Mrs Barbara Rogers

Park Hills Nursing Home

Inspection report

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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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

Parkhills Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package. CQC regulates both the premises and the care provided and both were looked at during this inspection. Park Hills Nursing Home is registered to provide care for 17 people. At the time of our inspection there were 16 people living at the home. Parkhills also provides a home care service. This offers a variety of services, including assistance with personal care, support with medicines, help with meals and domestic tasks. At the time of our inspection there were 23 people receiving care from the home care agency. During this inspection we looked at the care provided both at the nursing home and by the home care agency.

Our last inspection of the service was in February 2016. At that inspection we rated the service good overall, although we found one breach of the regulations of the Health and Social Care Act (2008). This was because the service had failed to provide adequate supervision of its care and nursing staff. At this inspection we found improvements had been made and the service was no longer in breach of the regulations. We found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

We have made two recommendations. The first is in relation to the documentation for recording decisions around consent to treatment. The second is in relation to providing meaningful activities/stimulation for people.

The service 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.

Systems remained in place to help safeguard people from abuse. Staff had a good understanding of safeguarding matters, how to identify signs of abuse and what action to take to protect people in their care.

Risk assessments had been completed to show how people should be supported with everyday risks, such as risks of falls and pressure ulcers. Risk assessments had been completed to identify potential hazards in people's homes for those people receiving care from the home care agency.

Recruitment checks had been carried out to ensure staff were suitable to work in a care setting with vulnerable people. At the time of our inspection there were sufficient staff on duty in the nursing home to respond promptly to people's needs. People receiving support from the home care agency told us they received care from a consistent team of care assistants, who were familiar with their needs.

Systems were in place to ensure medicines were managed safety.

The home was well-maintained, clean and decorated to a good standard. There were effective infection control and prevention measures within the service. Checks and servicing of equipment, such as for the gas, electricity, fire-fighting equipment and hoists were up-to-date. The service did not have a Legionella risk assessment. We have asked for this to be carried out.

Staff had undergone training to ensure they had the knowledge and skills to support people safely. All staff received regular supervision. This ensured the standard of their work was monitored and gave them the opportunity to raise any concerns.

The service was working within the principles of the Mental Capacity Act (MCA) 2005 and theDeprivation of Liberty Safeguards (DoLS). However, consent to care and treatment had not always been recorded properly in care files.

People we spoke with were complimentary about the care and support they received from staff at Parkhill nursing home and from Parkhills home care agency. Staff respected people's privacy and dignity and promoted their independence.

Risk assessments and care plans provided staff with the information needed to support people.

There was a lack of activities or stimulation for people. However, staff regularly checked on people who remained in their bedrooms. This ensured their personal care needs were met and helped to prevent social isolation.

The service had a formal process for handling complaints and concerns. There had not been any recent complaints about the home or the home care agency.

The management team provided good leadership of the service. Audits and quality checks were undertaken on a regular basis and any issues or concerns addressed with appropriate actions.

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 remains good.

Is the service effective?

Good

The service was effective

Staff had received training and regular supervision.

The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service remains good.

Is the service responsive?

Requires Improvement

The service was not always responsive.

There was a lack of activities/stimulation for people living at the home.

The service had a system in place for receiving, handling and responding to complaints. No recent complaints had been received.

Is the service well-led?

Good

The service remains good.

Park Hills Nursing Home

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 was planned to check 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 was an unannounced inspection which took place on 16 and 17 July, 2018. The inspection was carried out by an adult social care inspector.

Before the inspection we reviewed information we held about the service. This included the statutory notifications the CQC had received from the provider and the Provider Information Return (PIR). Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. A PIR 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.

Prior to the inspection we contacted the local authority, the local Clinical Commissioning Group (CCG) and Healthwatch Oldham to ask if they had any concerns about the service, which they did not. Healthwatch is the national independent champion for consumers and users of health and social care in England.

During our visit we looked around the nursing home, checking on the condition of the communal areas, toilets and bathrooms, laundry and kitchen. We looked in several bedrooms after we had received permission to enter them. We spent time observing the lunchtime meal and reviewed the administration of medicines. We spoke with the registered manager, deputy manager, two senior care assistants, two care assistants and a cook. We spoke with one person who lived at the home and two relatives of people who lived there. Following our inspection visit, we spoke on the telephone to three relatives of people who lived at the home. We also spoke with two people who used the home care agency, and five relatives.

As part of the inspection we looked in detail at three sets of care records. These included care plans, risk assessments, daily notes and monitoring charts. We reviewed other information about the service, including medicines administration records (MARS), training and supervision records, three staff personnel files, audits and maintenance and servicing records.

Good

Is the service safe?

Our findings

People who used the service and relatives told us they felt safe with the care provided at Parkhills nursing home and by Parkhills home care agency. One relative said, "I can go home feeling relieved because (name) is in good hands''. A relative of someone receiving care in their own home told us, "This is how home care should be.'' Staff we spoke with had a good understanding of safeguarding matters and could describe how they might recognise that a person who used the service was being abused. Staff were aware of the whistleblowing policy and told us they were confident they could report any concerns they might have about poor practice by their colleagues and these would be investigated.

Staff employed by the service had been through a thorough recruitment process. We reviewed three staff personnel files and found that they contained all the required documentation, including reference checks and confirmation of identification. All staff had Disclosure and Barring (DBS) criminal record checks in place. These help employers make an informed decision about the person's suitability to work with vulnerable people, as they identify if a person has had any criminal convictions or cautions. All nurses were registered with the Nursing and Midwifery Council (NMC). The NMC is the regulator for all nurses and midwives in the United Kingdom.

There were sufficient staff working in the service to keep people safe and meet their needs. As well as the registered manager, the home employed a deputy manager, three registered nurses, senior care assistants, care assistants, domestic staff and kitchen staff. The registered manager told us there were occasions when they had to use agency nurses. However, where possible they tried to use the same nurses, so that continuity was maintained and people were cared for by staff who were familiar with their needs.

The home care agency employed a separate team of care assistants. People and relatives we spoke with told us that they were supported consistent team, who were familiar with their needs and generally arrived within the allotted time frame. No one we spoke with complained that visits were rushed, or had been accidentally missed.

The nursing home was well-maintained. Steps had been taken to minimise risks to people from the environment. For example, radiators were covered, which meant people could not burn themselves if they touched or fell against them. Servicing of equipment, such as the passenger lift, hoists and hoist slings was up-to-date. The service had recently installed new gas boilers. Although a check had been completed on the water system to ensure it was free from legionella bacteria, no legionella risk assessment had been carried out. This is recommended by the Health and Safety executive in their guidance 'Legionnaire's Disease. The control of legionella bacteria in water systems'. The registered manager assured us this would be carried out. Legionnaires' disease is a potentially fatal form of pneumonia caused by the legionella bacteria, that can develop in water systems.

Systems were in place to minimise risks to people from the spread of infection. The premise was clean and free from any unpleasant odour. We saw that staff used personal protective equipment (PPE), such as plastic gloves and aprons, to help prevent the spread of infection and this was available throughout the home.

Home care staff were provided with a bag containing PPE which they took with them on their visits. People we spoke with confirmed staff wore PPE when attending to their personal care needs. All registered nurses had been assessed in using an aseptic non-touch technique (ANNT). This technique is used when carrying out procedures such as a catheterisation and is essential in helping prevent infections. A 'handwashing audit' had been carried out in May 2018 to ensure all staff were following correct handwashing procedures. The nursing home had scored 93% in an infection prevention and control audit carried out by the local authority in July 2017.

During our inspection we identified that there was no specific cleaning/disinfecting regime in place for the suction machines. A suction machine is used to clear the airway of blood, saliva, vomit, or other secretions so that a person may breathe easily. Following our inspection, we contacted the local authority specialist health protection nurse for advice on this matter. She arranged to visit the service to provide guidance on the correct cleaning regime for this equipment.

The kitchen had achieved a rating of five stars following its recent food standards agency inspection in May 2018. This meant food ordering, storage and preparation were classed as 'very good'.

Fire safety procedures were in place to protect people from the risk of fire at the home. The fire alarm and fire extinguishers had recently been serviced and the fire exits were clear at the time of our inspection. Everyone living at the home had a personal evacuation escape plan (PEEP). PEEPs explain how each person would be evacuated from the building in the event of an emergency.

Equipment was in place to deal with clinical emergencies. People who had a tracheostomy (breathing tube) had emergency equipment easily to hand in their room, in the event of a problem with the patency of the tube. A first aid box and eye wash kit were stored in the hallway, where they were easily available. The majority of staff had received first aid training. Staff visiting people in their own homes carried a first aid kit.

We looked at the management of medicines. All medicines in the nursing home were stored in a locked room. The temperature of the treatment room and medicine fridge were checked daily to ensure that medicines were stored at the correct temperature. We reviewed the recorded temperature of the treatment room over the past month and found that it had regularly been above the recommended maximum temperature of 25 degrees centigrade. Medicines not stored at the correct temperature may become ineffective. The high temperature recordings had coincided with a prolonged period of warm weather and the service had taken steps to try to reduce the room temperature by using a fan and providing ventilation around warm pipes. However, the room remained predominately above the recommended temperature. The registered manager told us they would monitor the temperature closely over the coming weeks.

Everyone receiving medicines had a Medicines Administration Record (MAR) which contained information necessary for the safe administration of medicines, such as photographs of people living at the home and information about allergies. Those we reviewed had been completed correctly, which indicated that people had received their medicines as prescribed. In the nursing home, medicines were only administered by registered nurses. Care assistants, who had received training in medicines administration, gave people their medicines in the community. People we spoke with told us they received their medicines on time and that their home visits had been arranged to ensure they received their medicines at the times they were prescribed.

Risks to people's health, such as from falls, had been assessed and appropriate action taken. All risk assessments were reviewed regularly to ensure they remained up-to-date. The 'waterlow' score was used to help identify if a person was at risk of pressure ulcers and where needed, the appropriate pressure relieving

equipment, such as a mattress, was in place. Some dynamic mattresses, which have air cells that alternately inflate and deflate in a cycle to relieve pressure on the body, need to be adjusted so that they are at the correct setting for each person. Although staff regularly carried out visual checks of the mattresses to ensure they were working, we found that there was no system in place to check that they were at the correct setting to ensure they gave the right pressure relief. We discussed this with the registered manager who immediately took action to introduce a daily check of the mattress settings.

As part of the initial assessment process for each care package, the domiciliary care agency looked at potential hazards in people's homes, such as the condition of lighting, and the space available to carry out care tasks. This ensured people receiving care, and staff, were kept safe. All care assistants working in the community were provided with a 'mobile healthcare assistant hand book'. This included guidance about personal safety.

Accidents and incidents were managed correctly. Following an accident/incident, staff completed a form and recorded the nature of the incident, who had been involved and what immediate action had been taken. This was then reviewed by the registered manager or deputy manager so that steps could be taken to prevent a re-occurrence.

Good

Is the service effective?

Our findings

At our last inspection in February 2016 we found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff had not received adequate supervision. Supervision meetings support and help staff to discuss their progress and any learning and development needs. At this inspection we found improvements had been made and the service was no longer in breach of this regulation. All staff who worked at the home and for the home care agency received supervision and records we were shown confirmed this. All new staff received an induction. This helped to familiarise them with the service, build their confidence and provide them with the skills to work in a care setting.

People were supported by staff who had the appropriate skills and knowledge. Training was provided to all staff, face-to-face, through e-learning, and by workbooks. There was a designated 'training area' in the hall-way, where workbooks for different subject areas where displayed. Staff helped themselves to workbooks, completed them, and then returned them for marking. The training matrix was also displayed, so that staff could see at a glance what training they needed to complete. Some staff were 'champions' of different subject areas 'react to red' (pressure sore prevention), dignity and dementia. These staff had a special interest in their subject and shared their knowledge with the rest of the team, which helped to ensure staff were up-to-date with best practice.

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 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 application 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. Records showed relevant DoLS applications had been submitted to the local authority, although some were still waiting to be authorised. People told us staff asked them for their consent before providing support and we observed this during our inspection. From reviewing care records, we found that where people were unable to consent to care, it was not always easy to see how decisions around their care had been reached and who had been involved in the decision-making process. One person's care file contained a consent form signed by the person's wife. However, there was no information written on the form to say what they had consented to.

We recommend the service review its process and documentation for recording decisions around consent to treatment.

People were supported by staff and external healthcare professionals to maintain their health and wellbeing. Care records showed advice was sought from healthcare professionals such as GPs, district nurses and speech and language therapists when needed.

People were supported to eat a varied diet. Nutritional care plans were in place which showed how people should be supported with their diet. People were weighed regularly. Where it was not possible to weigh someone, for example, because they were unable to use the scales, staff estimated their weight by measuring the mid upper arm circumference (MUAC). This is a method for estimating a person's body mass index (BMI). Where people had lost weight, they had been referred to a dietician for specialist advice and action taken by care staff to fortify their meals, for example with additional butter and cream, to help provide additional calories. Some people received all their nutrition through a tube which was inserted into their stomach through their abdomen. Care plans showed how staff supported people who received their nutrition in this way.

The service operated a four-weekly menu plan. People could have a cooked breakfast if they wished and snacks and drinks were provided between meals. Only a small number of people ate their meal in the communal area, as some were unable to take food orally, or were cared for in bed, due to their circumstances. During our observation of lunch, we found there were sufficient staff to support people who required assistance.

Some people cared for by the home care agency received support with meals. Staff could prepare simple snacks, heat up prepared meals in a microwave and make sandwiches and light meals. Sufficient drinks were provided to ensure people were well hydrated. Staff received basic training in food hygiene and nutrition to ensure they had adequate knowledge to support people in this way.

People's needs were met by the adaptation and decoration of the premises. The nursing home was well decorated. There was a large, nicely decorated communal area with good quality furniture, and the bathroom/shower room was decorated to make it a pleasant space, rather than being purely functional. People were encouraged to bring personal belongs to decorate their bedrooms. A passenger lift provided access to the upper floor, for those people who were unable to use the stairs. Equipment used at the home, such as electric beds and pressure relieving mattresses, was of good quality. There was a garden to the front of the property, which contained garden furniture, shrubs and flower tubs.

Good

Is the service caring?

Our findings

All the people we spoke with during our inspection talked positively about the care at Parkhills nursing home and the care provided by Parkhills home care agency. We received many complimentary comments about the home and its staff. These included, "I just can't find any fault at all with them (staff)''; "The staff are really nice'' and "You couldn't find a better place.'' Everyone we spoke with was happy with the care provided by the home care agency. Comments included, "It's been quite outstanding''; They're great – no complaints at all'' and "They are all good carers.''

We saw that people in the nursing home looked well cared for and their clothes and appearance were clean. We spoke with the relative of a person who was totally reliant on staff for their personal care needs and was unable to communicate in any way. They told us that staff were attentive to his needs, kept him clean and shaved and provided regularly mouth care. They told us that even though the person was unable to communicate, staff always spoke to him and told him what they were doing, while carrying out personal care. This showed staff respected the person as an individual.

People's dignity and privacy was respected. Staff received training on this subject, and those we spoke with could give examples of how they promoted dignity and privacy when caring for people. For example, one care assistant told us they ensured curtains and blinds were closed when helping a person with their personal care, and always explained what they were doing, so that the person would feel at ease. A relative told us, "Everybody is spoken to properly." During our inspection we were told about one person who liked to remain in their room with their door closed and we saw that their wishes had been respected.

Staff had built caring relationships with people. One person living at the nursing home told us, "Staff are like your family." We read a thank-you care which said, "We will never forget your kindness. Not only did you look after my dad, but you looked after us and gave us peace of mind." People were supported to maintain contact with friends and relatives and those we spoke with told us they felt welcome at the home. There were no restrictions on visiting.

People were encouraged to remain as independent as possible. One care assistant talked to us about how she helped promote independence. She told us, "I take a step back. If they are struggling I will ask. I won't just intervene." Where people were able, they made decisions about their care. One person told us, "I had a meeting and went through everything with them."

Requires Improvement

Is the service responsive?

Our findings

The nursing home operated a system called 'meaningful moments' to help ensure people's needs were met. Staff checked on people every one to two hours, offered assistance with personal care, changed their position if required, offered them a drink and provided any other care that was required. This approach ensured no one was left without support for long periods. Many of the people living at Parkhills had complex medical conditions and several them were cared for in bed. Some were unable to summon assistance either verbally or by using a call bell. 'Meaningful moments' helped prevent them from being isolated. One person told us ''Staff are always popping in.''

All people receiving support in their own homes had care plans which described the support they required. This ensured they received care that was tailored to their needs. For example, one we reviewed had information about the person's moving and handling needs, which included details about their hoist and hoist sling.

During our inspection we reviewed the care records of four people living at Parkhills. Each person had care plans which described how they should be supported and cared for. For example, one person was receiving continuous oxygen. They had a care plan in place which identified the amount of oxygen the person was prescribed and the recommended range for their blood oxygen saturation level, which is monitored using a devise placed on the person's finger. This ensured staff had the correct information to administer oxygen safely. Care plans were reviewed regularly and amended when people's needs changed. Where people required regular monitoring, charts were in place to record the actions staff had taken.

Some of the care files did not contain personal histories. These record details such as a person's cultural and family background, people and places important to them and their preferences and routines. This information can be used to find ways to make a person's day to day routine meaningful to them. The registered manager told us that sometimes it was difficult to obtain this information from people and their families.

During our inspection we found that there was very little to occupy people's time, other than watching television or listening to music. Some people had dementia. Although their medical condition had impacted on their ability to communicate and participate in activities, little attempt was made to provide them with any meaningful stimulation during the two days of our inspection. The registered manager told us that some people took part in 'colouring activities' and 'hand massages'. However, no one took part in these, or other activities during our inspection. We read the personal history of one person who had dementia. It said they had liked to knit and to read 'Woman's Weekly. No attempt had been made to use this information to develop a care plan to try and engage and stimulate them.

We recommend that the service takes steps to develop ways of providing meaningful stimulation/activities to people living in the home, particularly those people with dementia.

Since our inspection we have been informed that the service has appointed a healthcare assistant to look at

ways of providing stimulation for people. We will review this at our next inspection.

People who wanted to continue practising their faith could receive communion from a local priest who held a service at the nursing home once a month and visited individuals if requested.

The service was committed to providing good end of life care. There was evidence in the care records that, where appropriate, people's wishes for their end of life care had been discussed with them or their family. Parkhills had completed the 'Six Steps to Success – Northwest end of life care programme for care homes', which aims to provide staff with the knowledge to offer high quality end of life care. Information about the programme was displayed in the hallway, along with other useful information about end of life care. We saw several positive comments written in 'thank you' cards about 'end of life' care at Parkhills. One said, "Losing (name) has been a painful experience and your loving support has been a great help''

The registered nurses attended a handover at the start of their shifts. These meetings helped promote good communication, informed staff of any changes in people's care needs and ensured staff were kept up-to-date with all that was happening within the home. The nurses passed on all relevant information to the care assistants. Care assistants visiting people in their own homes came into the office at the start of their shift to check if there were changes to their rota, or to the health/care needs of the people they visited.

People who received support from the home care agency had set times for their visits. People we spoke with told us carers were punctual, stayed for the required duration and always asked if there was anything further they could do to help them. One person told us how the home care agency had gone out of their way to arrange their night time visit as a late as possible, so that they could go to bed at their preferred time. They told us, "It's very much about my needs.''

The home care agency had a procedure in place if care assistants were unable to gain entry to someone's property. This minimised the risk someone could be left unattended after falling ill or having an accident. Where a person was not at home when their carers visited, because for example they had a hospital appointment, or were out shopping, care assistants left a card with their mobile number so that they could be contacted and return later.

The service had an up-to-date complaints policy and people we spoke with knew how to make a complaint and were confident any complaint would be dealt with promptly. Information about how to make a complaint was kept in each person's care file which was kept in their bedroom and in the hallway, so it was easily available. The service had not received any recent complaints.

Good

Is the service well-led?

Our findings

There was a registered manager at the service who was also its owner. She was a registered nurse and had run the service for 35 years. 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.

The service had a stable and knowledgeable management team. As well as a registered manager, the service had a deputy manager. Management of the home care agency was carried out by the deputy manager, along with an assistant who was in the process of undertaking a national recognised nursing qualification to become an Assistant Practitioner.

Staff, people who used the service and relatives spoke positively about the management team. Comments made included; "Everybody is very efficient'' and "Nothing gets passed the manager.'' People told us the management were approachable. The manager's office was directly opposite the front door of the home and was therefore easily accessible to anyone visiting the home. During out inspection we saw that there were frequent conversations between the management team, relatives and people who used the service. One relative told us, ''Everyone is so friendly.''

The registered manager kept a record of when specific clinical procedures were due, for example when catheters, tracheostomy tubes and feeding tubes needed to be changed. This ensured the procedures were carried out within the necessary time scale so that people's health was maintained.

Records we reviewed showed that staff meetings were held twice a year. Minutes from the most recent meeting showed that it had included a detailed discussion of the care needs of everyone living at the home and other topics, such as adhering to the uniform policy. Staff meetings are important as they help to keep people informed of developments within the service and encourage communication between the management and care staff

There were effective systems in place for monitoring the quality of the service. Records showed that quality assurance checks were carried out on different aspects of the service, including medicines management, complaints, accidents and incidents and care records.

The service had up to date policies and procedures in place to guide staff on their conduct and their practice.

The service gathered people's opinions of the care provided through its 'Quality Assurance Feedback' form. Comments which had recently been submitted included, "I am pleased that if there is a problem with anything that it is quickly and diplomatically sorted out'' and "I am happy with the care I receive and feel that if I have a problem it will be dealt with.'' The service produced a yearly newsletter to keep people informed of changes to the service and included photographs of recent events.

We checked our records before the inspection and saw that notifications, such as accidents and incidents the service is required to send to the CQC by law, had been sent. This meant we could see that appropriate action had been taken by management to ensure people were kept safe.

From 1 April 2015 it has been a legal requirement of all services that have been inspected by the CQC and awarded a rating to display the rating at the premises and on the service's website, if they have one. Ratings must be displayed legibly and conspicuously to enable the public and people who use the service to see them. We found that the rating from the last CQC inspection was displayed prominently in the entrance hall. The service did not have a website.