

HC-One Limited

# Pytchley Court Nursing Home

## Inspection report

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## 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?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

About the service: Pytchley Court Nursing Home provides nursing and residential care for up to 40 older people. There were 24 people receiving care at the time of the inspection.

People's experience of using this service:

- The provider had overseen changes to the management and implemented systems to improve clinical safety. There continued to be areas that required improvement and existing systems required embedding into practice.
- The interim manager had involved all staff in the improvement plan. Some staff had taken on responsibilities for areas of the home which had improved the reliability and quality of the care provided.
- Changes to people's health was identified early and staff sought medical help in a timely way. People were supported to access relevant health and social care professionals. There were systems in place to manage medicines in a safe way.
- Staff understood their roles in safeguarding people from abuse or improper treatment. The managers were responsive to staff concerns.
- There were enough clinical and care staff deployed to provide people's care; there was a high use of regular agency nursing and care staff who had received induction to the service. The provider continued to recruit staff.
- People received care from staff that had received the training and support to provide for their individual needs.
- People were involved in the planning of their care which was person centred and had been recently updated. People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted.
- People had developed positive relationships with staff. Staff had a good understanding of people's needs and preferences.
- People were supported to express themselves, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.
- People using the service and their relatives knew how to raise a concern or make a complaint. The manager followed the provider's complaints procedures to respond to complaints and use the issues raised to improve the service.
- Staff ensured people received enough food and drink to maintain their health and well-being. People who were at risk of losing weight and dehydration received additional support and monitoring.
- People had the opportunity to express their preferences or wishes for their end of life care. People's care plans recorded people's wishes.
- People and their relatives had been asked for their feedback and had begun to be involved in the running of the home.
- The provider was working within the principles of the Mental Capacity Act (MCA), they identified people who required a Deprivation of Liberty Safeguards (DoLS) assessment and made the appropriate applications.

- The interim manager had identified through audits, more areas that required further improvement.

#### Rating at last inspections:

At the last full comprehensive inspection in April 2018, we rated the service as Requires Improvement. We found the provider to be in breach of three regulations relating to referrals to health professionals, medicines, staffing and governance. The provider was required to provide improvement plans.

We carried out a responsive focussed inspection in September 2018 due to concerns about clinical safety. We inspected the service for the safe and well led domains only. We rated this service inadequate (report published on 15 January 2019). We found the provider was in breach of four regulations. They had not notified CQC of all notifiable incidents that occurred at the home. They had not ensured there was sufficient clinical experience to meet people's health needs, assessed monitored or made improvements to the home, identified potential abuse of people or deployed enough staff with the right skills to meet peoples' needs. We placed the service into special measures.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

**Good** ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Pytchley Court Nursing Home

## **Detailed findings**

### Background to this inspection

#### The 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 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.

#### Inspection team:

Two inspectors a nurse specialist advisor and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service; people living with dementia.

#### Service and service type:

Nursing and residential home for older people.

The service did not have a manager registered with the Care Quality Commission. This means only the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: Unannounced

#### What we did:

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification provides information about important events which the provider is required to send us by law. We also contacted health and social care commissioners who place and monitor the care of people living in the home.

During this inspection we spoke with seven people using the service and two visiting relatives. We spent time observing people's care and how staff interacted with them. We also spoke with 10 members of staff including the provider's representative, two managers, a nurse, a senior carer, two care staff, an agency care staff and the maintenance and activities staff. We also spoke with a visiting GP.

We looked at the care records of people who used the service including daily records, medicines records and the assessments and care plans for nine people. We also examined other records relating to the management and running of the service. These included four staff recruitment files, training records, supervisions and appraisals. We looked at the staff rotas, complaints, incidents and accident reports and quality monitoring audits.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

RI: ☐ Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations have been met.

At our last inspection on 25 September 2018 we rated the service as Inadequate. The provider failed to be compliant with Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe Care and treatment. The provider failed to assess all the risks to health and safety of service users and do all that was practicable to mitigate such risks. The provider failed to ensure staff had the competence and skills to recognise unwell adults and provide medicines safely.

At our last inspection on 25 September 2018 the provider also failed to have systems in place to recognise or report safeguarding concerns. The provider failed to be compliant with Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safeguarding service users from abuse and improper treatment.

At this inspection we found people were safe as the provider had made significant improvements to all areas and were meeting the regulations. However, there were a few areas that continued to need improvement and be sustained over time.

Assessing risk, safety monitoring and management:

- The provider had implemented a system to assess and monitor people's clinical health.
- Staff had received training to recognise and act when people's health deteriorated. Audits showed staff acted promptly and sought medical assistance in a timely way. These systems continued to be embedded into practice.
- Staff relied on written information on handover documents to alert them to people's needs and changes in their care. One person had been missed off the handover sheet; the manager told us this was an oversight as the person had moved rooms. The handover information was immediately updated to show all people in the home.
- People who had behaviours that required a response needed monitoring to establish their needs. However, staff did not reliably record every occurrence, what triggered the behaviours, or what actions they took and the outcome. This information was required for health professionals to make an accurate assessment; the lack of information meant people were at risk of a delay in receiving the correct treatment for their condition. We brought this to the attention of the manager who told us they were aware and planned to put procedures in place to accurately monitor people's behaviours.
- People's risk assessments had been reviewed once since the new system was implemented, the manager told us plans were in place to continually review these monthly. It has not been possible to judge how effective this will be as these systems needed to be embedded into practice.
- Staff had not ensured all care plans had been updated to reflect people's current needs. For example, the equipment they use to mobilise safely.

- The provider had implemented systems to monitor people after a fall or accident to ensure any injuries were detected. People were referred for medical care where they had incurred injuries.
- People with long term medical conditions were regularly assessed to determine whether their conditions remained stable. People were referred to their doctors where their conditions had deteriorated.
- There were systems in place to assess the health and safety of the environment including fire safety checks.

#### Using medicines safely:

- People received their medicines as prescribed.
- The manager had supported key staff to take on the responsibility of medicines which had improved the safety of the medicines management. These systems continued to be embedded into practice.
- Improvements were required in the management of withdrawal of some medicines. For example, the regular monitoring of people's conditions when reducing anti-psychotic medicines to help prevent acute withdrawal symptoms or rapid relapse of condition.
- Further improvements were required to record where and when to apply creams and check the accuracy of stock levels.
- Where people received their medicines covertly the provider had followed protocols involving health professionals. Decisions had been recorded to demonstrate covert medicines were required in people's best interests.
- Systems were in place to ensure time critical medicines were administered in a timely way.
- Staff had received training and their competencies checked for safe administration of medicines.
- Staff followed the providers medicines policies and guidelines.
- The provider carried out monthly medicines audits and acted to improve where issues had been identified.

#### Systems and processes to safeguard people from the risk of abuse:

- The provider had policies and procedures in place to safeguard people from abuse or improper treatment and these were followed by the manager.
- Permanent and agency staff had received training on safeguarding procedures.
- Staff demonstrated they understood their roles to safeguard people and reported concerns to the manager. One member of staff told us, "The manager is very responsive, they act on our concerns quickly."
- Safeguarding alerts had been raised appropriately with the relevant agencies.

#### Staffing and recruitment:

- There were enough staff deployed to meet people's needs.
- The provider continued to advertise for, and recruit nursing and care staff. Agency staff continued to be used until staff could be employed.
- Staff told us, "There is enough staff generally except when there's last minute sickness, the manager is really supportive and always tries to cover the shift."
- The provider carried out suitable recruitment and selection processes. Staff recruitment files contained all relevant information to demonstrate that staff had the appropriate checks in place.
- Agency staff received an induction to the home including fire safety, key policies and the provider's values. Regular agency staff were used as much as possible to provide continuity of care.
- The provider held detailed information about agency staff's employment checks, nursing qualifications and professional registration.

#### Preventing and controlling infection:



- Staff had received training in infection prevention. They wore personal protective equipment such as gloves and aprons when providing personal care to help prevent cross infection.
- The provider had implemented systems to assess, monitor and manage people's wounds and urinary catheters. These systems continued to be embedded into practice.

Learning lessons when things go wrong:

- Nursing staff met monthly to discuss where they had identified people's health deteriorating using an early warning tool. They used examples to inform each other and use the learning to improve their knowledge and skills. Nursing staff now used the early warning tool for every person receiving antibiotics to detect when the treatment was not working.
- The manager analysed information from incidents, accidents and complaints to seek ways to prevent these happening again. For example, the manager had implemented changes to staff practices to ensure people were supervised in communal areas to help prevent falls.
- The provider had used information from safeguarding outcomes to improve the quality of people's care. For example, staff now carried out frequent checks on pressure relieving mattresses.
- The manager had recognised there had not been enough communication with people and their relatives. The manager improved communication with people by implementing regular 'walk around' meetings during the day, night and weekends to talk to people and identify issues early and take actions immediately.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience:

- Staff had begun to receive mentoring and supervision. These systems continued to be embedded into practice.
- New staff received an induction to the service and training in the Care Certificate.
- Staff received refresher training in key areas such as moving and handling and fire safety.
- Nursing staff received training in using an early warning tool to identify when people's health was deteriorating. The provider ensured a clinical lead was on duty on all shifts. One nurse told us, "I now feel confident and comfortable with the tool and feel supported."
- Staff received training in specialist areas of interest. For example, one senior care staff asked for and received training in the management and prevention of pressure ulcers.
- Staff were supported to study vocational qualifications in health and social care.

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

- People's needs were assessed before moving into the home. This ensured staff could meet their needs.
- The manager had consulted the staff team about people's needs before accepting new people to ensure the whole team could be certain they could meet each person's needs.
- The provider used evidenced based risk assessments and care was planned using best practice guidelines.

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

- People were assessed for their risk of not eating and drinking enough to maintain their health and well-being. Staff referred people to their GP or dietitian for advice on improving people's diets.
- Staff followed health professionals' instructions to ensure people received their food safely. For example, some people required pureed food to help prevent choking.
- Staff monitored people's food intake when they had been identified as at nutritional risk. Staff recorded when people had refused foods. Charts showed that a variety of nutritious snacks were offered in between meals such as fruit, muffins, milkshakes and yogurts.
- Staff supported people to eat independently by cutting up their food and providing plate guards.
- People who required assistance to eat and drink were supported in a considerate way.
- The manager had supported key staff to take on the responsibility of monitoring people's daily fluid intake. This had helped prevent people from becoming dehydrated and reduced the risk of complications such as acquiring urine infections.

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

- The provider had a programme of decoration and maintenance of the home. The maintenance person

had completed the decoration of all but one room.

- People could easily access communal lounges and the garden.
- Relatives were working with the manager to help create areas of the home specifically designed to meet the needs of people living with dementia.

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

- Staff had received training in and had implemented systems to recognise when people's health deteriorated. Staff used these systems effectively to seek medical assistance promptly. One nurse told us, "The system is safer, we spot people before they get to the point of being seriously ill. The tool gives us the all the important information we need to inform the doctors."
- Staff worked closely with the local GP who visited the home twice a week. The GP told us, "I have no concerns, patients are referred in time."
- Records showed relatives were informed of changes in people's health.
- People were supported to attend hospital appointments and access health screening.
- Staff liaised with district nurses, tissue viability nurses, speech and language teams and other health professionals to ensure people received timely assessments and care.

Ensuring consent to care and treatment in line with law and guidance:

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- The provider was working within the principles of the MCA, and we saw restrictions on people's liberty had been authorised and were being met.
- The manager had worked with other professionals and an advocate to review one person's DoLS restrictions to ensure they were least restrictive; this enabled the person to be cared for with compassion.
- People's consent was sought before staff provided care.

# Is the service caring?

## Our findings

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

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People knew staff well. One person told us, "[Staff] are very nice, most of us have a laugh."
- Staff took the time when waiting for lunch to be served to sit and talk with people.
- The manager recognised there was a risk of people feeling lonely. They had started a daily event called 'stop the clock', where all staff stopped whatever they were doing and sat with people and talk. This meant people could look forward to companionship every day.
- Staff told us, "You have to know the residents really well as some residents can't tell you what is wrong but you can tell by little changes in their behaviours that something is not right."
- We observed people being treated with kindness and respect when being supported to eat and drink.
- People chose where they spent their time.

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

- People were involved in planning their care through discussion with staff at reviews.
- People had access to an advocate.

Respecting and promoting people's privacy, dignity and independence:

- Staff respected people's privacy. One person told us, "Staff know me well enough, as well as I want them to."
- Staff were discreet when offering people personal care.
- Staff supported people to maintain relationships with their families. Relatives could visit at any time. People told us their relatives visited at different times and were always made to feel welcome.
- People were supported to celebrate important events. One relative told us, "[The manager and staff] are doing something for our anniversary on Saturday and they [staff] are doing something for my wife's birthday in two weeks' time."
- People's records were stored securely and staff understood their role in protecting people's personal details.

# Is the service responsive?

## Our findings

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

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People and where appropriate, their relatives had been involved in updating and creating care plans that were person-centred.
- People's care plans included their life histories, events and people that were important to them. This enabled staff to engage in meaningful conversations.
- People's care plans reflected their preferences and cultural needs. Staff used this information to ensure people received their care in the way they preferred.
- Staff knew how people liked to spend their day and the activities they liked to participate in. One member of staff spoke about people's individual routines, likes and dislikes. For example, when they liked to get up, or where to eat.
- The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework making it 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 provider understood their responsibility to comply with the AIS and could access information regarding the service in different formats and languages to meet people's diverse needs.
- The provider employed activity staff to support people to take part in their chosen activities and interests. For example, music sessions. We observed staff describing the day's activity and enabling people to attend or chose to do something else. One person told us, "I always say what I want to do. I read plenty of books, get the newspaper every day, watch television and do quizzes."
- On the day of inspection people were enjoying each other's company and staff guessing the smell of different scents.

Improving care quality in response to complaints or concerns:

- People felt confident their complaints would be listened to. One person told us, "If I have a concern I will go and speak to the manager or speak to one of the nurses."
- The manager encouraged people to express their views in meetings. They had an open-door policy, for people to see them about their concerns at any time.
- The manager followed the provider's complaints procedure and responded to people's complaints. The manager apologised when things had gone wrong.
- The manager used information received in complaints to improve the service.

End of life care and support:

- The manager had ensured that each person had the opportunity to discuss what was important to them

at end of life.

- People had been assessed for their capacity to be involved in the decision-making process and planning for end of life care.
- People had met with their GP to discuss their preferred treatments when their health deteriorated, such as resuscitation.
- People had made their wishes known, for example the music they wanted in their room and their place of care.
- Staff had received training in end of life care.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

RI: ☐ Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Regulations have been met.

At our last inspection on 25 September 2018 we rated the service as Inadequate. The provider failed to be compliant with Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance. The provider failed to have systems and processes in place to assess, monitor and mitigate the risks to people's health, safety and welfare. We imposed conditions on their registration; the provider was required to send CQC regular reports demonstrating how they were overseeing and managing clinical safety.

At this inspection we found the provider had made significant improvements to all areas and were meeting the regulations. However, there were a few areas that continued to need improvement and be sustained over time.

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

- There was no registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.
- The provider had placed an interim 'turn around' manager in the home. This very experienced manager had involved all staff in the action plan to improve the service.
- The interim manager was mentoring a new manager who intended to apply to be the registered manager. The new manager recognised there were areas of management they needed to develop to understand and comply with the provider's requirements. The provider's representative told us they were committed to supporting the new manager.
- The provider had supported the turn around manager to achieve the changes that have improved the service. However, at the time of inspection there were only 24 people using the service. Systems needed to be embedded into practice; such as assessing and monitoring people's health, clinical oversight, risk assessment reviews and staff supervision and mentoring. These needed to be proven to be effective with a full service and new management.
- Staff told us they felt involved in improving the service. One member of staff told us, "Now the managers are sharing the action plan with us, we know what to do to get it right, that's nice."
- Staff told us the interim management style was strong. One member of staff said, "[Manager] knows what she wants, it is much better."
- The provider had systems to assess and monitor the quality and safety of care. The interim manager used

these systems effectively to identify areas that required improvement. Staff were involved in implementing changes to improve care. One care staff said, "There has been a real focus on the importance of charts and these being fully completed."

- The interim manager understood their regulatory requirements to report incidents and events to CQC. The provider had displayed their latest inspection rating in the home and on their website.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- The interim manager had identified people living with dementia and those with nursing needs were spread across the home. They had consulted with people and their relatives to move people with nursing needs to one floor, and those living with dementia to another. People with nursing needs told us they preferred this new arrangement as the nursing floor was more peaceful.

- The interim manager intended to make the residential floor less clinical and homelier. Staff had already noticed a change in people's behaviours, they told us, "People seem a lot calmer since the move."

- Some people had chosen not to move. The interim manager told us they were committed to providing care that met their needs and preferences.

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

- People had met the interim manager, they told us they liked and respected them as they listened to them.

- People using the service and their relatives had two meetings with the managers in 2019. They discussed all aspects of living at the home. The manager had used their feedback to make changes to improve the service.

- The interim manager had helped facilitate a new group to represent people and their relatives. The 'Friends of Pytchley Court' was being co-ordinated by a relative.

- Staff felt confident in reporting concerns to management as they found these were responded to. Staff told us, "Management are very responsive" and "We discuss concerns. I feel supported by the managers."

- Staff had monthly meetings where they could express their concerns and put forward ideas to improve the service.

- Nursing staff met monthly to discuss clinical issues. One nurse said, "Communication is good."

Continuous learning and improving care; working in partnership with others:

- The provider had continually assessed their progress in complying with the imposed conditions on their registration and had improved care.

- The manager met with other home managers in the provider's group to discuss governance, and lessons learnt.

- The provider revised and updated their home improvement plan regularly and shared this with CQC and other agencies to demonstrate their commitment to improve the quality and safety of care.