

Prestige Care Limited

Parkville Care Centre

Inspection report

Walpole Street
Middlesbrough
Cleveland
TS1 4HA

Tel: 01642223334

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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

This inspection was unannounced and the visit took place on 14 July 2016. The staff and registered provider did not know that we would be visiting.

The last inspection was conducted on 9 August, 3 and 10 September 2015, which rated the service as requires improvement and identified breaches in two of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to adhering to the requirements of the Mental Capacity Act 2005, assessing the performance of the home, maintenance of the building and the records. The registered provider wrote to us to outline how these breaches would be rectified. At this inspection, we found that the action taken had ensured the breaches were resolved.

Parkville Care Centre is a care home that can accommodate up to 94 people, which is registered for both residential and nursing care. The service has two buildings but in December 2015 the registered provider choose to close the smaller and to stop providing nursing care. The remaining building can support up to 54 older people with general care needs and people who may be living with dementia. The home is currently full.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We found the refurbishment programme commenced before our last inspection was nearing completion. The registered provider had made marked improvements to the home. We saw that the bathrooms and showers had been renewed and a redecoration programme was being completed.

At the last inspection, we found that staff were still completing work to ensure each care record clearly recorded people's individualised care. At this inspection, we found that people's care plans were tailored for them as individuals and created with them and their family involvement.

We found that the operational manager and registered manager had introduced a range of quality assurance processes and audits that ensured the care and treatment was delivered in a safe and effective manner.

People were cared for by staff that knew them really well and understood how to support them. We observed that staff had developed very positive relationships with the people who used the service. The interactions between people and staff were jovial and supportive.

People who used the service and the staff we spoke with told us there were enough staff on duty to meet people's needs. The registered provider and registered manager had closely considered people's needs. For

the 54 people using the service, there were two senior carers and seven care staff on duty during the day and two senior carers and five care staff member on duty overnight.

We found that a range of stimulating and engaging activities were provided at the home. People told us staff worked with them and supported them to continue to lead fulfilling lifestyles. Staff outlined how they supported people to continue to lead independent lives. We found that people were encouraged and supported to take responsible risks and positive risk-taking practices were followed. Those people who were able to were encouraged and supported to go out independently, and others routinely went out with staff.

Where people had difficulty making decisions, we saw staff gently worked with them to work out what they felt was best. Staff understood the requirements of the Mental Capacity Act 2005 and had appropriately requested Deprivation of Liberty Safeguard (DoLS) authorisations. Staff had been working hard to ensure capacity assessments were completed in line with the Mental Capacity Act 2005 code of practice.

People told us they were offered plenty to eat and we observed staff assisting individuals to have sufficient healthy food and drinks to ensure their nutritional needs were met. We saw that each individual's preference was catered for and people were supported to manage their weight and nutritional needs.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff or relatives to hospital appointments.

Staff were kind and respectful. We saw they were aware of how to respect people's privacy and dignity. Staff also sensitively supported people to deal with their personal care needs.

People told us they were happy and we heard how people felt the home was well-run and that the registered manager was extremely effective.

Staff were supported and had the benefit of a programme of training that enabled them to provide the best possible care and support. Staff were all clear that they worked as a team and for the benefit of the people living at Parkville Care Centre.

We saw the registered provider had a system in place for dealing with people's concerns and complaints. The registered manager understood the complaints process and detailed how they would investigate any concerns.

The registered manager and staff also had a clear understanding of safeguarding.

We reviewed the systems for the management of medicines and found that people received their medicines safely.

Effective recruitment and selection procedures were in place and we saw appropriate checks had been undertaken before staff began work. The checks included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

The service had a strong leadership presence with a registered manager who had a clear vision about the direction of the service. They were committed and passionate about the people they supported and were constantly looking for ways to improve the service.

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.

Staff were knowledgeable in recognising signs of potential abuse and reported any concerns regarding the safety of people to senior staff.

There were sufficient skilled and experienced staff on duty to meet people's needs. Robust recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

People's risks were monitored and managed appropriately with the least restrictive option always considered

People lived in a clean and well maintained home with environmental risks managed appropriately.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through regular training.

Staff felt supported by their colleagues and the registered manager and staff worked as a team.

People's consent was sought at all times. Staff followed the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were provided with a choice of nutritious food.

People's on-going healthcare needs were managed and monitored effectively, working with healthcare professionals in the community.

Is the service caring?

Good ●

The service was caring.

Staff knew people really well and used this knowledge to care for them and support them in achieving their goals.

People felt listened to and their views were taken into account and used to help shape the service.

Staff were considerate of people's feeling at all times and always treated people with the greatest respect and dignity.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care plans were produced, which identified how to meet each person's needs. These plans were tailored to meet each person's individual requirements and reviewed on a regular basis.

We saw people were encouraged and supported to take part in a wide range of activities.

The people we spoke with were aware of how to make a complaint or raise a concern.

Is the service well-led?

Good ●

The service was well-led.

People benefitted from a service which had a strong management team. The registered manager was always looking for ways to improve the service.

People's views were sought and acted upon. Relatives' views were sought.

Robust and frequent quality assurance processes ensured the safety, high quality and effectiveness of the service.

Parkville Care Centre

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 registered 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.

An adult social care inspector completed this unannounced inspection of Parkville Care Centre on 14 July 2016.

We received and reviewed a provider information return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we also reviewed all the information we held about the home. This information included the statutory notifications that the registered provider had sent to the Care Quality Commission and reports from local authority contract monitoring visits and the fire authority.

During the visit we spoke with eight people who used the service and one relative. We also spoke with the registered manager, the operational manager, the deputy manager, two senior carers, four care staff, the activity coordinator, the administrator, the cook, an assistant cook and a domestic staff member.

We spent time with people in the communal areas and observed how staff interacted and supported individuals. We looked around the service and, with permission, went into some people's bedrooms, all of the bathrooms and the communal areas.

We looked at five people's care records, recruitment records and the staff training records, as well as records relating to the management of the service.

Is the service safe?

Our findings

People told us they were very pleased to be living at the home and that the staff delivered care was meeting their needs. They told us that they found staff were very kind. They told us that they thought the staff provided care that met people's needs and kept individuals safe.

People said, "The staff are lovely and do a fantastic job." And, "The staff make me feel at ease and are all really kind." And, "We have it really good here and I'm pleased I picked this home."

Staff were able to clearly outline the steps they would take if they witnessed abuse and we found these were in line with expected practice. We asked staff to tell us about their understanding of the safeguarding process. Staff gave us appropriate responses and told us they would report any incident to senior managers and they knew how to take it further if need be. Staff said, "I would report any inappropriate behaviour towards any one of our people." Staff we spoke with described how the organisation's whistleblowing and safeguarding procedures provided another means for ensuring the welfare of vulnerable people was protected.

People who were identified to be at risk had appropriate plans of care in place, such as plans for ensuring action was taken to manage pressure area care. The risk assessments and care plans we looked at had been reviewed and updated on a monthly basis. Charts were appropriately used to document changes of position. Also food and hydration were clearly and accurately maintained. The records reflected the care that we observed being given. This meant people were protected against the risk of harm because the registered provider had suitable arrangements in place.

We found information about people's needs had been used to determine the number of staff needed to be on duty. Through our observations, review of the rotas and discussions with people and staff members, we found that there were enough staff with the right experience and training to meet the needs of the people who used the service.

For the 54 people using the service, there was two senior carers and seven care staff on duty during the day. Two senior carers and five care staff were on duty overnight. The registered manager and deputy manager also worked at the home during the week. Additional support staff were on duty during the day, such as an activity coordinator, an administrator, catering, domestic and laundry staff as well as a maintenance person.

We found recruitment practices were safe and relevant checks had been completed before staff had worked unsupervised at the home. We saw evidence to show prospective staff had attended interviews and the registered manager had obtained information from referees. A Disclosure and Barring Service (DBS) check had been completed before they started work in the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also minimises the risk of unsuitable people working with vulnerable adults.

We saw that staff had received a range of training designed to equip them with the skills to deal with all types of incidents including medical emergencies. The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with emergencies. Staff could clearly explain what they needed to do in the event of a fire or medical emergency. Staff were also able to explain how they would record incidents and accidents. A qualified first aider was on duty throughout the 24 hour period.

Accidents and incidents were managed appropriately. The registered manager discussed how they analysed incidents to determine trends and we found this had led to reduction in accidents.

We saw that personal protective equipment (PPE) was available around the home and staff explained to us about when they needed to use protective equipment. Ample stocks of cleaning materials were available. We saw that the domestic staff had access to all the necessary control of substances hazardous to health (COSHH) information. COSHH details what is contained in cleaning products and how to use them safely.

We saw evidence of Personal Emergency Evacuation Plans (PEEPs) for all of the people living at the service. The purpose of PEEPs is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. We also found that fire drills were completed every six months for day staff and every three months for night staff and refresher fire safety training was undertaken annually.

We saw records to confirm that regular checks of the fire alarm were carried out to ensure that it was in safe working order. We saw that the water temperature of showers, baths and hand wash basins in communal areas were taken and recorded on a regular basis to make sure that they were within safe limits. We confirmed that checks of the building and equipment were carried out to ensure people's health and safety was protected. We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler, fire extinguishers and the portable appliance testing (PAT) were scheduled to be tested. The registered provider had taken appropriate steps to protect people who used the service against the risks of unsafe or unsuitable premises.

We found that there were appropriate arrangements in place for obtaining medicines, checking these on receipt into the home and storing them.

We looked through the medication administration records (MARs) and found the medicines were recorded correctly and evidence showed these had been administered in line with the prescription. A MAR is a document showing the medicines a person has been prescribed and when they have been administered.

Adequate stocks of medicines were securely maintained to allow continuity of treatment. The registered manager ensured that over-ordering never occurred and that returns were completed on a timely basis. They worked closely with the GPs and pharmacist to make sure there was always sufficient medication available and no one ever ran short. Information was available in the medicine folder, which informed staff about each person's protocols for their 'as required' medicine. All staff who administered medicines had been trained and completed regular competency checks to ensure they were able to safely handle medicines.

We found that medication was stored at the correct temperature and regular checks were completed to make sure the fridges were working properly.

Is the service effective?

Our findings

The people and relatives we spoke with told us they thought the staff were skilled, effective at their jobs and kind. All of the people we spoke with told us they believed the home delivered an excellent service.

People said, "The staff treat us very well, and if we need anything they see to it straight away." And "There are always enough staff." And, "The staff can't do enough for you and they are always there to help."

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. 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. 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, and whether any conditions on authorisations to deprive a person of their liberty were being met. We discussed the requirements of the MCA and the associated DoLS with the registered manager.

We found that the staff had a good understanding of the MCA and what actions they would need to take to ensure the home adhered to the code of practice. We saw staff received regular refresher training around the use of this legislation.

The care records we reviewed contained assessments of the person's capacity to make decisions. We found that in line with the MCA code of practice assessments were only completed when evidence suggested a person might lack capacity.

When people had been assessed as being unable to make complex decisions, there were records to confirm that discussions had taken place with the person's family, external health and social work professionals and senior members of staff. This showed any decisions made on the person's behalf were done after consideration of what would be in their best interests. Best interest decisions were clearly recorded in relation to care and support, finance, administering medicines and going out amongst others. However, the registered manager was in the process of improving the templates used to record mental capacity assessments and best interest decisions so staff found them easier to complete.

At the time of the inspection, we found that, where appropriate, people were subject to a DoLS authorisation. We noted that 11 DoLS authorisations were in place. Staff had a good understanding of DoLS and why they needed to seek these authorisations. We found that they had recognised that people may

have disabilities, but were able to retain the capacity to make decisions about their care.

The registered manager kept a record of when the DoLS expired and were aware they may need to do further assessments and re-apply for another authorisation. The registered manager and staff were aware of the person's right to contest the DoLS and apply to the Court of Protection for a review of this order.

All the staff we spoke with told us that they were supported in accessing a variety of training and learning opportunities. Staff were able to list a variety of training that they had received over the last year, such as moving and handling, infection control, meeting people's nutritional needs and safeguarding, amongst others. Staff felt the recent training sessions had been extremely beneficial. Staff told us they felt able to approach the registered manager if they felt they had additional training needs and were confident that they would facilitate this additional training.

We confirmed from our review of staff records and discussions that the staff were suitably qualified and experienced to fulfil the requirements of their posts. We confirmed that nearly all of the staff had completed refresher training. The registered provider had ensured that newly recruited staff could access to the Care Certificate induction. The Care Certificate sets out learning outcomes, competences and standards of care that are expected. They intended to use this format when new starters commenced work.

Staff we spoke with during the inspection told us they had regularly received supervision sessions and had an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. We were told that an annual appraisal was carried out with all staff. We saw records to confirm that supervision and appraisal had taken place. The registered manager ensured that staff received supervision at least every two months. They also routinely completed competency checks to monitor staff practice and support them to develop in their role.

The written records of the people using the service reflected that the staff had a good knowledge and understanding of people's care needs. We saw that the assessment forms were completed for people and these provided a comprehensive range of information about individual's needs.

People were seen by GPs, when concerns arose, and attended regular healthcare appointments. We saw records to confirm that people had regular health checks and were accompanied by staff to hospital appointments. This meant people who used the service were supported to obtain the appropriate health and social care support that they needed.

People received appropriate assistance to eat in both the dining room and in their own rooms. People were offered choices in the meal and staff knew people's personal likes and dislikes. People also had the opportunity to eat at other times. The cook told us that the catering budget gave them plenty of scope to provide a wide range of meal choices as well as to create menus that were nutritious. We found that the catering staff worked well as a team and were very experienced. They produced food that followed best practice for older people. Staff told us there was a very wide range of options available at each mealtime. They told us this was people's home so they should have something to eat that they wanted.

People told us the food was delicious and plentiful. People said, "The food is always excellent and I can have as much as want."

We saw that the malnutrition universal screening tool (MUST), was used to monitor whether people's weight were within healthy ranges were being accurately completed. We found that all of the people had gained weight whilst at the home and the majority were within a healthy range. If people experienced weight loss

we found that staff promptly alerted relevant clinicians.

Is the service caring?

Our findings

The people we spoke with said they were happy with the care provided at the home. They told us staff respected them and were considerate. Relatives told us they thought the care provided was very good.

People said, "You can't find better anywhere, people are always treated with respect." And. "They [staff] couldn't do any more than they already do."

Relatives said, "We come here often and always find the staff are kind and caring to everyone."

We found the staff were warm and friendly. Staff we spoke with described, with great passion, their desire to deliver high quality support for people and were extremely empathetic. The staff showed genuine concern for people's wellbeing. It was evident from discussions that all staff knew people very well, including their personal history, preferences, likes and dislikes and had used this knowledge to form very strong therapeutic relationships.

People were encouraged to remain as independent as possible and those people who were able went out each day. Several people went out every day on their own to the shops and clubs whilst other people regularly went out with the staff.

The staff explained how they maintained the privacy and dignity of the people that they cared for and told us that this was a fundamental part of their role. One care staff member said, "We always make sure we protect people's dignity." We saw that staff knocked on people's bedroom doors and waited to be invited in before opening the door.

The care plans now included a wide range of information about people's personal choices such as what activities people preferred, what they like to eat and particular difficulties they experienced. The care staff told us they accessed the care plans to find information about each individual and always ensured that they took the time to read the care plans of new people. This helped staff to get to know people who used the service.

People we spoke with felt that they were important and that their views were considered and taken on board. One person said, "The staff always checking that we are happy."

At the time of the inspection, the registered manager and activity coordinator were holding residents meetings and the people told us they were routinely asked for feedback about the home.

The environment was designed to support people's privacy and dignity. People's bedrooms had personal items within them. All the bedrooms we went into contained personal items that belonged to the person such as photographs.

Is the service responsive?

Our findings

We saw that people were engaged in a variety of activities, which they appeared to enjoy. From our discussion with the activity coordinator, we found that the activities were tailored to each person and that they were very passionate about engaging people in meaningful occupation. For instance, we were told that one person loved watching Elvis so they organised an outing to see an Elvis tribute band. They managed to organise it so the person got their photograph with the impersonator and then framed this photo.

People said, "The activities coordinator is fantastic and always trying to make each day special." And, "She is always coming up with good ideas." And, "I was so delighted she took the time to get my photo of me and Elvis framed."

We saw that staff promptly responded to any indications that people were experiencing difficulties. The registered manager and staff discussed how they had worked with people who used the service to make sure the placement remained suitable. They discussed the action the team took when people's needs changed to make sure they did everything they could to make the home a supportive environment and ensure, wherever possible, the placement still met people's needs.

We found the care records were well-written. They clearly detailed each person's needs and were very informative. As people's needs changed their assessments were updated, as were the support plans and risk assessments. During the inspection, we spoke with staff who could readily outline what care plans were in place and the goals of each plan.

The people we spoke with told us they found that the staff made sure the home worked to meet their individual needs and to reach their goals. For example, one person had a dog, which they took out several times a day, but they had been in hospital recently so to reduce their worry about the care of the dog staff looked after the dog for them.

The registered manager and staff were able to explain what to do if they received a complaint, but commented that they rarely received complaints. The registered manager showed us the complaints policy which was in the office on all floors. We looked at the complaints procedure and saw it informed people how and who to make a complaint to and gave people timescales for action. We saw that when complaints had been received the registered manager had followed the registered provider's policy and procedures.

We spoke with relatives and people who used the service who told us that if they were unhappy they would not hesitate in speaking with the registered manager. They told us they had not needed to make a formal complaint, but were confident if they did have any concerns, that these would be thoroughly investigated and addressed straight away. They told us that when concerns had been raised these were addressed, but at times the communication between shifts could be better as they might need to mention it to each staff team. The registered manager agreed to put measures in place to ensure communication between shifts was improved.

The registered manager was able to discuss how they would thoroughly investigate issues. They had a good understanding of how to work with people to resolve complaints.

Is the service well-led?

Our findings

The people and relatives we spoke with were extremely complimentary about the home and how it was run. People told us they felt that their needs were paramount and this was the constant focus of the home. They told us the home did not feel like a care home, but their home. People told us they had actively recommended the home to others because they found the care to be exceptionally good and they were treated with the utmost respect.

People said, "The staff are so lovely." And, "There are absolutely no faults here." And, "I can't think of anything that they could improve." And "The staff are excellent."

The home had the benefit of strong, focused leadership, which included the registered provider, operational manager, registered manager and deputy manager. The registered manager said they had an excellent relationship with the registered provider and staff in the home.

The staff told us they were all comfortable about being able to challenge each other's practice as needed. A member of staff spoke positively of the registered manager and deputy manager. They said, "The deputy manager is the backbone of the home and has been a constant during all the changes. She has always taken action to improve the home". And, "Although relatively new, the manager has really made improvements. Take for instance, since she came we have been sent on the best training courses we have ever had at the home".

Staff also told us the registered manager was approachable and had supported them to have a work and home life balance. All the staff found that they were respected and this made them eager to come to work and deliver a high standard of care.

The registered manager held regular discussions with the people who used the service, relatives and staff, which provided a forum for people to share their views. As well as formal methods of feedback, the registered manager encouraged informal feedback. Records confirmed that a wide range of topics were discussed at these, for example food and activities, and that where people or their relatives made specific requests actions were taken to address this.

Staff had policies within the home that helped them understand why certain processes and protocols were in place. These policies included safe handling of medication, safeguarding, recruitment and obtaining consent. This access to information enabled staff to feel more confident at challenging practices and also helped to set out the expectations people should have of the home.

The quality, safety and effectiveness of the service was monitored by a wide variety of quality assurance processes and audits. The service had a monthly monitoring visit from the area manager who reported their findings to the registered provider.

The registered manager audited all of the processes and records relating to the care and support of people

within the home. This included health and safety, infection control, medicine management and people's care plans. Action plans had been developed from the audits and the results had been used to drive improvements. For example, an audit of care records had led to the introduction of new care plan templates.