European Care (Derby) Limited

The Park Nursing Home

Inspection report

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Derby
Derbyshire
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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The Park Nursing Home provides accommodation and personal care for up to 41 older people who may have a dementia related condition. On the day of our inspection 35 people were using the service.

On 17 April 2013 our inspection found that the care provider breached Regulations relating to cleanliness and infection control, medication management, staff training and records. Following the inspection the provider had implemented an action plan recording how the service planned to make the required improvements. During this visit we looked to see if these improvements had been made.

Summary of findings

The home had a manager who was registering with us. 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.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLs) and to report on what we find. Adults without capacity must receive the appropriate help and support to make decisions. We saw information that some best interest meetings had taken place where people lacked capacity but further assessments and applications were needed. Whilst there was a better range of staff training than before, and it was provided more often, we saw the learning was not always put into practice in relation to the Mental Capacity Act 2005. The staff knowledge was limited and in some cases was not up to date. This meant people without capacity may not receive support in there best interest or in the least restrictive way of their basic rights and freedoms.

The staff were kind and respectful to people when providing support. We saw staff smiling and laughing with people and joining in with hobbies and interests in the home. People received visitors throughout the day and we saw they were welcomed and participated in daily events. People told us they could visit at any time.

We found that people's health care needs were assessed and care was delivered in a consistent manner. Risk assessments were in place and care was reviewed which meant people's individual needs were being met and records were up to date. There were enough staff to support people safely and meet their needs. We saw new staff had been recruited correctly.

We observed medicine being administered and saw that suitable systems were in place.

People were supported to eat and drink enough to keep them healthy.

The home environment was safe and well maintained. Improvements had been made in relation to infection control and the cleanliness of the home. Further improvements were needed to ensure effective monitoring and suitable recording systems were in place.

The manager investigated and responded to people's complaints according to the provider's complaints procedure. People we spoke with knew how to make a complaint.

Records showed that we, the Care Quality Commission (CQC), had received notifications. A notification is information about important events which the service is required to send us by law.

We found the provider had one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this 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?

Good

The service was not consistently safe.

People told us they felt safe and were well cared for .

Where staff identified possible harm or abuse, they knew how to act to keep people safe and prevent further harm from occurring.

People may be deprived of their liberty as paperwork was not in place to demonstrate why restrictions were placed upon them.

Medicine management, infection control procedures and the environment had improved since the last inspection in March 2013.

The staffing was organised to ensure people received appropriate support to meet their needs. Recruitment procedures demonstrated there were systems in place to ensure the staff were suitable to work with vulnerable people.

Is the service effective?

Requires Improvement

The service was effective.

People could make choices about their food and drink. People were provided with a choice of food and refreshments and were given support to eat and drink where this was needed.

Arrangements were in place to request heath, social and medical support to help keep people well.

Staff were suitably trained and knew how to support people.

Is the service caring?

Good

The service was caring.

Care was provided with compassion and kindness. People were encouraged to make choices about how they wanted to be supported. The staff listened to what they had to say.

People were treated with respect and the staff understood how to provide care in a dignified manner, they respected people's right to privacy.

The staff knew the care and support needs of people well and took an interest in people and their families to provide individualised care.

Is the service responsive?

Good

The service was responsive.

The service took account of people's needs. People were supported to choose and take part in a range of hobbies and interests.

Summary of findings

The staff worked closely with health and social care professionals to provide people with care that met their needs and promoted their rights.

Care staff knew how each person communicated their wishes so their views were included in their plans of care. Plans were reviewed and up dated when people's needs changed.

People who used the service were aware of how to complain and felt comfortable talking to the staff team about their concerns.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

A registered manager no longer worked at the service. The provider had recruited a new manager and had submitted an application to register them with us.

Systems were not always in place to confirm the delegation of tasks. There was evidence to show that systems were being put into place to make sure the staff learnt from events such as accidents and incidents, whistleblowing and investigations. This will meant the provider was trying to ensure the service continually improved and developed.

The staff were confident they could raise concerns about poor practice in the service and these would be addressed to ensure people were protected from harm.

The provider had notified us of incidents that occurred as required.

The Park Nursing Home

Detailed findings

Background to this inspection

The visit was undertaken by an inspector, a specialist in nursing care and an expert by experience who had experience with older people. A specialist advisor is someone who has current and up to date practice in a specific area. An expert by experience is a person who has personal experience of using or caring for someone or has used who used this type of care service.

This was an unannounced inspection. This meant the provider and staff did not know we were coming. During the visit we spoke with nine people who used the service, three care staff, two nurses, two domestic staff, a visiting professional, two relatives and the manager.

Some people were unable to speak with us due to their dementia related condition, therefore we observed support given to people, lunch being provided and hobbies and interests being undertaken in communal areas. This was to see how staff engaged with people who used the service.

As part of our inspection process, we asked the provider to complete a provider information return. This is information we have asked the provider to send us on how they are meeting the requirements of the five key questions. We looked at policies, care records and auditing processes. This was to gauge how the provider led and monitored the service. Following our visit, we telephoned two health care professionals to consult with them about their experiences of the service provided to people who used the service.

We checked the information we held about the service and the provider. We saw that no concerns had been raised recently and we had received notifications as required, for example, where safeguarding referrals had been made to the local authority to investigate and for serious injuries. A notification is information about important events which the service is required to send us by law.

We looked at four people's care records to see if their records were accurate and up to date. We looked at two staff training records and records relating to the management of the service, including quality audits.

Following the last inspection on 17 April 2013 we received an action plan telling us the provider would be compliant with infection control , medicine management, consent to care and treatment and records by 31 May 2013.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Good

Is the service safe?

Our findings

The manager told us that some people may not have the mental capacity to consent to specific decisions relating to their care. Having mental capacity means being able to make decisions about everyday things like what to wear or more important decisions like making a will and deciding where to live. The Mental Capacity Act 2005 sets out how to act to support people who do not have capacity to make a specific decision.

We saw evidence that when people had the capacity they were able to participate in, and make decisions about their own care, support or treatment.

We saw that mental capacity assessments were completed for some people to determine whether they could consent, but these were not in place for specific decisions such as using specialist equipment that may be considered restrictive, or not being able to access all areas of the home due to key coded areas. The provider needed to ensure suitable systems were in place to demonstrate people were not deprived of their liberty. There was not any documentation to confirm it was in their best interest. This was a breach of Regulation 18 of the Health and Social Care Act 2008.

People told us they felt safe at the home and were able to speak with the staff freely. One person said , "This is my home and I feel at home."

We talked with staff about how they would raise concerns about risks to people and poor practice in the service. Staff told us they were aware of the whistleblowing procedure and they would not hesitate to report any concerns they had about care practices. They told us they had also received training to recognise harm or abuse and felt they would be supported by the management team in raising any safeguarding concerns. One member of staff told us, "If I saw something I would report it, it is up to us to make sure everyone is okay."

We looked at the staff roster and saw that systems were in place to manage and monitor how the staffing was provided to ensure people received the agreed level of support. The staff we spoke with told us there were enough staff on duty to meet people's needs. One member of staff told us, "We work as a team. When we use agency staff we use regular nurses so they know the people who live here." People we spoke with told us that staff were usually available and they did not have to wait long if they needed any support. One person told us, "The staff here are lovely."

The necessary recruitment and selection processes were in place. We spoke with the newest member of staff to be employed and found that appropriate checks were undertaken before they had begun work. They told us pre-employment checks had been made to ensure they were suitable to work with vulnerable people.

We found that risks to people's health and wellbeing were appropriately assessed, managed and reviewed. Information included the specific detail of the risk and the steps to be taken by staff to minimise these. Personal emergency evacuation plans (PEEP's) were in place. PEEP's provide information for staff and emergency services to follow to enable them to support people who cannot get themselves out of a building unaided during an emergency situation. Providing a PEEP meant that the required information was available to enable people to be supported safely in the event of an emergency.

During our last inspection we saw that as and when required medicine known as 'PRN' was not suitably recorded, and some tablets that were kept in boxes were not counted or audited correctly. On this visit we saw suitable systems were in place and medicine was administered, stored and disposed of safely. Some medicine administration records (MAR) showed pain relief medicine being prescribed as PRN. National Institute for health and Care Excellence (NICE) guidelines indicate that pain relief for older people should be regularly administered. There was no evidence in the records we looked at to demonstrate this occurred.

During our last inspection we saw mattresses, bed frames and chairs were not as clean as they needed to be. On this visit saw equipment was clean and maintained to a suitable standard. Cleaning schedules were in place but the records were inconsistent. The manager had completed an infection control audit and we saw that where they had identified concerns the relevant equipment had been replaced.

The manager told us a lead nurse took responsibility for ensuring procedures and systems were used properly to help control infection. We saw infection control audits were completed but there was no evidence to demonstrate who

Good

Is the service safe?

was responsible for taking action. For example one chair we saw was ripped, worn and unclean but no one had ordered a new one, or put systems into place to manage the risk.

People we spoke with told us that the home was kept clean and tidy and they had no concerns about hygiene. One person said, "My bedroom is kept nice and clean they come in every day."

Records we saw showed staff received training in preventing and controlling infections and staff we spoke with described correct ways to respond if there was an outbreak of infection at the home.

We observed staff working in the home and saw protective aprons and gloves were used appropriately. We saw sluice areas, the laundry and kitchen were clean. We found the laundry room was equipped with industrial washing equipment and that dissolvable bags were used for any soiled laundry to reduce the risks associated with handling it. We saw clean and dirty items were kept in separate areas of the laundry room but not on the trolleys that were used to transport laundry throughout the home. This meant there was a possibility of cross infection.

Requires Improvement

Is the service effective?

Our findings

People who used the service and their visitors told us the home delivered safe and effective care. One person said, “My family tell me I look well.” A visitor said, “The staff are friendly and try their best.”

People’s health care needs were met. We saw that regular monitoring of people’s health needs were undertaken. We saw referrals to other professionals such as the community psychiatric nurse or the GP were made. One person said , “If I need the doctor I just ask.” Another person said ,”The district nurse comes to see me and I know she talks to the staff to help look after me properly.”

All of the four care records we looked at showed that people's needs were assessed before they had moved in and contained the necessary information to support and care for people appropriately. These had been reviewed and updated to demonstrate any changes to people’s care. A quality monitoring officer was there at the time of our visit and said, “I can see a great improvement with the care plans, they are heading in the right direction.” The staff we spoke with told us the care records were informative and were updated regularly. They said these helped them to deliver the care on the way it was needed. One staff member said, “It gives you a clear picture of the person. They become an individual.”

Individual care records we looked at were clear and comprehensive and they gave staff the information they needed to care for the person effectively. Each person had a health care plan which identified any specific health needs they may have such as diabetes.

Records showed that all staff had received the necessary training. At our last inspection there had been shortfalls in the amount of training received. One member of staff said, “The training is better now and we can do other things such as catheter care, we have this booked in for September.” Another member of staff said, “We get loads of training, such as fire safety, food hygiene and protecting vulnerable adults. We get training every year."

New staff undertook an induction and completed a work book which covered all the essential areas of good practice, including safeguarding, infection control and moving and handling. A new member of staff said, “They have taught me how to complete the charts and I also shadowed staff for a week to learn about the people who live here.”

At the last inspection staff had not received any formal supervision. Supervision is a process that offers staff support, assurance and development. On this visit we saw some people had received supervision and a supervision roster had been prepared. The manager and other senior staff were working on this but some people still required a supervision session. Staff we spoke with told us they received support and were able to discuss the need for any extra training and their personal development. One staff member said, “We are well supported.”

Daily handovers took place at the beginning of every shift. We attended the handover in the afternoon and saw that new staff were fully briefed and well informed. Staff discussed issues and any changes to people’s plan of care. This meant that staff were aware of people’s current care needs.

We saw that people were supported to eat and drink. Jugs of water, juice tea and coffee were on offer throughout the day and people in their rooms had drinks to hand. We saw people were treated respectfully whilst eating their meals and those who required support from the staff received this in a relaxed and unhurried manner. One person said, “You get plenty to eat, I’m never hungry.” We saw food and fluid charts were completed when a person was at risk of poor nutritional intake or dehydration . The care staff took responsibility for completing these and we saw they were up to date. Family members confirmed any concerns were raised with them and additional support was sourced when needed ,such as the speech and language therapist.

Good

Is the service caring?

Our findings

People told us the staff understood them; they confirmed the staff were kind and thoughtful and treated them with respect. People spoke positively about the care and support delivered to them. One person told us, “It's nice here, the staff are nice, they help you all they can.” We saw caring relationships between people and the staff. One person told us, “The staff are kind and helpful.”

People were being cared for by kind and compassionate staff who understood their individual needs and who treated them with respect. People were listened to and equality and diversity was recognised and respected by the service. The staff spoke with people using the service in a calm, dignified and adult manner.

The staff were friendly and professional in their approach and interacted confidently with people. We observed the staff as they supported the people they cared for. One person told us, “They put the hoist under me and clip it on, and bring me to the chair. They are careful and I know they have records about it.”

The staff were respectful to people when they were supporting them. There were policies, procedures and training in place to support staff to respect people’s privacy and dignity.

Staff were able to describe examples of where they had responded to what was important for or to people living in the home.

We saw staff knocked on people’s doors before entering and ensured dignity was maintained when providing support. People we spoke with provided us with examples of how they ensured their dignity and privacy was maintained. One person who used the service told us, “The staff always knock on my door and wait for me to answer. If I need any personal care they will close my curtains.”

People we spoke with told us their cultural, religious beliefs and practices were respected and catered for. One person said, “They always ask if I want to attend the service.” A relative told us, “They do a service on a Sunday and it's a choice as to whether people go or not.”

The home had staff who were dignity champions. This was someone who ensured people were treated with dignity as a basic human right, not an optional extra. One staff member said, “I always care for people in a way I would want to be treated.”

We saw that people who used the service were supported to maintain relationships with others. People’s relatives and those acting on their behalf told us they were able to visit the service freely A relative told us, “We come whenever we want to and [person using the service] is content here.”

During the visit we saw staff provided companionship to people, they sat and talked with them and engaged with them on regular occasions. Staff ensured people who used the service were occupied and happy. We asked staff about people’s individual needs and preferences and found they had a good understanding This information was available in people’s care records. We saw that people who used the service had been involved with decisions. One person said, “ I always stay in my room, this is where I want to be. If there are activities though they will come to tell me because they know I like to join in.”

The manager told us that no one who lived at the service currently had or needed an independent advocate. An advocate helps people to make choices, to say what they want and ensure that their voice is heard and listened to. Information about local advocacy services was available within the home.

Good

Is the service responsive?

Our findings

People talked to us about recent hobbies and interests, which included bingo and craft sessions. People we spoke with told us they were happy with the hobbies and interests that were provided. One person told us, “There’s something happening every day.” Another person said, “I don’t get bored I like to join in with what’s going on.” A member of staff told us, “There are activities every day, sometimes a lot of the residents participate, other times not as many.”

We saw that visitors were welcomed throughout our visit. Visitors and relatives we spoke with told us they could visit at any time and they were always made to feel welcome. One person told us, “We feel able to come here at any time, the staff are friendly and helpful.”

People told us they were aware of how to make a complaint and were confident they could express any concerns. One person told us, “I would not be afraid to speak out if I needed to.” Another person told us, “I could go and talk to the manager, I'm listened to.” We saw complaints had been recorded and there was a copy of how they had been investigated. Letters had been sent to the complainants detailing any action demonstrating how changes had been made and how the provider had responded.

We observed that staff were responsive to people’s needs and requests. We saw that where call alarms were activated by people who used the service to summon assistance, staff provided support in a timely manner. We discussed this with three people who used the service and they told us that support by staff was satisfactory and if there were delays, staff apologised and provided care and support as soon as possible. However, we saw that two people who were in bed were not able to access their call bell. One person we asked about this said, “This has never happened before but sometimes when I call I have to wait.” Another person said, “Often they don’t put my buzzer in reach.” We spoke with the management team about this who confirmed they would implement an audit system to ensure people were suitably supported whilst in their bedroom.

The care records contained good information about how to provide support, what the person liked, disliked and their preferences. People who used the service along with families and friends had started to complete a life story with information about what was important to people. The staff we spoke with told us this information helped them to understand the person. One member of staff said, “The care records help me to understand the person, I find them really useful.”

The staff told us they had access to the care records and were informed when any changes had been made to ensure people were supported with their needs in the way they had chosen. People we spoke with told us the staff had discussed the care and support they wanted and knew this had been recorded in their care records. One person told us, “The staff have talked with me about how I want things to be done. I know they listen because they do things the way I want them, for example I choose what to wear and when to get up. I know all the treatments and care I need are written down because I see them do it.”

People told us about resident meetings that were held in the home. Minutes of these meetings showed people’s views were recorded. People told us that when they wanted something changing they were listened to and action was taken. This meant the provider responded to how people wanted the service to be managed.

Requires Improvement

Is the service well-led?

Our findings

The provider had systems in place for regular checks of the quality and safety for the care people received. They included care planning, medicine management, cleanliness and infection control, staffing and maintenance arrangements. However, we saw that food and fluid charts were not always totalled. We spoke with a dietician who said, "The records are better than they were but they are not adequately completed and need to improve."

We saw that where we had identified any concern during our visit, for example the poor quality of a piece of equipment the staff had not identified this themselves This meant the provider could not ensure improvements were continually sought and considered.

Records showed that people's well-being and any known risks to their health and welfare were checked but there was little evidence to demonstrate how these were analysed.

Accidents, incidents and near misses were checked to see whether changes or improvements were needed. We saw that where a body map had been required following a fall it had not been put in place. This demonstrated there were not always suitable and sufficient systems to monitor the care and support provided.

We found that people using the service, their representatives, stakeholders and staff were asked for their views. Formal satisfaction survey questionnaires were circulated to each of these groups of people, seeking their views about their care and services provided at the home. The provider was in the process of completing these, they told us the results would be collated and used to improve the service. They confirmed outcomes would be provided to people who used the service.

There was an 'open door' policy with people using the service were able to enter the office freely and at any time. Relatives told us they were always made welcome and were contacted regularly meaning they were updated about the person's health and well-being.

The manager had introduced a well-being process which looked at how to support the staff and people who used the service. The manager said, "We wanted to make sure people were happy and turn ideas into action." We saw that systems had been introduced following comments people had made, for example a portable shop had been introduced and personal protective equipment was stored in designated areas so the staff did not have to waste time looking for items they required.

The provider ensured they kept up to date with current practice and the manager was able to provide all the information we asked for in a timely manner. Notifications were sent to us when needed and we were made aware of any safeguarding incidents that had taken place.

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 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment **Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010** **Consent to care and treatment** **How the regulation was not being met:** The registered provider must ensure suitable arrangements are in place for obtaining, and acting in accordance with the consent of service users, in relation to the care and treatment provided for them.