Prestige Care Limited

Parkville Care Centre

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 well-led?	Good

Summary of findings

Overall summary

About the service
Parkville care centre is a nursing and residential care home providing personal and nursing care for up to 94 older people, including people living with dementia. The home provides care and support to people within two buildings. At the time of the inspection 52 people were living at the home.

People's experience of using this service and what we found
People and relatives said they were safe living at the home. Lessons had been learned. Good improvements were in place to ensure people were safe. Risks to people were well managed. There were enough staff on duty to safely support people. Medicines were safely managed. Infection control measures were in place.

Staff had the right skills and knowledge to support people. Improvements had been made to manage the risks associated with nutrition. Some gaps in these records remained; we have made a recommendation about this. People had good access to health professionals and recommendations were acted upon. The environment was well maintained.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the home supported this practice.

The leadership team had been effective in supporting the development of the home. Quality monitoring measures were effective. The staff team were united and skilled in providing people with the care they needed. Feedback from professionals had been acted upon. Staff were open and transparent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update
The last rating for this service was requires improvement (published 13 December 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected
We carried out an unannounced comprehensive inspection of this service on 4 November 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the quality assurance of the home and the care which people received, such as risk management, medicines and nutritional needs.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. As a result, we undertook a focused inspection to review the key questions of safe,

effective and well-led only.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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

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

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

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Parkville Care Centre

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
Three inspectors and an assistant inspector carried out this inspection.

Service and service type
Parkville care centre 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
We gave a short period notice of the inspection. This supported the home 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, such as Tees Valley CCG and South Tees infection control team. We also contacted 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 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 four people who used the service and 13 relatives about their experience of the care provided. We also spoke with three health professionals. We spoke with 13 members of staff including the nominated individual, the assistant manager, a clinical lead, a team leader, a nurse, six care workers and two members of housekeeping staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included six people's care records and 13 people's medication records. We looked at six 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 continued to seek clarification from the provider to validate evidence found.

Good

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 now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At the last two inspection's care and treatment was not always provided in a safe way for people This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

● Risks to people were regularly reviewed. Staff demonstrated good knowledge of people and they had taken the right action when needed. Care records supported the management of risk
● Staff displayed a person-centred approach to people who displayed behaviours which challenge. Potential incidents were de-escalated quickly.
● The home and equipment used to support people were safe and well maintained.

Using medicines safely
At the last two inspection's the provider had failed to ensure the proper and safe management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

● Medicines were safely managed. Staff involved in handling medicines had received recent training to dispense medicines safely.
● Minor recording issues were identified with medicine recordings. We discussed these with the nominated individual during the inspection and they assured us that these would be addressed.

Systems and processes to safeguard people from the risk of abuse
● People were protected from the risk of harm. Staff had followed the right procedures when needed. Staff had received training in this area.
● People and relatives said the home was safe. Comments included, "[Person] is very comfortable there. Staff look after them well and keep [person] immaculate. I am sure they are safe," and, "I'm quite happy with the staff; they are really good actually. I feel safe living here."

Staffing and recruitment
● There were enough staff available to meet people's needs. Call bells were answered quickly. People said, "There are always enough staff that are trained," and, "It doesn't take staff long to come [when pressing the call bell]." New staff were recruited safely.

● People and relatives were very positive about staff. One relative told us, "The care home staff are lovely with [person]. The staff are wonderful, marvellous, I can't fault the staff at the home."

Preventing and controlling infection

● The care home was clean throughout. Staff followed the correct procedures for managing the risk of infection. We received mixed feedback from relatives about the use of PPE when visiting. The nominated individual started to address this following feedback.

● People and staff accessed regular testing in line with government guidance for managing the risks associated with Covid-19. Good practices were in line to manage infection outbreaks.

Learning lessons when things go wrong

● Incidents were recorded and regularly reviewed. Actions were taken to reduce the risk of reoccurrence.

● Good improvements had taken place since the previous inspection. One professional said the provider had sought advice where needed, had been very engaging and had worked hard to ensure good standards of care were met.

● Staff had demonstrated a willingness and a desire to improve and continue to embed the changes which had been put in place. In a group discussion with staff, they said, "We looked at where we went wrong and we have worked to make the changes needed."

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet

At the last inspection the provider had failed to ensure people's nutritional needs were met. This was a breach of regulation 14 (Meeting Nutritional and Hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 14.

● The oversight of risk for people with nutritional needs had improved. Records had been more consistently completed; continued improvements were needed to minimise the gaps identified in some records.

We recommend that the provider keeps the recording of food and fluids under review to ensure accurate.

● Referrals to health professionals had been completed in a timely manner. Staff demonstrated good knowledge around increasing people's dietary intake. Mealtime experiences were observed to be positive.
● People and relatives said they were happy with food provided and support which people received. Comments included, "The food is smashing," and, "The food is pretty good, I get a choice," and, "I'm over the moon with the food and the nutrition. I think they [staff] are superb."

Ensuring consent to care and treatment in line with law and guidance
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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

At the last inspection, we recommended that the provider review staff training and guidance in the MCA and DoLS.

● Staff understood the procedures in place to support the MCA legislation. People, relatives and professionals were involved in decision making. Up to date records around decision making had been maintained.

● People said they were given lots of choice about their care. Comments included, "They [staff] give me plenty of choice and they ask for my consent." Relatives said they had been involved in decision making. One said, "I have been involved in best interest meetings. They [staff] want my opinion."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

● Holistic assessments were in place to develop appropriate plans of care with people. Reviews of care were completed with people and their relatives.

● Staff were aware of guidance in place to support the delivery of safe care. This included guidance around swallowing and dietary intake; pressure area care and infection control guidance to support the current pandemic.

Staff support: induction, training, skills and experience

● Staff had the right skills, knowledge and experience to support people. Staff were supported with regular training and supervision.

● Relatives said staff had the right skills to care for people. Comments included, "They [staff] engage lots with the residents," and, "[Person] has flowered since they went into the home. The girls have them in a routine. They are safe, putting weight on and taking their medication. I'm happy with that."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

● Health and social care professionals were involved in people's care. Recommendations from them had been followed. Care records had been updated to reflect these needs.

● Individualised care plans were in place to ensure people's specific care needs were met. This included areas such as oral health, vision and diabetes.

Adapting service, design, decoration to meet people's needs

● The home had been maintained to a good standard. People's diverse care and culture needs had been considered. People and staff had contributed to plans to update some areas of the home.

● People had access to a variety of large communal spaces. These supported people to spend time alone with their relatives.

● People had access to games rooms and sensory rooms. Outside spaces were accessible for people.

Good

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 now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection the provider had failed to operate effective systems to assess, monitor and improve the quality and safety of the services. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Effective quality monitoring was in place. These systems along with a more visible leadership team had supported improvement at the home.
- Professionals said they had confidence in the home. Staff had been responsive with feedback and had acted quickly to support new admissions.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The culture of the home had improved. Staff spoke positively about each other and said they felt part of the team.
- Staff demonstrated a caring approach, which put people at the centre of their care. People said they received good care. Comments included, "I think it's a safe place. I would recommend this place if I knew someone who needed to go into a home."
- Relatives and staff said they had confidence in the provider and said good improvements had been made at the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- Staff and relatives said communication could be improved. The provider gave assurances that they would address this.
- People and relatives were asked for feedback. This included menus, activities, infection prevention and control and updates to the environment. Regular meetings took place to share information.