Parkcare Homes Limited

Boughton Manor

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We undertook an inspection of Boughton Manor on 14 November 2018. The inspection was unannounced. Boughton Manor is situated in the village of Boughton near Newark. Boughton Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home was registered for up to 40 older people. There were 27 people living at the home at the time of the inspection. We were told that the potential shared bedrooms were now used as single occupancy. Everyone living in the care home had a diagnosis of Dementia and required nursing support. There was a complex range of people's support needs.

At the last inspection, in 22 November 2016, we rated the service as 'Good'. This inspection was a responsive comprehensive inspection, which means it was brought forward in our schedule due to concerns. These concerns related to a recent Local Authority audit which raised concerns about the service's management of risk and incidents. Our inspection found similar concerns and we have rated the service as 'Requires Improvement.'.

During this inspection we found concerns about the management of risk and assessment of mental capacity. We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report. This is the first time the service has been rated as Requires Improvement.

During this inspection we found this service was not consistently safe. Risks associated with people's behaviour were not managed safely. Behaviour care plans did not contain all the required information to guide staff support. We found staff were responding differently to people's needs. The registered manager was not aware of this due to staff recording across different forms and these not being audited regularly.

Mental capacity assessments were not always decision specific and people's rights were not fully protected. Staff training was in date and staff received regular supervision. People told us that they were given choice of meals and said the food was good quality.

There were sufficient staff to meet people's needs. Recruitment of care staff and nurses was managed safely. People's physical health needs were clearly assessed and care planned, and medicines were managed safely. We had some concerns about infection control procedures after toileting support.

We found the service was not always caring. Staff interactions were task focused rather than specific to the individual. Staff had variable knowledge on people's diverse needs, and care plans did not provide sufficient information to support a caring approach. There was evidence of people being involved with care planning. People were treated with dignity and privacy.

Care was not responsive to people's needs. We saw four people who had experienced incontinence and we needed to prompt staff to support them. We saw minimal activities within the care home and people sat for long periods without engagement. People had been consulted for end of life care planning.

We found the service was not consistently well led. Multiple audits were in place, which had resulted in some improvement. However, audits had not reviewed behavioural support records and this meant we could not be sure people's needs would be met. We found that risks were not managed consistently or effectively across the service and this had not been recognised by the registered manager. People, their representatives and staff had opportunities to feedback on the running of the service. Visiting professionals told us that the registered manager was always pro-active in responding to concerns.

At the time of our inspection there was a registered manager in place. A registered manager is a person who has been registered with the Care Quality Commission (CQC) to manage the service. Like registered providers they are "registered persons". Registered persons have the legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run.

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 consistently safe.

Risks associated with people's behaviour were not managed safely and opportunities to make improvements following adverse events were sometimes missed.

Safe staff recruitment practices were followed

People's regular medicines were safely managed. 'As needed' medicines were not always managed safely

The environment was not always cleaned effectively after toileting support.

Is the service effective?

Requires Improvement

The service was not always effective

Staff were provided with regular training or supervision. However due to identified issues the quality of this training needs to be considered

Further work was required to ensure people's rights under the Mental Capacity Act 2005 were fully protected.

People had access to health and social care professionals and processes were in place for sharing information as needed.

The food was good quality and people enjoyed eating it.

Is the service caring?

Requires Improvement

The service was not always caring.

Staff focused on tasks and meeting care needs, there was minimal person-centred interaction

People were involved in decisions about their care and support.

People were not always treated with dignity when staff provided toileting support

Is the service responsive?

Requires Improvement

The service was not always responsive

Staff were not consistently responsive to toileting and behavioural needs. Care plans did not support staff to respond effectively.

End of life care plans were in place where appropriate.

There were minimum activities in the home and people sat for long periods without staff engagement.

Complaints and concerns were responded to.

Is the service well-led?

Requires Improvement

The service was not consistently well led

Systems to ensure the risks related to behaviour were not always effective.

People, relatives and staff had opportunities to feedback about the running of the home

Boughton Manor

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the 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.

The inspection was prompted by Local Authority concerns about the management of risk in the service. We considered the likelihood of these risks re-occurring and whether the provider would be in breach of the Health and Social Care Act 2008.

This comprehensive inspection took place on 14 November 2018 and was unannounced. The inspection team consisted of two inspectors, an inspection manager, an Expert by Experience and a Specialist Advisor. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. A Specialist Advisor is a health and social care professional who can provide expert advice on the service. The specialist advisor for this inspection was a qualified nurse.

Before the inspection took place, we gathered information known about the service. We considered notifications the provider had sent to us. A notification is information about important events which the provider is required to send us by law. We also considered any information received from the public and professionals.

Before the inspection we requested the provider submits a Provider Information Return (PIR). The PIR asks the provider to give key information about their service, how they are meeting the five questions and what improvements they plan to make. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection, we carried out general observations of care and support and looked at the interactions between staff and people who used the service. We spoke with four people who used the service and four relatives. Due to the needs of the people in the service, 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 also spoke to four care staff, one nurse and the registered manager. We met three health professionals visiting the home and gathered their feedback. We looked at the relevant parts of the care records of seven people who used the service. We also looked at three staff recruitment files and other records relating to the management of the home. These included audits, policies and incident records.

Requires Improvement

Is the service safe?

Our findings

The registered manager did not always effectively respond to incidents. The lack of effective action, meant the incident could re-occur and left people at risk of continued harm. The registered manager told us that staff should record incidents on an 'incident form' and management would review this daily. We reviewed these incident forms. Some actions had been taken by managers to refer to other agencies and alter care plans to keep people safe. However sometimes the 'lessons learned' section was either blank or vague. For example, one person fell backwards and the management outcome was that the person was independently mobile so nothing further could be done. We would expect a more thorough analysis of the environment and person's health. We were not assured that incidents highlighted to managers were always effectively responded to.

There was an inconsistent approach of staff recording incidents. This meant incidents were not always reported to the registered manager. While 'incident forms' were reviewed by management daily, the staff had recorded behaviour inconsistently across different documents which were not regularly reviewed. The manager was unaware that these incidents had occurred. This meant incidents had not been recognised and responded too.

Records that had been completed showed people could have come to harm in the service. For example, a 'body map' had been completed by staff, this was an illustration of bruises and red marks on the person. We saw no evidence that these injuries had been investigated or reported to the registered manager. Daily records noted incidents of people "pulling residents" or "causing distress to other people". Further detail was not recorded and some forms were not dated. Again, due to not being recorded on an 'incident form' the registered manager was not aware of repeated incidents and action had not been taken to prevent reoccurrence. This lack of oversight and response meant we could not be assured that action was taken to keep people safe from other people's behaviour.

Care plans and risk assessments did not provide sufficient guidance for staff to respond to behavioural needs. Dependency tools had highlighted that people had advanced dementia and complex behavioural needs. However further work was required to ensure behaviour care plans included enough information to explain potential triggers for behaviour, or how staff should respond. For example, one person tended to lower themselves to the floor. There was no risk assessment to guide staff on how keep them safe when this happened. Daily records showed that in 12 days, this person had lowered themselves to the floor 8 times. The way this behaviour was recorded, did not identify potential causes or which strategies were used. This could make it difficult for care to be amended to support this person safely.

Records showed that staff also provided inconsistent responses to behaviour. Staff told us that one person could become anxious and cause harm to themselves or others. Their care plan did not clearly identify how to respond to this behaviour. They were recorded to have distressed people six times over an eleven day period. This person received constant one to one carer support, however despite constant oversight the staff responses to their behaviour was variable. For the same behaviour, staff would sometimes provide 'as required' medicine to provide a calming effect and other times provide reassurance. We saw this variable

response to behaviour was repeated with other people in the service. Some methods were not effective but continued to be used. Sometimes the effect of staff response had not always been recorded, which meant effectiveness was difficult to assess. We saw that sometimes staff did not offer support to people that needed it. For example, one person walked around the communal area. They attempted to move furniture and open cupboard doors. Staff would intervene if the person was in their way however no action was taken to talk to them, find out what they were looking for or attempt to divert this behaviour.

Staff we spoke to were aware of potential types of abuse and how to report a safeguarding concern. Identified concerns had been referred to the Local Authority to investigate if needed. However due to the variable recording of incidents, we could not be assured whether the safeguarding referral threshold had been met in other circumstances.

We were concerned about the use of 'as needed' medicine to support people's behaviour. Staff had given one person 'as required' medicine with a one and a half hour gap. This medicine was not meant to be given more frequently than every four hours. Records showed us that 'as needed' medicine did not always have an effect on people's behaviour but continued to be used without a review.

Infection control procedures were not always followed after toileting support. We saw that some people had become incontinent and staff did not clean where they had been sitting. Another person's soiled continence product was left uncovered in their room for two hours, causing a strong odour

The poor management of behavioural risks and infection control was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After our inspection, the provider sent us an action plan detailing how they planned to manage the risk within the service. We will assess the impact of this at our next inspection.

People felt their daily prescribed medicine was managed safely. A relative told us that they were involved with medicine reviews and were updated if changes were made. We looked at medicine records and found routine medicines had been given as prescribed. Medicines were stored appropriately, in locked areas and at the correct temperature. The nurse could tell us about people's health conditions and how they provided nursing support to meet these conditions. People's care plans detailed how to meet people's medical nursing needs.

There were sufficient staff to support people with in the service. If people required one to one staff support, this had been arranged. We saw that recruitment procedures were managed safely. We looked at the records of three of the most recently recruited staff. The necessary steps had been taken to ensure people were protected from staff that may not be fit and safe to support them. For example, before staff were employed, criminal records checks were undertaken through the Disclosure and Barring Service. These checks are used to assist employers to make safer recruitment decisions. The manager ensured that nurses were registered with the Nursing and Midwifery Council to provide nursing support to people in the service. The registered manager advised that they are now fully recruited and aim to have no agency staff after January 2019.

We saw that staff wore gloves and aprons to provide care to people. Professionals reported back that the home always appeared clean did not highlight other concerns about infection control procedures after toileting.

Requires Improvement

Is the service effective?

Our findings

The Mental Capacity Act (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. We checked whether the service was working within the principles of the MCA and found that some people were being restricted without an assessment having been completed. Mental capacity assessments that had been completed were not decision specific and were of poor quality.

One person repeatedly requested their favourite drink. We saw staff restricted the person access to this drink. However, staff were inconsistent regarding the reasons why, claiming it was due to different medical conditions or a limit on the person's fluid intake. We saw staff gave different timescales when the person could next have a drink. One staff member would refuse to provide a drink, whereas a minute later a different staff member would get the person a drink. The person's facial expressions showed that they were unhappy with this restriction. This restriction on their drink had not been assessed, and the person's ability to decide for themselves had not been assessed.

Another person was unable to mobilise without two staff and equipment. They had been placed in a specialist chair which restricted their mobility. There was no mental capacity assessment in place to support the use of this chair. The care plan noted that attempts to stand should be supported. We saw the person made multiple attempts to mobilise and staff did not assist them. One staff member was witnessed lifting the person's legs up, which meant they tipped back in the chair and restricted their movements further. Staff did not attempt to address why the person may be trying to stand, and minutes later they had become incontinent. We were not assured that this practice was in the persons best interest, or that other options had been explored. It was assessed that their human rights may not be fully protected.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that the provider had correctly identified when someone needed a DoLS referral. There was clear information about people who were subjected to a DoLS and conditions related to this authorisation had been met. Due to the lack of mental capacity assessments, we are not assured that the DoL's assessor always had the full information to complete an effective assessment.

The lack of mental capacity assessments and poor quality of assessments, was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Staff had access to an induction period and training. They reported back positively on their training experience. However due to concerns raised we were not assured that this training was effective at guiding staff. The service supported people with advanced dementia, staff had received training in dementia. Despite this, we did have concerns about the effectiveness of staff responses to dementia type behaviour.

This raises concerns about the effectiveness of the training they received.

Care plans for people's physical health needs had been completed by nursing staff and were detailed and effective. They included nationally recognised dependency tools. These allowed people's needs to be measured in a standardised way and prompt actions if a certain score was met. We saw that if actions were required, these had been followed. For example, if a dependency tool highlighted the risk of skin damage then an alternative mattress had been provided.

People had enough to eat and drink and were served a nutritious diet. People told us that they enjoyed the food. One relative told us "The food is different every day." We saw that people who required a specific consistency diet had been assessed by speech and language therapy. The professional recommendations were then followed at meal times. Some people required thickener for their drink to reduce the risk of choking. We saw this was consistently added to the required drinks throughout the day. People who required support to eat were supported by staff in an effective and caring way. Independence was also encouraged with the use of encouragement and plate guards to prevent spillage.

Staff worked with different organisations to provide effective support. Records showed us that people had been referred to professionals for specialist support. This included, nurses, speech and language therapy, physiotherapists and occupational therapists. Recommendations from these professionals has been documented and care plans reflected these recommendations. Three professionals visiting the service reported on staff's good knowledge of people's health conditions and effective communication with these professionals. Since the inspection, the registered manager advised they are implemented the 'red bag procedure.' This is a local authority recommendation, for people's essential information to travel with them in a universal red bag. This allows care needs to be met across services. We will assess the effectiveness of this at the next inspection.

Areas of the home had been considered to reflect a dementia friendly environment. There were some simple signs with images to allow navigation around the home. People also had memory boxes outside their rooms to allow things that were personal to them to be identified.

Requires Improvement

Is the service caring?

Our findings

We saw some examples of a caring approach. For example, staff asking residents how they were and giving them choices. However, care was largely task focused to meet people's care needs and not considering individual needs. Communal areas were quiet and without interaction between staff and residents. People who made attempts to move were asked to sit down, no attempt was made to support these people to find out where they wanted to go.

People's toileting needs were not always responded to in a dignified and caring way. People who were discouraged from moving, later become incontinent. We saw limited attempts to encourage people to use the toilet, which could prevent incontinence. We saw people become distressed when they became incontinent. Staff interactions when supporting incontinence were focused on supporting the person to become clean rather than providing emotional reassurance. Staff were not pro-active in supporting people who had become incontinent. We had to ask staff to support four people who had become incontinent. The delayed response to incontinence was undignified for the people in the service.

Some staff had limited knowledge of people's individual social needs, this limited their ability to provide person centred support. Care records showed one person identified as religious and had come from a religious care home, however three staff told us that no-one was religious. A person told us "Some of the staff know how to take care of me. Some of the staff don't know me. The regulars know me." We found this lack of staff knowledge was particularly evident with new or agency staff.

Staff who supported people on a one to one basis, had little knowledge on the person's hobbies and interests. Details of the person's interests were written in their care plan, however the staff supporting them had not read this and made assumptions by objects in their room. We were concerned that staff providing constant support had little knowledge on the person they were supporting and effort had not been made to get to know them better. The registered manager had already recognised that the staff had limited knowledge on people's individual needs and before the inspection had begun to create more accessible information for staff. Since our inspection we were told this is now in place and spot checks will be completed to ensure staff are acting in a person-centred way. We will assess the impact of this at our next inspection.

People were involved with planning their care. This included an initial pre-assessment with identified preferences (for example, whether they preferred a bath or shower). While at the service, reviews were held with people and their relatives. We saw that people's feedback was responded to by changes in their care plan.

People were given privacy. A relative told us "They do respect [person's] privacy. They are in their bedroom and checked two hourly. They always knock before coming in. [Person] gets cleaned in their room with the doors closed." During our inspection, we saw that staff did knock on doors before entering. When staff supported care tasks, people were supported to move somewhere private for support to be offered.

Requires Improvement

Is the service responsive?

Our findings

Care plans did not provide enough detail on people's diverse needs. This could make it difficult for staff to respond appropriately. Care plans created by nursing staff provided clear detail on how to support people's physical health conditions. However, records for mental health needs did not provide sufficient information to support staff. This meant mental health symptoms were not responded to appropriately. There was minimal information recorded on people's social, cultural and religious needs. The lack of consistent assessment for all assessed needs, means people's diverse needs and preferences may not be supported effectively.

People were not always provided with opportunities to follow their interests to keep them occupied. Communal areas were quiet and with minimal staff interaction. Those people that verbally expressed themselves were responded to, however those that were unable to express themselves had little staff interaction. This was particularly evident of those sat in corridors rather than the communal lounge. An activities co-ordinator was employed 30 hours per week. They told us about a variety of activities that they could offer. However, on the day of our inspection, this staff member was supporting people to access a health professional instead. While we recognise that this staff member was working elsewhere effectively, it is the responsibility of all staff to engage people in meaningful activity.

The Accessible Information Standard (AIS) is a framework put in place from August 2016. It is a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. The registered manager was not aware of this despite it being written in their care home guide. When explained, they recognised the importance of this framework and advised they will now consider adjustments to cater for specific needs. At the time of the inspection we saw that some adjustments had been made, for example one person had access to a whiteboard for communication if needed. However, documentation in the care home was not easily accessible for people using the service. The registered manager advised that they will consider how this can be made more accessible to people and their relatives by holding meetings with staff and people.

There were limited policies to advise staff how they should support people at the end of their life. This put people at risk of not receiving good quality end of life care. A visiting professional told us that staff lacked confidence when supporting people at the end of their life. However, the registered manager had recognised this concern and in response the home had begun assessment for the Gold Standard Framework. Accreditation with this scheme will ensure that all staff at the care home are implementing the principles of end of life care and that thorough policies are in place. There was evidence that people were consulted on end of life care planning. This enabled people to discuss and record their future health and care wishes.

Peoples complaints and concerns were responded to. There was a complaints policy in place and we saw that complaints received had been dealt with in line with the provider's policy. We saw that the registered manager had been open and transparent with dealing with complaints and had fed back the outcome to the complainant. We saw people were happy with the outcome of complaints.

Requires Improvement

Is the service well-led?

Our findings

Systems for monitoring the safety of the service were not consistently effective. The registered manager reviewed incident forms daily. However, we found staff were recording incidents across different forms which were not included in regular audits. This meant incidents had not been responded to effectively. Where the manager had been aware of incidents, effective action plans were not always put in place

The registered manager recognised these concerns and advised they would remind staff to always complete incident forms, and spot check forms to ensure this is being done. They felt this would address the risk. We will assess the impact of this at the next inspection. However, we remain concerned that this service supports people with advanced dementia and had little oversight of behavioural incidents prior to our inspection.

The registered manager completed monthly audits. When these audits had identified concerns, actions were taken to address these. However, if incidents happened between the monthly audits, the manager was not always made aware. For example, one person's records showed they had recently lost 3kg in ten days. This weight loss had happened between the monthly weight loss audits and there was no evidence that this weight loss was responded to. We were concerned that changes in people's needs were not always identified promptly enough and reported to management outside of formal audits.

During our inspection, the registered manager told us that they aim to provide good quality dementia care. This is important as all people using the service had a diagnosis of dementia. We did see some evidence of good care. However, there was also a focus on task centred interactions, a lack of activity for people to engage with and inconsistent behavioural support. Therefore, we found the aim of good quality dementia support was not fully embedded in the care home practice. The registered manager advised that they complete regular walk arounds of the service to ensure quality care, we saw evidence these had been completed. However, our concerns had not been recognised in management walk arounds.

The registered manager advised that their vision was "To improve wherever we can, that would be led by needs of residents." Visiting professionals told us that the registered manager was responsive to suggestions and always tried to improve the service. We found the registered manager was responsive to concerns raised at our inspection and provided a prompt action plan to identify how they would address these concerns. We remain concerned that multiple issues were not identified prior to our inspection and will address the impact of their action plan at our next inspection.

The registered manager arranged meetings with people and relatives at the home. They advised these were not always well attended but were making efforts to encourage family engagement. A relative told us "We had a resident's meeting this week and the manager asked our opinions about the colour of the decorations." Another relative said "I can have my views and put them forward". We found that people that could verbally engage were engaged with, however due to the lack of accessible information there was otherwise limited involvement in home processes. The registered manager advised they would consider how engagement could be improved.

Management meetings had identified some areas for improvement. These areas had been actioned promptly. We saw multiple audits had been devised by the provider to ensure the oversight of the service. These were effective and responsive to needs in the service. However, these audits did not identify the occurrence of behavioural incidents and the variable staff response to these. At times, incidents that were raised with management had not been effectively responded to. Further work is needed to ensure effectiveness of audits to ensure safety in the home

We met three visiting professionals to the care home. They all told us that the registered manager was pro-active and keen to improve the home. They also told us that he was responsive to suggestions and would approach them for advice if needed. We saw evidence that the service engaged positively with other professionals and there was evidence of multi-agency work to improve the lives of people using the service

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	Lack of mental capacity assessments and mental capacity assessments of poor quality. People being restricted without assessment completed

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	poor behaviour management and infection control management