

# Parkcare Homes Limited

## Preston Private

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

### About the service

Preston Private Nursing Home is a nursing home registered to provide accommodation and personal care for 101 people with either nursing or residential care needs. Care is provided between four units. These includes people living with dementia, people requiring residential and two units for people requiring general nursing care. At the time of the inspection, 90 people lived at the home.

### People's experience of using this service and what we found

People who lived at the home received good care and told us they felt safe. Staff knew how to identify signs and symptoms of abuse and who to report concerns. Risks had been identified and plans were in place to reduce harm. We made a recommendation about updating risks management plans promptly. Accidents and incidents had been reported and medical attention sought where required. We found some shortfalls to medicines administration practices. These had no significant impact and the manager acted promptly to rectify this. We made a recommendation about this. People were protected through robust recruitment procedures and told us there were enough staff to response to their needs. People lived in a clean environment and were protected from the risk of infections.

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 service supported this practice. People were asked to consent to care. Staff had received training and were knowledgeable about the principles of the Mental Capacity Act 2005. People were supported by staff who were trained and had the skills to provide effective care. Staff felt very supported by the manager and management team. People's nutritional and oral hygiene needs were assessed and met. Staff worked with community health professionals to ensure people received effective care.

People told us staff treated them with dignity and were respectful. Our observations supported these views. We saw lots of positive interactions between people and staff, no one was rushed, and activities were person-centred. Staff had awareness of people's diversity needs and respected them.

Care plans contained personalised information on people's health and communication needs plus their likes and dislikes. However, improvements were required to ensure all care plans provided to staff were up to date and reviews completed to show changes to people's needs. We have made a recommendation about this. People were provided with activities of their choice and supported to keep active in the community. People were able to make complaints concerning their care. People were supported to share their end of life wishes and care preferences.

The service was well-led. People, their relatives and staff spoke positively about the management team. There was a positive culture throughout the home which focused on providing care that was individualised and promoted independence. Staff and management had worked hard to improve the quality of care and people's experiences.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was requires improvement (published 27 November 2018) and there were a breach of regulation in relation to care records. 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 the regulation.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service remained good.

Details are in our well-Led findings below.

**Good** ●

# Preston Private

## 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.

#### Inspection team

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. We also had a specialist professional advisor who specialised in adult nursing.

#### Service and service type

Preston Private is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. A new manager had been recruited and was awaiting registration with CQC. This means that the provider was legally responsible for how the service was run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the home since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with seventeen people who lived at the home and three relatives, we asked them about their experience of the care provided. We seven members of staff, the interim manager, the quality improvement lead, and the regional director. We spoke with five care staff and two nurses. 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 twelve people's care records, multiple medicines records and accident and incident records. We looked at a variety of records related to the management and maintenance of the home and walked around the building to make sure it was a clean and safe environment for people to live in.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted health and social care professionals from the local authority who visited the home.

# 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 needed to be improved to provide assurance about safety. There was a risk that people could be harmed.

### Using medicines safely

- Medicines were received, stored, administered and disposed of safely. At the last inspection we found concerns regarding the medicines for pain management and 'as required' medicines. There had been improvements from our last inspection in relation to medicines for pain management and 'as required' medicines (PRN). However, further improvements were required to medicines administration practices in some parts of the home.
- In one part of the home, staff had not consistently supervised people to ensure they had taken their medicines. We also noticed guidance for managing thickening powders in one part of the home was not consistently followed. These shortfalls were isolated to two units and did not have a significant impact on the overall safety of people's medicines. The manager took immediate action to address these concerns.
- The manager carried out regular medicines audits and sought guidance from local pharmacists. The improvements needed to be sustained to ensure consistency in the safe management of medicines. We recommended the provider consider current guidance on administering medicines and act to update their practices.
- People were encouraged and supported to manage their medicines safely and independently. Staff who supported people with their medicines had received training and had their competence checked.

### Assessing risk, safety monitoring and management;

- The provider assessed and managed risks to keep people safe. There were risk assessments within care plans to guide staff on safe working practices and to keep people safe from avoidable harm such as choking, falls and dehydration. Staff had taken appropriate action to help reduce these risks.
- Before the inspection we had received concerns regarding practices for preventing skin breakdown and dehydration. Records we reviewed showed there were robust measures in place to manage these risks. However, staff needed to ensure risk assessments were updated or reviewed in a timely manner to accurately reflect risk levels.
- Staff supported people after accidents such as falls and sought medical attention where appropriate.
- The provider monitored and maintained, the premises, firefighting equipment and other equipment used to deliver care to ensure they were in good working order.

### Learning lessons when things go wrong

- The provider had systems to establish lessons that could be learnt from incidents and near-misses. All accident and incidents were analysed to look for themes and patterns. Any necessary actions to reduce the risk of similar incidents were implemented and shared with staff.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and unsafe care. Staff had received and updated their training on safeguarding adults. They were aware of the procedures to follow if they noticed any concerns about people's treatment and where to report. Details of how and where to report poor practices were clearly displayed in the home.
- The manager had worked collaboratively with safeguarding authorities to report and investigate allegations of abuse.
- People and their relatives told us the service was safe. One person said, "I definitely feel safe. The staff are fantastic. Nothing is too much trouble for them day or night."

#### Staffing and recruitment

- The provider ensured there were enough staff who had been safely recruited to support people with their assessed needs. We observed, staff responded to people's requests for support promptly. However, we received mixed feedback from people regarding the amount of time they had to wait for help from staff. The manager informed us they would monitor this and continue to seek feedback from people.
- The provider followed safe recruitment procedures to make sure staff were of a suitable character to work in a care setting.
- The manager monitored staff conduct and followed disciplinary procedures in line with their policies.

#### Preventing and controlling infection

- People were protected against the risk of infection. The home was visibly clean, and people said they thought the home was kept clean. A team of domestic staff were responsible for maintaining hygiene standards at the home every day.
- The home had been awarded a five-star rating following their last inspection by the 'Food Standards Agency' in May 2019. This graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.
- We observed staff used personal protective equipment (PPE), when providing care and support to people. Staff confirmed there was enough PPE, such as disposable gloves, hand gels and aprons to maintain good standards of infection control.



# 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 good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff assessed, and reviewed people's needs to ensure they could be met in line with standards and the law. People or, where appropriate, others acting on their behalf, were involved and consulted when reviewing care plans.
- Staff followed current legislation and best practice guidance to achieve effective outcomes. We saw up-to-date information related to hydration, wound care, skin care and oral health was included within care plans. We discussed the need to ensure people's needs were re-assessed following an episode of hospital admission. This was because we found an instance where this had not been done.

Staff support: induction, training, skills and experience

- The provider supported staff to update their training and learn new skills. People were supported by trained staff who had a good understanding of their needs.
- Staff told us they received induction at the beginning of their employment. They told us they received regular supervision which included feedback about their performance and enabled them to discuss any concerns, training and development.

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

- People were effectively supported to eat and drink and maintain a balanced diet. Staff monitored people's dietary intake and made referrals to specialists where required.
- We received mixed comments from people regarding the quality of food in the home. Some people felt they did not have a good variety with some meals. We shared these views with the manager who told us they would review the choices on the menu.
- Before the inspection we had received concerns that people were not adequately supported to prevent dehydration. We reviewed records of fluid intake and observed breakfast and the lunch time meals and found there were adequate arrangements in place to monitor and support people with their drinking. During both mealtimes we saw different meals were being offered; the food looked appetising and portions were good sized and varied according to the wishes of people receiving their meals.

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

- Staff worked effectively with other professionals to ensure effective and timely care. Professionals told us staff referred people in a timely manner. We saw advice given by healthcare professionals was acted upon and included in people's care records. Feedback from professionals was positive.

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

- People's individual needs were met by the adaptation, design and decoration of premises. The home was designed and decorated to a good standard both internally and externally with an accessible garden area and signage to orientate people around their environment. People's rooms had been personalised and they were able to bring their belongings when they moved to the service.
- There were adequate spaces for people to spend their time on their own or to share with others. Access to the building was suitable for people with reduced mobility and wheelchairs. People had access to call bells to request staff support, should it be required.

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.

- The provider was working within the principles of the MCA. Applications had been made to seek authorisation to deprive people of their liberties for their safety where they could not consent to restrictions.
- The provider had procedures to seek people's consent in various areas of their care. Staff had assessed people's ability to make decisions regarding their care and treatment. They had received training in the MCA and showed a good understanding of the of the MCA principles.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and promoted their dignity. People said staff always knocked before entering bedrooms and always made sure doors and curtains were closed during personal care. We saw there was a focus on promoting dignity and independence.
- People's confidentiality was maintained. There had been one concern regarding this and staff had been reminded of the importance of maintaining people's confidentiality.
- People were supported to continue accessing the community where this was safe. Staff also supported people to make choices and to do what they could for themselves.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people well and respected each person's individuality. People told us they valued the support they received.
- Care records contained information about people's backgrounds and preferences, and staff were knowledgeable about these. Staff addressed people by their preferred name and seemed to know them very well. They were polite, very friendly and cheerful when supporting people. We observed people were comfortable in the company of staff and actively engaged in conversations.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and with decision making. Care records contained evidence the person who received care or a family member had consented to the care and were at the centre of developing their care plans. The registered manager involved all relevant people in decisions about the care provided.
- Independent advocacy could be arranged for people who did not have relevant others to help them in making important decisions. Advocates are people who are independent of the service and who can support people to make important decisions and to express their wishes.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care records were written and designed in a person-centred manner. They reflected a person-centred approach. In the majority of the cases, care records had been reviewed and were accurate to reflect people's needs. However, we found improvements were required to ensure care records were updated immediately following changes in people's needs. This included where people had been discharged from hospital or where end of life care was required.

We recommend the provider considers current guidance on maintaining and recording care plans and reviews and take action to update their practice accordingly.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff identified, and recorded people's communication needs so they could be met. Staff shared people's needs appropriately with other agencies. Arrangements had been made for people to attend sight tests and hearing tests. Some documents had been translated for people whose first language was not English.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People were supported to develop and maintain relationships to avoid isolation and follow their interests. There was an emphasis on keeping people active and improving their mental and physical well-being through meaningful activities. However, people who were not able to join group activities due to their health needs told us activities were not always inclusive. The manager informed us they would review this.

- Relatives told us they could visit whenever they wanted and some people in the home were able visit the local community independently or with support from staff.

- People were supported to meet their spiritual needs and local clergy visited regularly.

Improving care quality in response to complaints or concerns

- The provider had systems to analyse complaints and concerns. Information relating to how to make a complaint was readily available. Everyone we spoke with said they were very confident if they ever had any concerns these would be dealt with professionally. Historic complaints showed the registered manager took appropriate action to address the issues raised.

## End of life care and support

- People were supported to plan for their end of life care. Relatives told us people received compassionate support at the end of their lives. People's care plans held their end of life wishes to meet their cultural and spiritual needs. Staff had received end of life care training and there were links with local health professionals.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection the provider had failed to ensure records were consistently maintained and were always current, accurate, properly analysed and reviewed. 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

- The manager and the leaders at the home promoted a positive culture and were committed to protecting people's rights about equality and diversity and fostered an inclusive environment. People and relatives said there was a friendly and relaxed atmosphere at the home. Our observations and written compliments at the home confirmed this.
- People, their relatives and professionals gave us positive feedback regarding the management of the home.
- Staff feedback on the management team was positive. One staff member told us, "They are approachable. You can talk to them about anything and expect your views to be respected and changes to be made."

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

- The registered provider and the management team were clear about their roles and understood what quality care looked like and what was required to deliver safe care. They had improved the governance system to effectively monitor the quality of the care delivered and ensured compliance with regulations.
- The provider used various audits and their own internal compliance inspections to assess standards and drive up improvements. There was an effective system to monitor and provide oversight on the home and the quality of the care people received. Audits were identifying majority of the shortfalls and action plans had been written to address concerns. The shortfalls we identified had already been identified by the provider's audits and actions were ongoing to resolve these.
- The provider had clear lines of accountability for each staff member or role.
- The manager and management team understood their roles in terms regulatory requirements which included informing CQC when required to report incidents that had occurred.

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

- Policies and procedures provided guidance around the duty of candour responsibility if something was to

go wrong. People and their relatives told us the management team shared information with them when changes occurred, or incidents happened.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider engaged with people, staff and the public and took consideration of people's equality characteristics. There was an open culture which encouraged people to provide their views about how the home was run. People and their relatives told us the managers and unit leaders were visible throughout the home. The home had sought the views of people they support and their family members.
- Staff told us they could contribute to the way the service was run. Staff meetings were organised for all staff to give them an opportunity to discuss any changes to the organisation and working practices and raise any suggestions.

Continuous learning and improving care

- The registered provider representatives and the management team were committed to continuous learning and improvement. They met regularly to review the running of the service through monthly governance meetings. Any learning points were shared with staff.
- The manager and their staff had a clear vision in how the home could continue to improve. This included a business plan and a contingency plan. Our observations showed there had been a commitment from staff and management to improve the quality of care and experiences for people living at the home.
- The provider sought innovative ways to meet people's needs through investment in technology and linking with specialist professionals. People were provided with sensors to monitor their safety and alert staff in the event of an emergencies such as a fall. In addition, they had set up a computer to enable people to communicate with their families if they wish to do so.

Working in partnership with others

- Staff and the manager worked in partnership with others to provide co-ordinated care. The home worked in partnership with other organisations to make sure they followed current practice and provided a quality service. These included healthcare professionals such as GPs, district nurses and other health professionals. This had contributed to the improvements in the care provided at the home.