

F.O.A. Mrs Sarah Rodger
Pallottine Missionary Sisters
Park Mount Care Home
52 Park Mount Drive
Macclesfield
SK11 8NT

Adult Services
Cheshire East Council
Strategic Commissioning
c/o Municipal buildings
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1st July 2015

OUR REF:JBW/DS

YOUR REF: PM

Dear Ms Rodger

Re: Quality Monitoring Visit – 26th June 2015.

We would like to thank you, on behalf of myself and the team from Cheshire East Council who visited you, for their co-operation on the day of our Quality Monitoring visit. We would also be grateful if you could pass on our thanks to your staff and residents who took time to speak to us on the day.

It is important to acknowledge that our findings are only an overview of the specific areas of care provision we reviewed on the day of the visit. However based on the findings of the day we can feedback on the following.

General:

The visit was undertaken by Joanna Wrobel and Debbie Shaw from the Quality Assurance team at Cheshire East Council, who visited the home on the 26th of June 2015. We were welcomed into the home by a carer, after signing into the visitor's book; CEC Officers were introduced to the Manager Sarah Rodger.

Park Mount is a purpose built care home supporting older people; it has a capacity for 40 residents. All the rooms in the home have en suite facilities; there are 36 single

rooms and two double rooms. All the rooms are tastefully decorated and personalised. Residents are able to bring personal items should they choose.

The home covers two floors and benefits from having two lounges, two dining rooms and at present there is an extension in progress to include a large decked area overlooking the gardens and increased seating for the lounge area.

Officers felt there were ample facilities for the residents and their guests to make drinks, and fresh fruit was on offer. Officers witnessed residents moving freely about the home, accessing the upstairs rooms via a lift. Most residents were seen being fully independent and enjoying visiting both floors and socialising. The home benefits from a large enclosed garden, there is a sensory area, large vegetable garden and chicken coup. Future plans include setting up a reminiscence area.

The home employs a maintenance worker/ driver who carries out tasks to ensure the home is well presented, clean, and free from hazards. The home benefits from having their own transport, comprising of a mini van and two cars. The residents use these to attend appointments, social activities and to go shopping.

Internal areas of the home were clean, bright and free from clutter in the lounges, corridors and stairwell areas. The home was free from odour, inviting and well presented. All furnishings were of a good quality and complemented the surroundings. The home has a chapel on site and also telephone accesses for those residents who choose not have a phone in their room.

The front aspect and garden was well presented with bordered gardens, paved walkways and signage at the entrance.

Officers felt the home had an air of calm and serenity and the residents seemed to thrive off such positive surroundings, they appeared relaxed, engaged in conversations of their positive experiences and stated they are genuinely happy with their home.

Staff approach was warm, respectful and calm and the residents interacted well with the staff. All the residents had access to call bell wherever they were situated and call bells when heard were answered in a timely manner.

Care Plans

Officers reviewed four care plans, personal care diaries and daily logs.

The home is in the process of transferring some of the content of the paperwork, such as daily notes, care plans and risk assessments onto a live system called Care Docs. This will reduce the size of the care plans but will also enable the staff to update notes quickly, bring up residents information quickly and allow professionals to add notes such as GPs and District Nurses. The aim is to create a flag warning, to alert the staff when care plans and risk assessments are due to be reviewed.

The system will also track residents falls charts and weight records setting up reminders when these are to be reviewed or completed. All care staff will have access to the system and training in its use.

Residents will still retain a smaller paper copy of their file which will include ;initial assessment, pen picture, life story, policies , correspondence from professional bodies and contract/fee statement.

Risk assessments and care plans looked at were detailed and personalised. The files were fronted by a client profile; audit tool, a recent photograph with date taken, consent to photograph, preferred address, GP, emergency contact details. The plans included a life history section which also used pictorial references to aid residents. This included such topics as preferred address, likes/dislikes, personal care and mobility.

There was also a life stories section, with information gathered from the resident and their family. The files were updated and reviewed, but not in an order that appeared consistent, some care plans were reviewed but risk assessments not.

Daily records and personal care records were completed in personalised diaries that were kept outside the residents rooms, in the corridor. There was evidence the resident and family had involvement in the care plan, but the consent to care forms were not always signed and where the resident lacked capacity proved difficult to clarify.

Some forms were being completed despite the resident not having the ability or capacity to do so; the staff were just replicating previous entries. Officers suggest that the Provider should consider reviewing this practice and consulting family as to consent to complete reviews in their best interest and archiving forms that are no longer appropriate.

Consent to photograph was either signed by the resident or a family member.

ACTION REQUIRED

In accordance with *Schedule 1, Care and Service Specification, Clause 6.3.2, Care Planning and Record Keeping* The Care Plan should ensure that, The service user or representative is fully supported and encouraged to participate in an informed decision making process and to be involved in their personal care planning.

In accordance with *Schedule 1, Care and Service Specification, Clause 6.5 Care Planning and Record Keeping* the Provider shall maintain records relevant to the provision of the Services it provides that will include, but not be limited to:

6.5.1 - Care needs of the Service User

6.5.2 - Risk Assessments, incidents and accidents

In accordance with *Schedule 1, Care and Service Specification, Clause 5.10 Confidentiality* 'The sharing of any and all kinds of information concerning a Service User will always be consistent with the principles of consent and data protection as well as choice and privacy.'

Consent to care forms were either not completed in full or not included on the file.

Some risk assessments had not been reviewed since 2013, and it was difficult to see if they were still relevant.

Care plans had been amended but new sheets had not been issued so they looked untidy and it was hard to determine their accuracy.

The storing of personal information on the outside of rooms would breach privacy and data protection, these files should be stored within the room or another system considered.

The home has amended their staffing structure and recruited additional staff. This means that there are more staff available to facilitate care and the senior role has been replaced by 2 deputy managers with the addition of 6 med techs.

Staffing

Deputy managers are rotaed for alternative shifts, care staff are allocated a floor to work on at the start of the day. The rota also high lights responsible duties, staff on leave, over time shifts and staff on training courses. The rotas are pre planned for a four week cycle. The home is fully staffed and staff retention is good. The home does not use any agency staff.

Handovers take place before the start of each shift both

am and nightly.

	Day	Nights	On call
Manager	1		On call
Deputy Managers	2		On call
Admin	1		
Med Tech	1/2	1	
Care	6/8	3/4	
Domestic	2		
Cook	1		
Hostess	1		
Kitchen Assistant	2		
Maintenance	1		

Training

Officers viewed the training matrix and on going training rota, all the staff have yearly updates on mandatory courses, training is accessed through Macclesfield College, Training is scheduled yearly in blocks such as July-March. All staff are trained at the same time and should a new starter commence between these days they will complete their mandatory induction training and then regardless of time frame commence training when system restarts. This system has proved successful in reducing staff expiry dates, and keeping new staff refreshed until established in role.

Officers were able to evidence that; Moving and Handling, First Aid, Food Hygiene, Health and Safety, Infection Control, Dementia and SOVA training was up to date. The manger is looking to buddy with another home to facilitate DOLS/MCA in a greater detail. Carers wishing to develop medication skills and night staff have medication training from Boots Pharmacy. simonporter@cheshireeast.gov.uk

New starters complete a 12 week induction process. This consists of completing mandatory training before being allowed on shift, then shadow shifts for 4 weeks, supernumerary to the rotaed staff. There after they have 8 weeks on shift working alongside a buddy. Reviews are taken throughout the trial I period and this comprises of two way discussions on competencies/further training and development. Trial period can be extended if warranted

Staff files were well organised, information inside was easy to use.

Staff Files

All files viewed contained the following; Contact details, start date N.O.K , contracted hours , job role, term and conditions , induction check sheet, terms of employment. Company policies and procedures. Job descriptions, interview notes and application forms were also on file.

<p>CRB/DBS checks</p>	<p>. It is the Managers discretion to employ staff should a concern be noted, this is done with the assistance of the HR department and staff are then risk assessed. This is also dependant on nature of concern/ length of time /staff age and suitability to work with resident group. The home has a policy on renewing DBS checks every three years, staff also sign a yearly disclaimer to confirm no change to status.</p> <p>Supervisions viewed appeared to be in line with the company policy.</p> <p>Complaints procedure and contact details are available in all the residents' rooms. Residents stated that they would ask the manager or their family to assist with a complaint should they have one.</p> <p>Compliments letters and thank you cards are displayed on the ground floor notice board and several large albums located in the foyer, available for residents and families to read at will.</p>
<p>Complaints</p>	<p>There are several notice boards in the home displaying such items as photographs of the members of the residents and family committee. Minutes of the residents and family meetings, activities and planned events, thank you cards, pictures the residents find attractive. There were notices for upcoming outings to local beauty spots with the homes transport and proposals for further excursions using wheel chair friendly transport, which all the residents are invited to. Notes on mass services and C of E services and remembrance cards. All the boards were well laid out and easy to read.</p>
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<p>Notice Boards</p>	<p>All residents have a Peeps section in their care plan and there is also a nominal role file in the event of an evacuation. This gave details of areas of the home, fire exits and if any residents were in hospital.</p> <p>The home carries out drills on a Friday and mock evacuations twice yearly. All staff and visitors are expected to sign in and out, and there is also a signing book for the residents. In the event of a drill there is a role call and all fire doors are checked to be working before the drill is ended.</p> <p>As a Health and Safety precaution doors are signed with the way that they open.</p>

Fire Safety

Menus are displayed on the ground floor, upstairs floor and in the dining room. Menus alternate on a 4 week rota. The residents all have an input into the menu and the residents and family committee regularly discuss options and items to be added or removed in their meetings.

The residents chose to have their main meal at lunch time and then a lighter supper. The menu showed a good variety of meals and also a wide variety of optional extras should the main meal not appeal. Dietary needs due to health related/ swallowing issues are available and the staff both in the kitchen and care is aware of the residents this applies to.

Menus/Drinks

Residents are able to choose where they sit for their meals. The majority preferring the ground floor dining room so they can socialise. All the residents Officers spoke to are looking forward to using the decking for afternoon tea when it's completed.

Drinks are available to the residents at all times of the day. Hostesses serve drinks and fill jugs in bedrooms. Residents and their families/visitors have access to three kitchen areas where they can make drinks should they choose. Snacks and fresh fruit are available should the residents require.

Good Practice Recommendations.

Good Practice Recommendations for evidencing that all residents are able to choose from the menu. Look to implement two pictorial boards that can display the menu, one upstairs on the large notice board and one in the dining room. This will remind residents of the food choices, evidence that they are making informed choices and also help to stimulate appetites.

Staff facilitate activities for the residents in the mornings; this can include such things as board games, pampering sessions, baking, arts and crafts, and music, walking round the gardens and trips to local beauty spots.

Every afternoon the home has entertainment from external sources such as singers, local football team, organists and choirs.

All the residents the Officers met on the day were well presented, wearing clothing of their choice, men were shaven and staff took care to ensure residents had

<p>Activities</p>	<p>working hearing aids and mobility aids. Officers spoke to several residents on the day, comments from residents included: :</p> <p>“ Home from home, one big family “</p> <p>“I’ve made friends and that makes a difference when you are not with family.”</p> <p>“All the staff are kind to me and I couldn’t be happier”</p>
<p>Residents Feedback</p>	<p>“Food is good and I like all the meals and I get plenty to drink”</p> <p>“ If I use my bell staff come quickly ”</p> <p>”Food is lovely “ , “It must be as I’m putting on weight.”</p> <p>“I enjoy living here and I know I’m fortunate and well looked after”</p> <p>“I’m very grateful to be living here, you couldn’t get nicer staff “. “I’m very blessed”</p> <p>“ If I want an omelette for a change , Chef says you can have what ever you want”</p> <p>“Staff are lovely and the food is good, I’m well looked after its all a person could ask for.”</p> <p>“God has blessed us all to be living here and for the staff”</p> <p>No resident could think of anything that they felt would make them happier or the home better. Residents were very positive about all the staff, the ability to be able to make friends and the feeling of family.</p> <p>One family member stated that “ if I had to go into a home I’d be happy if it was here”</p>

If you would like to speak to us regarding our feedback, please do not hesitate to contact Joanna Wrobel 07817958188.

Yours sincerely



Kate Phillips
Commissioning Manager – Contracts and Quality Assurance

Status (R/A/G)	Contract Clause Number	Contract Clause	Areas to Be Improved	Resolution Required
THE CONTRACT - Actions required				
	Schedule 1, Care and Service Specification, 6 Care Planning and Record Keeping	In accordance with Clause 6.3.2 The Care Plan should ensure that , The service user or representative is fully supported and encouraged to participate in an informed decision making process and to be involved in their personal care planning.	Visit on -26/06/2015-Evidenced that all the care plans were person centred and gave a good insight into the residents and how they wished to be supported. Evidencing Consent to Care was not consistent and in two files consent forms were present but not signed by resident or family .	Ensure that Consent form are in place and signed by either the resident where possible or family. If unable sign by resident, seek permission from next of kin deliver and review care plan in the best interest of the resident. Include a review sheet and list attendees when the this event occurs.
	Schedule 1, Care and Service Specification 6 Care planning and Record Keeping.	In accordance with Schedule 1, Care and Service Specification, Care Planning and Record Keeping 'the Provider shall maintain records relevant to the provision of the Services it provides that will include, but not be limited to, 6.5.1 Care needs of the Service User 6.5.2 Risk Assessments, incidents and accidents	Visit on -26/06/2015-All files were well written and personalised but there was inconsistencies in the review dates for risk assessments against the dates on the care plan reviews. Some dates were from 2013.and the residents needs had changed. Care plans had amendments written over the headings making them difficult to read.	Review risk assessments t the statements in the care plans as they are being loading onto Care Docs, as this will ensure that the risk are monitored and reviewed and the care plan is relevant to the residents needs. Set alert on the Care Doc system as a reminder for staff who to review risk assessments
	Schedule 1, Care and Service Specification Scope of Services Clause 5 Service Delivery	In accordance with Schedule 1, Care and Service Specification, Clause 5 Service Delivery 5.10 Confidentiality The sharing of any and all kinds of information concerning a Service User will always be consistent with the principles of consent and data protection as well as choice and privacy.	Visit on -26 /06/2015-The staff were completing daily/personal care/ night checks on the residents in two files that were stored outside the residents room, in the corridor. These files are available to anyone passing	Set up a night staff check 1 that will include charts to document sleeping pattern and continence issues, this file can be kept in the office. When Care Doc system is fully functioning all necessary

Status (R/A/G)	Contract Clause Number	Contract Clause	Areas to Be Improved	Resolution Required
	Menu Display	Good Practice Recommendations for evidencing that all residents are able to choose from the menu using alternative methods of communication .	Visit on -26/06/2015- There were three written menus on display throughout the home , but no use of pictorial referencing for residents with memory loss/dementia.	Look to implement two pictorial boards that can display the menu , one upstairs on the large notice board and one in the dining room. This will remind residents of what food choices there are and also help to stimulate appetites.

Status