Bupa Care Homes (CFHCare) Limited

Gorton Parks Nursing and Residential Home

Inspection report

121 Taylor Street
Gorton
Manchester
M18 8DF
Tel: 0161 220 9243
Website: www.bupa.co.uk

Date of inspection visit: 29 and 30 July 2014
Date of publication: 16/03/2015

Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

There was a registered manager in post at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Our inspection visit was unannounced. When we last visited this home in September 2013 there were no outstanding breaches of legal requirements.

Summary of findings

Gorton Parks nursing and residential home is owned by BUPA Care Homes. The service consists of five 30-bedded units with each unit specialising in either nursing or residential care. Central Manchester Foundation Trust (CMFT) manages 12 nursing and 23 residential intermediate care beds located in two of the five units. A matron has been appointed by the CMFT to lead this service and this is run as a partnership arrangement with BUPA. Each unit has a lounge, dining area, a conservatory, a smoke room and a kitchenette. All bedrooms are single with no en-suite facilities. Accessible toilets and bathrooms are located near to bedrooms and living rooms. A large car park is provided on site.

People living in the home and relatives were mainly positive about the service provided, although two relatives thought there could be more staff and activities, particularly in relation to people living with dementia. Our observations and the evidence we found in records did not always reflect what people had told us.

The safety of people receiving this service had been compromised. This included incomplete care records, emergency admission procedures, staff training and risk management relating to people whose behaviour challenged the service.

Staff had been trained to understand their responsibilities under mental capacity legislation. Records in this area did not contain sufficient detail, but our observations and conversations with people provided evidence that staff were supporting people appropriately in relation to making choices and decisions.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to people living in care homes. This legislation states that providers of care homes must tell CQC about authorisations to deprive a person of their liberty. The registered manager had failed to notify CQC about Deprivation of Liberty Safeguards, which had been authorised for three people living in the home.

People living in the home and relatives praised the standard of care and they confirmed that care and support was provided in a respectful, private and dignified manner. This was confirmed by our observations of the interactions between staff and the people they cared for. Staff also provided good support to make sure people had sufficient food and drink to keep them healthy.

We observed people who were able to participate in group activities. They appeared to find them interesting and stimulating and staff worked hard to provide impromptu activities during the course of their working day. However, there was little provision to enable people living with dementia to develop their individual interests through reminiscence or sensory stimulation.

The home's procedure for investigating and responding to complaints had been adhered to and people told us they were confident staff would deal with complaints and concerns appropriately.

Staff working in the home confirmed that they received the support they needed to deliver safe care and support to people living in the home. We found that staff needed further training to competently and confidently manage the more challenging types of behaviours, such as overt aggression.

Although a comprehensive system of quality assurance and governance was in place, this was not always effective in driving forward improvements or enabling people who lived in the home to contribute to the development of the service.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People had access to specialists and professionals to keep their health care needs up to date.

Staff knew how to recognise and respond to abuse correctly.

Deprivation of Liberty Safeguard authorisations had been applied for appropriately in respect of three people using this service. However, staff had not followed the Mental Capacity Act Code of Practice when recording capacity assessments and best interest decisions. This placed people at risk of not having decisions made in their best interests.

Is the service effective?

Good

The service was effective.

People told us they had sufficient food and drink and that they enjoyed the meals provided.

Staff had received annual updates in mandatory health and safety training and were supported to develop their knowledge and skills in such areas as dementia care and pressure area care.

People told us that they received good care and support to meet their health and personal care needs.

Is the service caring?

Good

The service was caring.

People living in this home received safe and compassionate care and support. People's privacy and dignity was respected and people and their relatives made positive comments about the care and support provided.

Staff had a good understanding of each person's needs and how to provide appropriate support. It was evident that staff genuinely cared about the wellbeing of the people they supported.

Is the service responsive?

Requires Improvement

The service was not responsive.

Staff understood the importance of promoting choice and personal autonomy to enhance people's wellbeing. We also observed staff to gain people's consent before providing care and support.

People were confident that concerns and complaints would be investigated and responded to appropriately.

Summary of findings

Group activities provided interest and stimulation to people who were able to participate. However, fewer opportunities to engage in meaningful activities were made available to people living with dementia.

Is the service well-led?

Requires Improvement

The service was not well led.

The registered manager failed to notify us that Deprivation of Liberty Safeguards had been authorised for three people living in the home.

The quality assurance system was ineffective in making sure appropriate action had been taken when the need for improvements had been identified.

The quality assurance system collected the views of people living in the home, but provided little opportunity for them to contribute to future development of the service.

A good system was in place to learn lessons from untoward events occurring in the home.

Gorton Parks Nursing and Residential Home

Detailed findings

Background to this inspection

We inspected Gorton Parks Nursing and Residential Home on 29 and 30 July 2014. This was an unannounced inspection which meant the staff and provider did not know we would be visiting.

The inspection was led by an Adult Social Care inspector who was accompanied by a specialist advisor and an expert-by-experience. The specialist advisor had experience of nursing older people with mental ill health and those living with dementia. An expert-by-experience is a person who has personal experience of using or caring for someone who uses care services. The expert by experience had experience of services for older people.

Before we visited the home we checked the information that we held about the service and the service provider. We reviewed Information sent to us by the provider in the Provider Information Request (PIR) and we spoke with the contracts officer for this nursing home from Manchester City Council. We also asked a community psychiatric nurse (CPN) their views about the quality of care and support provided by this service. No concerns had been raised and the service met the regulations we inspected against at their last inspection on 4 September 2013.

During our inspection we observed how staff interacted with people living in the home on three units providing general nursing, dementia nursing and dementia personal care. We observed the support provided to people during the midday meal on each of the three units and one of these observations used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also observed organised activities provided for people living on two of the home's units.

During our visits on the first two days of this inspection we spoke with 18 people using the service, 15 relatives, 12 nursing and care staff, the clinical services manager, the registered manager, the chef, an activities coordinator, a member of the housekeeping team, the trainer, a visiting social worker and senior case manager.

Requires Improvement

Is the service safe?

Our findings

There was an effective system was in place for reporting concerns about the safety of people living in the home. All of the staff we spoke with were confident in describing the action they would take if they suspected a person in their care was at risk of abuse. Staff told us they received annual update training in how to recognise and report abuse and this was confirmed in the training records we saw. The registered manager had kept us informed of referrals made to the local authority for investigation under the safeguarding procedures.

The home had a whistle blowing policy entitled 'Speak Out' and staff knew what action to take if they observed poor care practice in the home. A member of staff told us what they would do if they witnessed something untoward. Other staff said they had good team processes in place and they felt confident in challenging each other's practice or raising concerns with their unit managers. In all our conversations with staff we found them to share a clear set of values, which underpinned safe and compassionate care.

Six people living in the home and nine relatives said they were satisfied that staff afforded people protection from abuse and avoidable harm. People also told us staff maintained their rights to privacy, dignity and respect. Two people commented, "Yes, staff know how to keep me safe. They're very gentle and proficient in what they do" and "I trust the staff." A relative said, "People have buzzers if they need to call for assistance and staff respond well to calls for help."

Care records on the two dementia units showed people sometimes presented with behaviours which challenged the safety of themselves and others. Five staff told us they had received training in de-escalation and distraction techniques and training records confirmed this. We saw staff applying their learning in a constructive manner by using effective strategies to calm people who were showing signs of anxiety. However, a visiting social worker expressed concerns over the staff team's ability to manage behaviour and they gave us an example of their client's recent experience. We saw that the potential for aggression had been identified in the person's needs assessment, but no risk management plan had been put in place. This meant staff did not have any guidance on how to support the person in a consistent and safe way. Furthermore, none of the staff on duty during the person's post-admission period had been trained in managing behaviour that challenged the service. This placed the welfare and safety of the person and others living and working in the home at risk of harm. This was a breach of Regulation 9 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Records showed that nursing and care staff had received training to understand the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). However, staff were not following this legislation's Codes of Practice guidance on recording mental capacity assessments and best interest decisions. DoLS authorisations had been granted to restrict the liberty of three people in order to keep them safe from harm.

We saw very little evidence in care records that staff understood MCA guidance on how mental capacity assessments or decisions taken by staff in people's best interests should be recorded. Three care plans we looked at contained best interest decisions, but no mental capacity assessments. The assessments and best interest decisions we did see were not robust in ensuring that people's human rights were maintained. For example, one person had been assessed as having variable capacity. This meant that their capacity to make their own decisions fluctuated from day to day, or that they might have capacity to make some decisions but not others. Clearly this person needed flexible support to assist them with decision-making on a daily basis. However, the outcome of their capacity assessment stated, "Cannot make his own decisions."

Best interest decisions were not always clear. We discussed one with the available staff and were told, "It's worded wrongly" There was no evidence of who had been consulted or what information had been considered before taking this decision. Similarly, the person's care plan did not identify what other strategies staff should use to alleviate the person's anxiety.

We spoke with a community psychiatric nurse (CPN) who told us, "In practice the staff are skilled and knowledgeable about promoting people's rights, especially in supporting them to make their own decisions wherever possible." They gave an example of good practice where staff had advocated a person's needs to ensure they received the

Requires Improvement

Is the service safe?

healthcare service to which they were entitled. The CPN added that, in doing this, staff had demonstrated a thorough understanding of the person's decision-making capabilities.

We saw evidence that risks had been identified from people's assessments of need, although the standard of risk assessment was variable. Risks associated with nutrition and falls had been subject to robust assessments and clear guidance had been provided for staff on how to meet the person's needs in a safe way. Risk assessments and guidelines for the management of behaviours which challenged the service, however, failed to include evidence of recognised strategies used to care for and safely support people living with dementia, such as distraction and de-escalation techniques. During our visits we observed staff using these techniques with people, but this was not reflected in the care records we saw. Failure to keep accurate records relating to risk management and mental capacity placed people at risk of unsafe of inappropriate care. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

None of the people we spoke with had any concerns about the numbers of staff deployed to meet their needs, although two relatives commented that, "The home could do with more staff." We asked staff on each of the three units about this. Most of the staff told us there were sufficient staff to safely meet the needs of the people accommodated. Three staff, on one of the dementia units, said that members of their team were regularly moved from the unit to cover for absent staff on other units. They pointed out that this affected the continuity of care for people living with dementia and they felt it had a negative effect on staff morale. We discussed this with the registered manager, who acknowledged that this did happen when other units were short staffed. The manager explained that they were in the middle of the main holiday period and the home had also been affected by staff sickness and special leave. They told us they would discuss this with the staff team to try and find an acceptable solution.

Good

Is the service effective?

Our findings

The care plans we looked at had been followed by staff and daily records gave a good account of the specific care, treatment and support people had received. The people and relatives we spoke with had positive things to say about the care provided in this home. One of the relatives told us, "Nowhere is perfect, but my relative wouldn't be here if I wasn't satisfied. They are well looked after here." A person living in the home said, "The staff are lovely and nothing is too much trouble. If I'm not well they arrange a doctor's visit and I get all the help I need." Another relative told us, "My family member is at the end of their life. They receive excellent care and the staff really look after us as a family. We couldn't ask for more."

We saw that people had access to specialists and professionals. This included hospital consultants, community psychiatric nurses, dieticians, podiatry, opticians, dental care and speech therapists. People also had access to their own GP. This meant people's health care needs were kept up to date. A senior case manager from funded nursing care told us, "The staff are very caring and consistent and they understand people's needs and how to meet them. Every time I come here the staff are so helpful. They always keep observation charts up to date and care plans are evaluated monthly and daily records are detailed."

People using the service received good support to make sure they were eating and drinking enough to keep them healthy. Where nutritional monitoring had identified a person as losing weight, prompt referrals had been made for dietetic advice. Nutrition records provided evidence that staff had followed the advice and guidance given by dieticians and speech and language therapists to make sure people maintained healthy weights.

We observed how people were supported during their midday meal on three units. We saw that staff were diligent, polite and attentive as they served the three course meal. Sufficient staff were available to make sure people received the help they needed to eat their meals. People were offered drinks according to their personal choice.

On two of the units most people were offered a choice of meal. Staff on the third unit made sure each person was asked about their choice and they used picture menu cards to make sure the person made an informed choice of meal. Although each unit had picture menu cards, staff on the other two units did not utilise this resource to support people's choices in a clear way. One of the staff told us they had been unable to find that day's picture menu and thought the meal choices must have been changed at short notice. However, the chef confirmed the midday meal had not been changed. He said the picture menu cards had recently been introduced and it would take some time for staff to get used to them.

The chef told us that all the meals provided to people living in the home were prepared from fresh ingredients each day. The kitchen was able to provide culturally specific diets, such as Halal, diabetic, lactose free and pureed meals and they regularly spoke to dieticians about individuals' nutritional needs. Fresh fruit was sent to each unit on a daily basis. The chef, or a member of the catering team, always met with people following their admission to the home, to discuss their preferences, likes, dislikes and any special dietary needs. The kitchen had developed a birthday menu and people were encouraged to choose a cake to celebrate the occasion.

The people we spoke with made positive comments about catering in the home. Comments included, "I am happy here and get plenty of tea", "The food is excellent" and "We get plenty of choice and I always enjoy my meals here."

The home's training matrix provided up to date information on training which staff had completed and highlighted those staff who needed refresher training. This system was effective in ensuring that staff received the training offered by BUPA. Each member of staff received annual updates in mandatory health and safety training and specific training had been provided to develop staff skills in understanding dementia, risk assessments, pressure area care and the use of bed rails.

The staff we spoke with confirmed that they attended refresher training each year and one to one supervision, where they could discuss their performance and any further training needed. We also saw evidence that newly appointed staff had an induction and competency assessments to make sure they could provide safe care and support. One of the staff we spoke with said, "I have had all my health and safety training and also challenging behaviour and dementia training."

Good

Is the service effective?

The visitors we spoke with praised staff working in the home. They described staff as competent, approachable, caring and responsive. One of the relatives commented, “The staff understand my (family member’s) needs. They are true professionals and have the best interests of my relative at heart.”

Good

Is the service caring?

Our findings

We observed several occasions when staff took time to speak with people and listen for a response. Staff allowed sufficient time for people to process information and did not overload them with further instructions. During our conversations with staff it was evident they knew people well and cared about them. There was genuine warmth when staff talked with people and they shared humorous asides on an equal footing. We saw examples of staff responding to people with empathy. On one occasion a member of staff broke into an old style impromptu song with their arms round the person and a second example when we witnessed a gentle reassuring touch for another person. This demonstrated that staff understood and respected the diverse emotional needs of the people they cared for and provided meaningful interactions in a caring and compassionate manner.

The people we saw during our visits were neatly dressed and looked clean and comfortable. We noted that staff discretely encouraged people to go their rooms to change when their clothes had become stained during the midday meal. This promoted people's privacy and dignity.

We saw staff demonstrated patience when assisting people to eat who were being cared for in bed. This enabled people to eat in private, with dignity and enjoy the experience. We saw staff explaining to people what they were going to do, before providing support and seeking the person's consent.

The people we spoke with confirmed that staff listened to them and showed concern for their wellbeing. One person told us, "The staff make sure I'm comfortable and happy and that I have everything I need. The staff are marvellous." Another person said, "Staff seem to know when I'm not right and will call the doctor or get me some medicine. I couldn't be looked after better than this."

Relatives told us that staff involved people in decisions about their care wherever possible. One relative said, "It's difficult with my (family member) because they have dementia, but staff always try to promote their independence and participation however limited that may be. They do keep me informed of any changes and often ask for my opinion on what would be best for my relative."

The person-centred care being provided by staff was not reflected in the care records. Care documents lacked detail in recording individual's preferences, likes, dislikes and personal histories. We noted that memory boxes had been affixed to the walls outside each bedroom on the two units providing personal and nursing care to people living with dementia. The majority of boxes were either empty or contained very few relevant personal items. Staff told us this was because some people did not have relatives who could provide this information. However, it was evident that established staff had good knowledge of the people they cared for; they understood people's preferences and knew some aspects of individual's life histories. Improvements in this area would enhance the life experiences of people living with dementia and ensure they received consistent care and support which met their individual needs and personal interests.

The relatives we spoke with confirmed that they were able to visit the home without restriction. They told us staff encouraged this and promoted meaningful relationships for the people in their care. A relative said, "I visit every day and have always found staff to be welcoming and supportive. I can speak with my family member in private if I choose to."

Requires Improvement

Is the service responsive?

Our findings

The home had suitable policy and procedures in place for investigating and responding to complaints and concerns. We saw written evidence of how complaints had been investigated and copies of the letters informing people of the outcome. People had been kept informed of the progress of their complaint by letter if the investigation was taking longer than expected.

People living in the home and the relatives we spoke with knew who to speak with if they had a complaint or concern. Most people said they would speak to care or nursing staff, while others told us they would share concerns with senior staff or the manager. A relative told us, "When my family member moved in we had issues at first. We spoke to the staff and our concerns were sorted quickly. It was good, because we were not made to feel like we were complaining. Staff were very professional and keen to put things right. We have not had any problems since."

We observed that staff offered people choice in what they ate and drank, where they wanted to sit, whether they wanted to join in an activity or to have some private time. It was evident from talking to staff that they understood the importance of promoting choice and personal autonomy to enhance people's wellbeing. We also observed staff asking for people's consent before providing care and support. One of the people we asked about choice and consent said, "I am never forced to do something I don't want to. Staff listen and respect what I say."

One of the care plans we looked at stated that the person was at risk of becoming isolated, because they avoided social situations. We asked a community psychiatric nurse their views on the support this person received to manage the risk of social isolation. They said, "The staff know my client's needs very well. Their approach is very good in that they assess the person's mood and use gentle prompting to ensure my client does not become isolated. The staff have always contacted me immediately if they have any concerns about my client." They told us that staff never forced the person, but used their skills and knowledge effectively to gain implied consent. They added, "Staff recognise my client's anxieties and fears and seat them with people at mealtimes who they're not going to come into conflict with."

Senior staff told us the home's activity co-ordinators provided 65 hours of organised activities from Monday to Friday each week. On the first day's visit we observed organised activities on two of the units. One was a reminiscence session and the other was a session provided by an outside entertainer. It was evident that people found these activities stimulating and interesting. We also observed impromptu activities, such as singing and dancing to music provided by care staff.

Two of the relatives we met on the units supporting people who lived with dementia said they thought there should be more activities. The contracts officer from Manchester City Council also told us the activities could be improved in the area of dementia care. Staff explained that organised group activities were not appropriate for meeting the needs of the people on these two units, due to individuals' impaired concentration spans. An activity co-ordinator told us people living on these units benefitted from one to one activities, such as singing, dancing, going out for a walk, conversations and hand massage.

Requires Improvement

Is the service well-led?

Our findings

During our visit the registered manager told us that DoLS authorisations were in place for three people living in the home. The manager confirmed they had not sent us notification of these authorisations and said they would send them to us retrospectively.

There was a registered manager in post at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

The home had a system in place to monitor, review and audit internal processes such as care planning, infection control and the management of medicines. We also saw evidence that BUPA's area manager and/or quality manager had conducted monthly visits to the home. The reports from these visits showed that areas for continual improvement were regularly being highlighted by senior management. Each monthly report included an action plan with a target date for completion of the improvements and the person responsible for ensuring corrective action was taken.

The manager provided us with copies of the reports and action plans for March, May, June and July 2014. Apart from three completed actions recorded on the March action plan, none of the other action plans had been updated. The reports contained no record of whether actions and improvements had been completed. For example, in June, improvements were needed in the management of odour control measures to eliminate the malodour on one of the units. There was no written evidence that this action had been reviewed during the visit on 24 July. When we visited the home on 29 and 30 July, we expressed concern to the manager about the strong odour of urine on the two units providing personal and nursing care for people living with dementia. The contracts officer from Manchester City Council also told us they had expressed concerns about odour control when they visited the home in May 2014. This demonstrated that the quality assurance process was ineffective in the management of improvements, which were in the best interests of people living in the home. This is a breach of Regulation 10 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Annual surveys had been conducted with people living in the home, their representatives, staff and health and social care professionals. BUPA also enabled independent scrutiny through an online system where people could post their views on the quality of the service provided. These processes had obtained positive feedback. However, the home's quality assurance and governance systems did not provide evidence that people using this service had any involvement in quality assurance feedback in order to influence the future development of the service. Area and quality managers had visited the home each month and their reports highlighted areas of good practice, achievements and areas for improvement. None of the reports contained evidence that the findings had been discussed with, or opinions sought from, people living in the home during the visits.

There was a system in place to analyse accidents and incidents occurring to people living in the home. The processes included points learned from the outcomes of accidents and measures to reduce the risk of further occurrences. The record of action taken following an accident or incident were detailed in individual care plans, which had been reviewed and updated where necessary.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services **People who use services and others were not protected against the risks associated with challenging behaviour, because clear guidelines for managing aggressive incidents were not provided for staff to follow.** **Regulation 9 (1).**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers **People who use services and others were not protected against the risks associated with inappropriate or unsafe care because of ineffective quality assurance processes.** **Regulation 10.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services **People in the home who were living with dementia were not protected against the risks associated with living environments which lacked stimulation and interest through meaningful activities.** **Regulation 17 (2) (g)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records

This section is primarily information for the provider

Action we have told the provider to take

Treatment of disease, disorder or injury	People who use services were not protected against the risks associated with unsafe or inappropriate care because care records relating to the management of behaviour and assessment of mental capacity contained insufficient detail. Regulation 20 (1) (a).