

A L A Care Limited

ParkHouse Grange

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Parkhouse Grange is a residential care home providing personal care for up to 40 people. Accommodation is provided within a purpose built environment across two floors. At the time of our inspection there were 30 people using the service, many of whom were living with dementia.

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

Risks associated with people's care, needs and the environment had been assessed and were kept under continual review to ensure measures were effective. Sufficient numbers of staff were deployed to meet people's needs and provide safe care.

Systems were in place to ensure people were protected from the risk of abuse. Medicines were managed safely. We were assured staff followed safe infection prevention and control procedures. Current government guidance was being followed to support visitors into the home, and to enable people to participate in visits.

There were robust systems in place that were operated effectively by the registered manager to check the quality and safety of the services provided and to monitor the quality of care. People and relatives felt engaged and involved in how their care was provided and consulted about changes within the service provision. Staff felt they could share their views and were supported in their roles. The registered manager was committed to providing care that achieved the best possible outcomes for people.

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 30 July 2019)

Why we inspected

The inspection was prompted in part by concerns around infection prevention and control and staffing. We undertook a focused inspection to review the key questions of safe and well-led only. We found no evidence during our inspection to support the concerns or that people had been harmed.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has remained good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Parkhouse Grange on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit. 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?

Good ●

The service was Safe.

Details are in our Safe findings below.

Is the service well-led?

Good ●

The service was Well-Led.

Details are in our Well-Led findings below.

ParkHouse Grange

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

This inspection was undertaken by one inspector and 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

Parkhouse Grange 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, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means 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. We sought feedback from the local authority who work with the service. The provider completed a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with nine staff, including the registered manager, the deputy manager, care staff, housekeeping staff and a cook. We observed care and interactions between people and staff in communal areas. We also contacted nine relatives by telephone who were able to share their views about their family members' care.

We reviewed a range of documents and records including the care plans and records for four people, sampled medicine records, three staff recruitment files and staff training records. We also looked at records that related to the management and quality assurance of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found around policies and procedures.

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 Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place which continued to protect people from the risk of abuse.
- People told us they felt safe. One relative told us, "It's the only place I've ever felt happy when I leave there because (family member) is so well looked after."
- Records showed staff had received safeguarding training and staff confirmed this. Staff knew how to recognise and report abuse and worked with other agencies to ensure people were kept safe.

Assessing risk, safety monitoring and management

- Risks to people's safety continued to be assessed and care plans were in place to guide staff on how to mitigate risks and provide care safely. Risk assessments included details of people's abilities, equipment required to support them and any specific needs, such as distressed behaviours.
- Where people were at specific risk, for example from poor nutrition or vulnerable skin tissue, measures were in place to reduce known risks. These included pressure care, re-positioning and monitoring and support with food and drink.
- Checks and tests were undertaken to ensure the premises and equipment was safe. Each person had a personal evacuation plan to enable staff to provide safe support in the event of an emergency.

Staffing and recruitment

- Relatives told us and we observed there were sufficient staff deployed to meet people's needs. One relative told us, "We've always felt there are enough staff. They are always there when my [family member] needs them. At no point have we felt there aren't sufficient staff."
- The registered manager had developed a dependency tool which enabled them to assess people's individual dependency needs and keep this under review. This helped to ensure there were enough staff, with the right skills and experience to keep people safe and meet their needs.
- Staff were safely recruited. Recruitment checks continued to be carried out to ensure that staff were recruited safely. For example, to make sure Disclosure and Barring Service (DBS) checks had been completed which helped prevent unsuitable staff from working with people who used the service.

Using medicines safely

- Medicines were stored securely and administered as prescribed.
- The provider operated an electronic medicine administration system. Whilst this reduced the risk of some errors, the registered manager had identified weaknesses in the system and a review was in progress to change to a more user friendly system.
- There were protocols in place where people required medicines to be administered as and when required or covertly (hidden in food or drink). We signposted the registered manager to best practice guidance on the

recording of transdermal patches (applied to the skin).

- People's medicines were reviewed regularly which helped to make sure they were not taking unnecessary medicines.
- Staff who supported people with their medicines had completed training and were monitored to ensure they remained safe to administer medicines.

Preventing and controlling infection

- We were assured the provider was promoting safety through the layout and hygiene practices of the premises. The premises were clean and well maintained.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service. People who were readmitted from hospital were supported to isolate as a precaution. We observed staff following safe PPE (personal protective equipment) practices.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing and vaccinations for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Analysis of accidents, incidents, and untoward events was completed on a regular basis. Audits showed key information was reviewed and analysed and any actions required were completed.
- Learning was shared amongst the staff team to reduce the likelihood of an untoward event occurring again in the future.

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 Good. 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; 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 provider and registered manager were promoting a person-centred approach in the service. One relative told us, "They seem to not only care about the residents but us as relatives as well."
- Where available, care plans included people's life histories and significant events which helped staff to provide personalised care.
- The registered manager understood their responsibility to comply with the duty of candour. Relatives felt the registered manager and staff were open and honest in their approach and were quick to make improvements. One relative told us, "I sent an email with a complaint. I had an immediate email back to say they were dealing with it and then I had a phone call to back it up."

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

- Leadership and management were effective. The home benefited from a long-standing registered manager and deputy manager. They were well supported by senior carers, and as a team, good levels of oversight were maintained.
- There were robust systems for checks, audits and quality assurance which were operated effectively. Spot checks on staff working practices were completed on a regular basis with appropriate records maintained.
- Relatives felt the service was well led. Comments included, "They [managers] are always there. The door is open and they would tell me anything they felt I needed to know," and "The care here is exceptional. The managers always told us about any incidents and reassured us about what they had already done to help [family member]. Staff actually care here and give very personal attention to people."

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

- People and relatives were encouraged to provide feedback on how the service was managed through a range of formal and informal feedback methods. One relative told us, "They [staff] have kept us informed and involved throughout the pandemic. For example, managers had regular sessions with staff and relatives to explain any changes that were going to take place."
- Relatives confirmed they were involved in developing their family members' care plan and on-going reviews.
- The registered manager adapted communication to enable people to feel involved in changes or their

care. For example, they had developed an easy read guide to COVID-19 to help people understand changes and make decisions about testing and vaccinations. Welcome information was translated into different languages, where required, to support people to make choices prior to moving in to the home.

- Staff felt able to share their views and felt supported and listened to by senior staff and by the registered manager.

Working in partnership with others; continuous learning and development

- The registered manager was committed to improving and developing the service to achieve the best possible outcomes for people. For example, they had identified where improvements were needed in electronic care planning to improve standards of recording. They were liaising with the provider to address this.

- The registered manager had taken time to identify staff training needs. They had arranged training that met staff individual learning needs and gave them the skills and knowledge they needed to meet people's needs.

- Staff made referrals to external professionals as required and their advice was followed.