started working there they were given a comprehensive induction which included mandatory training and shadowing experienced staff.
- Staff received regular supervisions and appraisals and told us they found these helpful and supportive.

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

- People told us they enjoyed the food and drinks. People who were at risk of losing weight were monitored regularly and supported to maintain a healthy weight. One person said to us, "The food here is excellent and my family are really pleased I have put weight on." We observed mealtimes and saw they were a sociable time in the home. People were offered choices of different meals and drinks, some people chose to eat in one of two dining rooms, others preferred to eat in their rooms. People could eat wherever and whenever they wished to. Staff were attentive to people's needs, instigated meaningful conversations and supported those who required assistance to eat in a dignified way.
- Specialised meals to meet their equal and diverse needs and preferences were provided for people who requested them.

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

- We spoke to a visiting healthcare professional who told us that they service proactively manages people's health needs effectively. They said that referrals were made appropriately and in a timely manner. The registered manager maintained an open, transparent and close working relationship with healthcare professionals. This was evident by the positive feedback received during the inspection.

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

People continued to be 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 as individuals and empowered to live their life in the way they chose. Comments we received included, "The staff just can't do enough for you, it really is super." And, "All the staff are wonderful and will do their best to get you anything you want." A relative we spoke with said, "The staff are so considerate and that makes me feel reassured when I leave the building."
- We observed that staff respected people's privacy and dignity. Personal care was not discussed in communal areas. Staff knocked on people's doors and waited to be invited in. Staff told us that when they assisted people with personal care they always ensured doors and curtains were closed and people were covered with a towel or blanket if that made them feel more comfortable.
- People living there had different levels of independence. Their care was tailored to meet their individual needs and preferences. People who were independent enough to go out alone did so, this included engaging in hobbies that enabled them to continue the freedom they enjoyed before moving into residential care. Some people had keys to their own rooms as they wished to retain their private space.
- The service provided double rooms for people who were in couples and wished to continue to share a room.

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

- During the inspection many kind and caring interactions between staff and people living there were seen. People who had become distressed were reassured. We observed that staff knew the triggers that may cause someone to become distressed. They quickly and discreetly used distraction and reassurance techniques to make a person feel happier.
- When people were assessed before moving into Park Lane Residential Home, they and their representatives were asked if they would need assistance to follow a religion or continue to explore any diverse lifestyle needs or preferences. Those who wished to do this were supported to by staff who knew them well and respected them as individuals.
- The registered manager brought their dog to the service on a daily basis. People who enjoyed spending time with the dog were encouraged to do so whenever they chose. People told us this made them happy.

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

- People we spoke with told us they felt comfortable discussing their care with staff and management. Comments we received included, "It's great that there are no restrictions on me." Relatives said, "I regularly speak to staff about [relative] care, they are fully up to speed." And, "I am so pleased with the thoroughness

and accuracy of the care plan."

- There were more formal methods for gaining feedback from people and their relatives. These included service user and relative meetings and surveys. Surveys were sent to relatives, they were also completed by relatives electronically when they visited the home. Service users were provided with information in a format they could understand. This met the Accessible Information Standard (AIS). AIS was introduced by the government in 2016 to ensure that people with disability or sensory loss are provided with information in a format that they can understand. All documentation produced by the service was available in larger print or whichever format the people living there preferred. The service had links to a local library who could provide larger print books and audiobooks if requested.
- The service had links with an independent advocacy service. All people living at the home were advised they could access this if they wished to. At the time of there were two people who used the advocacy service. We saw that their advocates were welcomed to express their opinions on this people's care.

Is the service responsive?

Our findings

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

People's needs continued to be met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us they received care that was personalised to them, they felt their needs and preferences were met. Comments we received included, "They [staff] know me and I trust them."
- We reviewed care plans and saw that people's life and family histories were explored. Staff we spoke with knew people well and instigated meaningful conversations.
- People told us they enjoyed the activities on offer. One person said, "The activities are great and enjoyed by many." There was a dedicated activities co-ordinator who planned an activities schedule. They had undergone further training with organisations that design group activities for people living with dementia. One person told us about the activities co-ordinator, "[name] always encourages us to take part, [name] is very funny." We observed a group activity session and saw that this was a lively, sociable occasion. People were smiling, dancing and laughing.
- The registered manager had converted a downstairs room into a bar area. They had sourced and installed fixtures and fittings from a local pub. There were bar seats, a beer pump and drinks that people who lived there enjoyed. The registered manager told us that people and their families enjoyed evenings at the pub.
- The service had a hair salon, they employed both a hairdresser and a barber. During the inspection we saw that a man who lived at the service enjoyed a full shave and haircut from the barber.

Improving care quality in response to complaints or concerns

- The service had not received any complaints. We reviewed the complaints policy and found this to be comprehensive. Relatives of people who lived there told us that if they did have a concern, they would approach the registered manager and were confident she would address it immediately. One person we spoke with said, "No complaints from me, but if there were I know they would be handled in a proper manner."

End of life care and support

- During the inspection there were no people living at the service who had been identified as approaching the end of their life. We spoke with a visiting healthcare professional who praised the staff and registered manager for a kind, caring and dignified approach to end of life care. They said, "The staff were wonderful, they went over and above what you would expect to make sure [person] and their family were well cared for during a very difficult time."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and continued to be well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People who lived there and their relatives spoke very highly of the management team. Comments we received included, "The leadership from top down is first class." And, "[name] is both a leader and a manager and the home is so lucky to have her."
- Staff also gave very positive feedback about the registered manager, comments included, "[name] is the best boss I have ever known, she makes us feel like we matter, that makes us happy at work and that is better for the residents."
- The registered manager was supported by a deputy manager, both were supernumerary but available to assist the staff if necessary. Both the registered manager and deputy manager had formed close relationships with the people living there and their relatives. We saw that the manager's office door was always open, people walking by often called in for numerous chats throughout the day.
- The registered manager told us that she received consistent support from the regional operational director, service quality manager and clinical director. Robust quality assurance and audit systems were in place, these were completed by both the registered manager and service quality manager.
- The healthcare professional that we spoke with said, "[registered manager] runs a happy home, residents and staff are always happy."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The registered manager used a variety of methods to ensure that people living at the service and their relatives were involved in the planning and delivery of care. This included formal feedback gathering, for example, meetings and surveys. However, people we spoke with told us that they preferred to speak to the registered manager on an informal basis. Without exception, people living there and their relatives told us they had an open and transparent relationship with the registered manager, she always made time to listen to them and ensured they were fully involved in all aspects of their care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager is legally required to send notifications to CQC of certain incidents. We reviewed care logs, handover notes, accident and incident reports and safeguarding files and were satisfied that the registered manager had submitted all necessary notifications.
- The registered manager had ensured the latest CQC inspection report was available in a prominent

position in the home and on their website.

Working in partnership with others

- The registered manager had created links within the local community and these were used to enhance the lives of the people living at the service. These included a local nursery and a local hotel. There were social evenings with a local service that supported younger adults with learning disabilities.