Indigo Care Services Limited

Archers Park

Inspection report

Archer Road
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Tyne And Wear
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24 March 2017

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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

The inspection took place on 20 and 24 March 2017 and was unannounced. This meant staff and the registered provider did not know that we would be visiting.

This was the first inspection of the home since the current provider was registered to run the service April 2016. The provider Indigo Care Services is part of the Orchard group of homes.

Archers Park provides care for up to 40 older people, most of whom are living with dementia. At the time of our inspection there were 38 people using the service.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they received good care from kind and considerate care workers. They also said they felt safe living at the home. Relatives and care workers also felt the home was safe.

Care workers knew how to report safeguarding and whistle blowing concerns. Previous safeguarding concerns had been dealt with appropriately.

People had been assessed to identify whether they could be at risk of harm. Measures were identified in the relevant care plans to reduce potential risks and help keep people safe.

There were enough care workers on duty to provide support and assistance to people. People and care workers also said staffing levels were sufficient.

Effective recruitment procedures and checks were in place to help ensure only suitable were employed at the home.

Records confirmed medicines were managed safely. Care workers completed relevant training and had been assessed as competent to administer medicines. People confirmed they received their medicines when they were due.

Accidents and incidents were logged, investigated and monitored to check appropriate action had been taken.

Health and safety checks were completed regularly. The provider had developed procedures to ensure people continued to receive the care they needed in an emergency situation.

People told us they received their care from an experienced and competent staff team. One person said, "Staff seem to know what they are doing and give me good care." Another person told us, "The staff seem to be competent, well trained."

Care workers received the support and training they needed. Training, supervisions and appraisals were up to date when we inspected the home.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. DoLS authorisations were in place for relevant people and care workers supported people to make as many of their own decisions as possible.

People gave us positive feedback about the meals provided at the home. We saw care workers supported people with eating and drinking in line with their assessed needs. Where required people had been referred to external health professionals, such as dietitians and speech and language therapists for addition specialist support.

The provider had adapted the environment to make it more suitable to the needs of people living with dementia.

People's needs had been assessed and the information used to develop personalised care plans. Care plans were reviewed regularly. Care records contained a life history for each person which provided information to help care workers gain a better understanding of each person's needs.

Activities were provided for people to participate in if they chose to. These included pampering sessions, arts and crafts, singing and gardening.

People had opportunities to share their views through attending residents' meetings or completing questionnaires.

People said they did not have any concerns about their care but knew how to complain if needed. One complaint made in the past 12 months had been investigated and resolved in line with the provider's complaint policy.

People, relatives and care workers said the registered manager was approachable. Care workers described the home as having a friendly and welcoming atmosphere.

The provider had a range of internal and external quality assurance audits to monitor the quality of people's care. An action plan had been developed which identified areas for improvement. At the time of our inspection all actions had been signed off as complete.

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.

People, relatives and care workers said the home was safe.

Sufficient care workers were on duty to meet people's needs.

Care workers understood how to report safeguarding and whistle blowing concerns. Previous safeguarding referrals had been made appropriately to the local authority.

There were effective recruitment checks in place.

Medicines were managed appropriately.

Regular health and safety checks were carried out. There were up to date procedures in place to deal with emergency situations.

Is the service effective?

Good

The service was effective.

Care workers received the training and support they needed to effectively carry out their role.

The provider followed the requirements of the Mental Capacity Act 2005 (MCA).

People received support to meet their nutritional and health care needs.

Adaptations had been made to meet the needs of people living with dementia.

Is the service caring?

Good

The service was caring.

People said they received good care.

People also said they received care from a kind and considerate staff team.

People were treated with dignity and respect and supported to maintain their independence as much as possible.

Is the service responsive?

Good

The service was responsive.

People's needs had been assessed before and after being admitted to the home.

Care plans were personalised and had been evaluated regularly to keep them up to date with people's changing needs.

People had opportunities to take part in a range of activities.

People were able to give feedback about the home through attending residents' meetings or completing questionnaires.

People knew how to complain and previous complaints had been dealt with appropriately.

Is the service well-led?

Good

The service was well led.

People, relatives and care workers gave us positive feedback about the registered manager and told us they were approachable.

Regular internal and external audits were carried out to help ensure people received good quality care.

The home had a detailed action plan which was regularly monitored to check on progress made towards completing identified actions.

Positive feedback had been received following consultation with people and visiting health professionals.

Archers Park

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 and 24 March 2017 and was unannounced.

One inspector and an expert-by-experience carried out the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the home. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. We also contacted the local authority commissioners of the service, the clinical commissioning group (CCG) and the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider completed a provider information return (PIR) prior to the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with five people who used the service and five relatives. We also spoke with the registered manager, the deputy manager, a senior care worker and five care workers. We looked at a range of records which included the care records for four people, medicines records, recruitment records for five care workers and other records relating to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. One person said, "I feel safe, there's locks on doors, I have my own room and staff are friendly." Another person commented, "feel safe, staff knock on the door and check on me regularly, if I buzz they arrive very quickly. I feel safe because I struggle to walk and get help if I need it." A third person told us they "feel very safe, staff are nice and care for me". A fourth person commented, "Sometimes the residents come in but I ring for the staff who come straight away and ask them to leave." One relative told us that if they had concerns they "would speak to the manager." They said, "I would have no concerns about doing this and it's [my family member's] welfare that I am interested in."

Care workers confirmed they felt people were safe. One care worker commented, "Safe, oh yes because people are always looked after and watched all of the time." Another care worker told us, "I have no concerns about safety. More safety things have been put in and we continue to upgrade. So yes it is safe."

Care workers demonstrated they understood the importance of safeguarding and knew how to report concerns. They told us they would report any concerns immediately to the registered manager. We viewed the provider's safeguarding log. There had been four safeguarding concerns recorded in the past 12 months. These had been dealt with appropriately in line with the agreed local procedures including being referred to the local authority safeguarding team.

Care workers had been made aware of the provider's whistle blowing procedure. The care workers we spoke with said they had not needed to use the procedure whilst working at the home but wouldn't hesitate if needed. One care worker told us, "I would raise concerns if it was something to do with the residents." Another care worker said, "I would raise concerns. The carers are the main people to be with people. We will voice our opinions if we think they are unsafe."

The provider carried out a range of assessments when people were admitted to the home. These were carried out using recognised assessment tools to help protect people from potential risks. For example, the risk of poor nutrition, skin damage and falling. Where a person was assessed as being at risk a care plan had been developed which clearly identified the measures needed to keep people safe.

There were enough care workers on duty to meet people's needs in a timely manner. One person said, "If I need help or assistance they come to me very quickly." Another person told us, "I always feel as if I can get the help and support I need."

Care workers confirmed staffing levels were sufficient. One care worker said, "Staffing levels are fine." Another care worker told us, "There are four (care workers) on now so it is brilliant. There are always four on duty." A third care worker commented, "We are alright (with staffing levels). We are always full capacity." We found rotas corresponded to the agreed staffing levels in the home. The registered manager checked people's dependency levels each month as part of the regular monitoring of staffing levels in the home.

There were effective recruitment procedures in place. Pre-employment checks had been carried out to

check new care workers were suitable to work with people using the service. This included requesting and receiving two references and Disclosure and Barring Service (DBS) checks. These checks were carried out to ensure prospective staff did not have any criminal convictions that may prevent them from working with people. Where potential issues had been identified through the various checks a risk assessment had been carried out prior to confirming the new staff member's appointment.

Records we viewed supported the appropriate and safe management of medicines. For example, we found medicines administration records (MARs) accurately accounted for the medicines people had received from care workers. Non-administration codes were added to MARs to show the reason some medicines had not been administered. Other records confirmed medicines were stored and disposed of effectively. Care workers administering medicines had completed relevant training and competency assessments had been completed. People confirmed they received their medicines when they were due. One person told us, "I get my meds about 9.00am and then every four to five hours, I never run out." Another person said, "I get my tablets morning, noon and night." A third person commented, "I get my meds morning, afternoon and night and they're always on time." One relative said, "[Family member] always gets their medication."

Records confirmed accidents and incidents were logged and investigated. The log was then analysed each month to look for any trends and patterns. For instance, information was available about people who had fallen regularly as well as the time of day falls occurred and the type of accident. Where required action was taken to help reduce accidents further. For example, referrals to the falls team and the provision of specialist equipment.

Daily, weekly and monthly health and safety checks had been completed to help keep the home and specialist equipment safe. This included checks of fire safety, the electrical installation, gas safety, water safety and portable appliance testing. These checks were up to date when we inspected the home. Where required specific health and safety related risk assessments had been completed and reviewed to help keep people safe, such as a fire risk assessment.

A business continuity plan had been written to help ensure people continued to receive care in an emergency situation. This included the loss of utilities such as gas and electricity and other situation such as mass staff absences and a loss of the accommodation. Personal emergency evacuation plans (PEEPs) had also been written for each person.

Good

Is the service effective?

Our findings

People told us they received their care from an experienced and competent staff team. One person said, "Staff seem to know what they are doing and give me good care." Another person told us, "The staff seem to be competent, well trained."

Care workers received good support from the management. One care worker said, "I definitely feel supported. Supervisions are done regularly, I had one done yesterday." Another care worker told us, "I am very supported. I can knock on [registered manager's] door for anything, anything that is worrying me. The deputy is also always on hand. They are both approachable." Supervisions and appraisals were up to date when we inspected the home.

Care workers received the training they needed to enable them to carry out their caring role. One care worker told us compliance with training was checked during supervisions. We viewed the provider's electronic training matrix which confirmed essential training was up to date for all care workers. The provider had determined that essential training for care workers included dementia awareness, moving and assisting, health and safety and infection control. The electronic training matrix also highlighted training that was due to be updated. A holistic competency assessment was carried out each year for every care worker. This was an annual check that care workers were following the provider's policies and procedures. The assessment looked at infection control techniques, safe moving and assisting and person centred care. We viewed examples of completed assessments which confirmed feedback had been given to the care worker. The views of people had also been gathered and these were all positive.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met. Where people lacked capacity, DoLS authorisations had either been agreed or applied for. We found many examples of MCA assessments and best interest decisions recorded in people's care records. For example, where a person was unable to consent to their admission to the home, manage their finances or required support with medicines.

All care workers had completed specific training on MCA including DoLS. They understood how to support people to make their own decisions and choices where possible. Care workers described to us how they supported people with decision making. For example, getting items of clothing out and encouraging people

to make a choice. We also observed over lunchtime care workers showed people plated up meals to choose from to help ensure they had their preferred meal. One care worker told us people living at the home were "able to make verbal choices with prompts and encouragement". Other care workers described how they used prompts and pictures to help people make choices.

People gave positive feedback about the meals provided at the home. One person commented, "I can make choices about my food. For examples for breakfast bacon or toast. I feel the meals are quite varied." Another person said, "The cook is lovely, very good. They are very good at desserts which are my favourite and there is a good choice of desserts." A third person said there was a "nice choice of meals". A fourth person told us, "The meals are very good, I normally just have cereal for breakfast and I always sit in the dining room for meals." A fifth person commented, "The food is nice but can be a little bit repetitive, but you do get a choice."

Refreshments were available at various times throughout the day. For example, care workers served teas, coffees and juice mid-morning with a choice of freshly chopped fruit and biscuits.

People's dietary needs had been clearly documented in a personalised 'my dietary needs plan.' This gave clear guidance about any special diets people had and their food likes and dislikes. Where recommendations had been made by health professionals these were also recorded as a reminder for care workers. For example, one person had been referred to a speech and language therapist (SALT) because they were experiencing swallowing difficulties. We saw the advice from the SALT team had been included in their care plans.

We carried out an observation over the lunchtime to help us understand people's experience. The dining room was clean and tables set with cutlery, cups and condiments in readiness for people to sit and eat their lunch. Background music was playing to help create a relaxing ambience. Prior to serving meals a care worker offered people a wet wipe to clean their hands. We heard one person comment, "Oh, that smells lovely." Care workers also offered people a dignity apron to keep their clothes clean.

Four care workers were available to assist the ten people who had chosen to eat in the dining room. Care workers helped people make meal choices by showing them plated up meals to choose from. We saw people pointed out the meal they wanted. One person asked if they could have both options. A care worker replied, "That is no problem." Where people needed assistance from care workers this was provided appropriately with care workers offering reassurance throughout. In addition the cook helped to serve the food and the registered manager popped in to chat with people.

People were independent with eating and drinking. We noted care workers were very attentive and responded to people's requests to ensure they got what they asked for. For example, care workers asked people if they needed any assistance to cut up their food. This was provided appropriately when the response was positive. One person replied, "No thanks." Care workers respected the person's decision. We overheard people giving positive feedback about their lunch. One person said, "I've really enjoyed my lunch." The cook replied, "Thank you, that's what I like to hear."

Where people were identified as potentially being at risk of poor nutrition or required additional support, referrals were made to external professionals. Records confirmed some people had input from dietitians. One relative told us, "[My family member] has a very healthy appetite. Their weight is monitored, they lost a bit of weight but staff spotted this straight away and put [family member] onto supplements, so they are now on supplements." People had input from other health professionals as required. This included GPs, community nurses and specialist nurses.

Since taking over management of the home the provider had invested in adapting the environment to suit the needs of people living with dementia. Communal areas of the home had been themed using memorabilia. Tactile objects were placed on walls for people to touch like artificial plants and garden tools. Handbags were also available around the home for people to pick and rummage through at their leisure. There were also a range communal areas and rooms for people to sit and relax. For example, one room had been designated as a 'pub room' and had been decorated as such with a local theme.

Good

Is the service caring?

Our findings

People and relatives told us the home provided good care. They also said care workers were kind and considerate. One person said, "Staff look after me and are friendly." Another person told us, "I like living here, feel the manager and staff are kind and friendly." A third person commented care workers were "very pleasant and they do all they can for you". A fourth person said, "I like living here and the staff are very nice."

One relative told us, "[Family member] has blossomed since they came here and she settled in straight away. The staff see to all of [my family member's] needs. I have never seen any aggression from staff, they're always nice, kind and attentive." Another relative commented, "I didn't want [my family member] to be in the care home but I'm really pleased they are and is getting the right care." A third relative said, "Whilst we have not seen the care plan, we are not concerned. [Family member] is getting good care." A fourth relative told us, "I am glad she is getting the right care. I love the way they speak to [my family member] and engage with them. They can talk to her about things from her era."

The provider had received written compliments from relatives and health professionals. These described the care workers as 'friendly and knowledgeable'; 'a lovely team'; 'showing real compassion'; and 'providing excellent care'.

Throughout our inspection we observed care workers were friendly, attentive and interacted with people in a caring way. For example, care workers regularly engaged pleasantly in conversation with people. We also saw the registered manager was very hands on. They knew all people by name and spoke softly and calmly whilst holding their hand in a caring, professional and personalised way. One relative told us, "All staff are approachable, friendly and listen. [Care worker] is excellent, very experienced and approachable.

People were treated with dignity and respect. One person told us, "Staff always knock on the door and ask if they can come in." Another person said, "Staff knock on the door before entering the room and ask to come in." One relative said, "Staff are very caring, competent and capable when delivering [my family member's] care. They ask for their permission before entering the room or helping."

Care workers explained to us how they adapted their practice to help promote dignity and respect. One care worker told us, "I talk to people and explain what I am going to do. I get their consent and wait until they say yes." Other care workers described the practical steps they took to maintain people's privacy such as closing curtains, locking doors and taking people to their own rooms to preserve confidentiality.

People were supported as much as possible to maintain their independence. One person commented, "I put my creams on myself and get myself ready as much as I can, but I get help with (some aspects of dressing) which is more difficult to do when I am a bit unsteady." Another person said, "I mostly get ready myself but get help with my trousers in case I fall." A third person told us, "I ask for care if I need it but I like my independence."

Care workers gave us examples of how they encouraged and supported people to be as independent as

possible. One care worker said, "We allow people to do as much as they can. Some people don't want any help but I always offer. We get to know their needs really well. If they can do it they should have the chance to do it."

Good

Is the service responsive?

Our findings

Care records contained detailed information which care workers could use to help them better understand people's needs. Life histories had been written for each person which gave important details about the person's life experiences. For example, their early childhood, work experience, important people in their life and any cultural or religious needs. People's specific preferences were recorded in their care needs summary to prompt care workers. This included information about their preferred daily routines as well as what was important for the person and their relatives. For example, one person particularly liked to go to their room each afternoon to watch their favourite TV programme whilst another person liked to go to church on a Sunday. For another person it was important they were dressed smartly and have regular visits from relatives.

People's needs had been assessed both before and shortly after their admission to the home. This assessment was used to develop detailed and personalised care plans. These provided guidance to care workers about the individual care people needed to support each of their identified needs. For instance, one person was particularly at risk of skin damage. The corresponding skin care plan gave detailed information to prompt care workers as to their daily skin care regime. Care plans had been evaluated regularly to help keep them up to date with people's current needs.

People had the opportunity to participate in activities if they wished. One person said, "I go to the hairdressers but don't get involved in other activities but they are there if you want to." Another person told us, "There are activities like the singer or bingo but I don't take part. I like to sit in the corridor when the singer is on, I can listen that way." A third person commented, "They sometimes take residents on outings." A relative said, "[Family member] used to take part in the activities. The home is always busy organising the next events. They always make a big thing of summer fetes, Christmas parties and Halloween parties."

The activities planner displayed in the reception area was very clear and up to date with planned activities for the week ahead. These included pampering sessions, singing and music. We observed in the communal areas that people were engaged in singing along to music. One person had been into the garden area with the activity co-ordinator. We overheard them talking and making plans for their next visit. We saw from one person's life history they had an interest in arts and crafts. When we viewed their activity planner we saw they regularly took part in art related activities.

There were opportunities available for people to share their views about the home and the care they received. For example, regular resident and relatives' meetings were held. We viewed the minutes from previous meeting which showed these were usually well attended. Topics discussed included the use of a minibus, planned activities and ideas for future events.

People confirmed they did not have any concerns about their care. They also confirmed they knew how to complain if they were unhappy. One person commented, "I would speak to the manager if I had any concerns." One relative said, "If we had any concerns we would approach any member of staff, but there has never been the need to for anything serious." One complaint had been received in the previous 12 months

which related to an environmental issue. The complaint log showed the complaint had been fully investigated and resolved in line with the provider's complaints procedure.

Good

Is the service well-led?

Our findings

Relatives told us the home was well managed and the registered manager was approachable. One relative commented, "[Registered manager] is very hands on. The communication door is always open. The more experienced staff always keep the (other) staff in check." Another relative told us, "I feel as if the home is well managed and the staff are great."

Care workers confirmed the registered manager was approachable. One care worker commented, "[Registered manager] is lovely, a pleasure to work with." Another care worker said, "If you have any problems you can go to [registered manager]. She is fine, she takes you to one side and not in front of others." A third care worker told us, "[Registered manager's] door is always open if there are any issues."

Care workers felt the provider aimed to improve the home. One care worker said, "The provider is continuing to upgrade the home." They also described a friendly and welcoming atmosphere in the home. One care worker commented, "The atmosphere is lovely, it is more like a family when you come in." Another care worker said, "It is a nice happy home. Everybody knows everybody and there are good community links."

There were opportunities for care workers to give their views and suggestions about the home. One care worker told us, "[Registered manager] calls a meeting if anything is to be discussed. That's when everything comes out." Another care worker commented, "It is not frowned upon if we make suggestions. We communicate with each other." A third care worker said, "You can chat with [registered manager] even if it is something silly."

The provider had a dedicated compliance team who carried out monthly checks in each of their registered services. The findings from audits were shared with the registered manager. The registered manager supplemented these audits with a range of internal audits of the service. For examples, checks of medicines, infection monitoring, accidents, mattresses, weights, falls and care planning. The checks had been completed regularly and were up to date when we inspected. We saw action had been taken following these checks such as purchasing new pillows and updating care plans where required.

Where any improvements were identified through the audit process. The registered manager completed an action plan to address these areas within agreed timescales. Action plans were then monitored to ensure the required improvements were delivered. Actions plans could only be signed off by a more senior manager when all actions had been had been completed. We viewed the latest version of the action plan which showed that all current actions had been signed off as completed.

People were sent a satisfaction survey twice a year to provide feedback about the care they received. We found this feedback was usually positive. For example, 12 people had responded during the most recent consultation with the findings discussed during a residents' meeting. Visiting professionals were also asked to provide feedback with questionnaires returned from 9 out of 15 professionals. This feedback was also positive.