HC-One Limited

Pytchley Court Nursing Home

Inspection report

5a Northampton Road
Brixworth
Northampton
Northamptonshire
NN6 9DX

Tel: 01604882979
Website: www.hc-one.co.uk/homes/pytchley-court/

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Pytchley Court Nursing Home provides nursing and residential care for up to 40 older people, including people living with dementia. There were 29 people receiving care at the time of the inspection.

People's experience of using this service and what we found
Infection control procedures required improvement. Personal protective equipment [PPE] had not been disposed of appropriately and cleaning schedules were not detailed with actions taken.

There were insufficient systems in place to identify any shortfalls in the care received. Audits that had been completed, had not always identified the concerns or had actions documented. Records of care were not consistently completed and had not audited.

Not all staff and relatives felt there were enough staff on duty to meet the needs of everyone living at Pytchley Court Nursing Home. Although people were supported by staff who knew them well and had been safely recruited.

Risk assessments were in place to protect people from harm, however these were not consistently followed by staff. Although, we saw no evidence of harm occurring.

People were supported with their medicines safely.

Staff told us they felt well supported by the management and enjoyed their job.

People were supported to feedback on the service they received and significant people were kept up to date regarding peoples changing needs.

Relatives we spoke to were all positive about the care and support given by staff.

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 requires improvement (published 27 April 2019).

The service remains rated requires improvement.

Why we inspected
We received concerns in relation to staff training, record keeping and clinical oversight. As a result, we undertook a focused inspection to review the Key Questions of Safe and Well-Led only.

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.

We have found evidence that the provider needs to make improvements.

You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to oversight of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Pytchley Court Nursing 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. 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by one inspector and an assistant inspector.

Service and service type
Pytchley Court Nursing 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, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced, however, we phoned the service before entering. This supported the service and us to manage any potential risks associated with Covid-19.

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 and professionals who work with the service. The provider was not asked to complete 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 one person people who used the service about their experience of the care provided. We spoke with six members of staff including the registered manager, maintenance person and care staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We communicated with three relatives about their experience of the care provided.
We continued to seek clarification from the provider to validate evidence found. We looked at training data, policies and procedures and quality assurance records.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

● Risk assessments were completed and contained strategies to reduce potential harm from any healthcare needs, equipment and environmental risks. However, staff had not consistently followed these strategies. For example, we found that people who required two hourly repositioning did not consistently have this support recorded. A person who was at risk of constipation had not had a bowel movement recorded for seven days, we did not see any evidence of action taken.

● Staff had not recorded bed brake checks for a person who had a fall from bed. The strategies to reduce this risk were recorded as staff are required to check the brakes on their bed. The registered manager implemented this recording immediately after feedback.

● A fire risk assessment was in place for staff to follow. Personal Emergency Evacuation Plans (PEEPs) were in place to support the evacuation of people using the service in the event of an emergency.

Staffing and recruitment

● Not all staff we spoke with felt there was enough staff on duty. One staff member told us "I think we need one more [staff member] on each level"

● The provider used a dependency tool to identify the numbers of staff required to meet people's needs. However, we reviewed the staffing levels and found the service operated with five care staff and one nurse per shift for 29 people. 19 people required two to one support and nine people required one to one for any mobility needs. Eight people required full support with eating and drinking. This meant people may not always have received support as needed, however we found no harm to people.

● People were protected against the employment of unsuitable staff. Records confirmed that Disclosure and Barring Service (DBS) checks were completed and references obtained from previous employers. These are checks to make sure that potential employees are suitable to be working in care. However, the provider had not always recorded the reasons for gaps in staff employment history.

Preventing and controlling infection

● People and staff were put at risk of infection due to procedures not being followed. One person who was self - isolating due to COVID 19 did not have their bedroom door closed and did not have any signage on their bedroom doors to ensure staff and visitors were aware and wore the correct Personal protective equipment (PPE). The registered manager ensured signs were in place and doors closed immediately after feedback.

● Staff did not follow national guidance to regarding prevention of spreading of infection in relation to COVID-19. PPE was not always disposed of appropriately. For example, staff had disposed of gloves and aprons in an open bin that was marked 'Face masks only'.

● Cleaning schedules did not identify if 'high touch areas' were cleaned regularly to prevent the spread of infections. However, the home was clean and odour free.

Using medicines safely

● Medicines were managed safely. Medicine administration record's (MAR) were signed accurately to indicate medicine had been administered to people as prescribed. However, staff had not recorded the reasons on two people's MAR chart for 'as required' medicine being administered. The registered manager investigated and actioned these recording protocols.

● Staff responsible for administering people's medicines had received training and procedures were in place detailing what action to take if an error was made.

Systems and processes to safeguard people from the risk of abuse

● The provider had a safeguarding policy and procedure in place.

● Staff were trained and knowledgeable about the types of abuse and the actions they should take if they had any concerns that people were at risk.

Learning lessons when things go wrong

● Accidents and incidents were recorded and reviewed by the registered manager. However, not all actions had been recorded.

Requires Improvement

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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider did not have sufficient systems in place to identify when support and care was not delivered. We saw no evidence of audits being completed for daily records such as repositioning charts, mattress settings, skin integrity and food and fluid charts.
- Records of care were not always documented or kept up to date. For example, one person who required repositioning every two hours had recorded gaps of four hours. Another person who required fortified milkshakes three times a day, only had one recorded milkshake on eight separate days. These gaps had not been identified prior to the inspection.
- The audits completed were not always effective. For example, the infection control monthly audit completed the previous day showed compliance in all aspects, however during the site visit we found concerns with infection control. We have reported upon this further in the 'is this service safe' section of the report.
- The registered manager told us they completed spot checks around the service to have oversight of staff practices. However, we saw no evidence of any checks as the registered manager did not record them.

The provider failed to have systems and processes in place to assess, monitor and improve the quality and safety of care and to maintain accurate and complete records. This is a breach of Regulation 17, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

- Staff attended daily meetings to discuss any updates on people's needs including any injuries, medication issues or health concerns.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Regular meetings were held to support people's engagement; however, actions were not always completed. The registered manager agreed to investigate all actions.
- Staff told us they received regular supervisions and the registered manger was always available. One staff member told us, "I spoke about things today and they [management] sorted it straight away."
- We saw people being supported by staff who knew them well and communicated effectively with them.
- Staff were positive about the support from the management team. Staff told us they felt supported and

one staff member said, "[Registered manager] is good, I can just knock on the door and ask anything I want." Another staff member said, "We have a solid team, everyone will help out."

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 registered managers understood, and had acted on, their duty of candour responsibility. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support and truthful information.

● We saw that complaints had been responded to in line with the providers policies and procedures. Significant people were kept up to date regarding people's changing needs.

Continuous learning and improving care. Working in partnership with others

● We saw evidence of referral being made to external agencies including, doctors, speech and language therapists and the falls team.

● The registered manager was working closely with commissioners to improve the service provided for people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to have systems and processes in place to assess, monitor and improve the quality and safety of care and to maintain accurate and complete records.