

Rushcliffe Care Limited

Parkmanor Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We inspected the service on 31 August 2016 and the visit was unannounced. This meant the provider and staff did not know that we would be visiting.

We carried out an unannounced comprehensive inspection of this service on 25 April 2016. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to a breach of Regulation 11; need for consent and a breach of Regulation 17; good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Parkmanor Care Home on our website at www.cqc.org.uk.

At the last inspection we carried out on 25 April 2016 we found that where people lacked the capacity to consent to their care and treatment the provider had failed to act in accordance with the provisions of the Mental Capacity Act 2005 (MCA). At this inspection we found the provider had made the required improvements. We also found that the provider did not have quality checks in place to assess, monitor and improve the quality and safety of the service. The provider did not always maintain an accurate and complete record in respect of each person including a record of the care and treatment provided. At this inspection we found the provider had made the required improvements.

Parkmanor Care Home provides care and support for up to 40 older people. At the time of our inspection 33 people were using the service and many were living with dementia or similar conditions. The accommodation is offered over two floors accessible by a passenger lift and stairs. There is a large accessible garden for people to use should they wish to.

At the time of our inspection there was a manager in place who was in the process of registering to become the registered manager. It is a requirement that the service has a 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 a range of systems in place to identify and drive improvement. The provider took action where necessary.

The provider maintained accurate care records for each person who used the service so staff had the information required to support people in a way that met their individual needs.

People were supported in line with the Mental Capacity Act 2005 (MCA). People were asked for their consent

before staff carried out care and support. Where people's capacity to make decisions required assessment, the provider had assessed people's mental capacity and decisions were made in people's best interests. Staff understood their responsibilities under the Act. The provider had made applications to the appropriate body where they had sought to deprive a person of their liberties.

People and their relatives felt safe with the support offered to them. Staff understood their duties to protect people from abuse and avoidable harm and to remain safe. The provider managed accidents and incidents appropriately and looked at ways to minimise these wherever possible. Risks to people's health and well-being were regularly assessed. For example, where people were at risk of falling, staff followed guidance the provider had made available to them.

People received their prescribed medicines in a safe way. Staff followed national guidance when handling medicines and received regular training and guidance to understand their responsibilities. People's medicine records were accurate and complete.

The provider had a suitable recruitment process in place for prospective staff. This included checks on the suitability of staff to work in the caring profession. People and their relatives had mixed views about the number of staff available to offer care and support. On the day of our visit we found that staffing levels were suitable to help people to remain safe.

People received care and support from staff with the appropriate knowledge and skills. Staff received regular training such as assisting people to move. Staff received a comprehensive induction and had regular meetings with a manager so that they could receive feedback and guidance on their work.

People were involved in decisions about what they ate and drank and were supported to eat and drink where this was required. People's care records were complete where their nutrition was monitored. The provider had sought the advice from specialist healthcare professionals where there were concerns about people's health and well-being. People had access to healthcare services such as to their GP.

The manager knew their responsibilities and informed the relevant authorities about significant incidents that occurred at the home. Staff felt supported and knew their responsibilities. Staff knew how to report the inappropriate or unsafe practice of their colleagues should they have needed to.

People, their relatives and staff had opportunities to give feedback to the provider. Relatives and staff told us that improvements were taking place at the home.

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 safe.

We found that action had been taken to improve safety.

Risks to people's health and well-being were assessed and staff knew the support people needed to remain safe.

People received their prescribed medicines in a safe way.

People were protected from abuse and avoidable harm by staff who knew about their responsibilities to support them to keep safe.

People and their relatives had mixed views on the amount of staff available to offer them care and support. We found that the number of staff was appropriate to meet people's safety needs.

The provider had a suitable recruitment process including checks on the suitability of prospective staff.

Is the service effective?

Good ●

The service was effective.

We found that action had been taken to improve the effectiveness of care people received.

People were supported in line with the Mental Capacity Act 2005. Staff knew their responsibilities under the Act. People were asked for their consent to the care offered.

People received effective support from staff who received regular guidance and training.

People were supported to maintain their health.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

We could not improve the rating for well-led from requiring

improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection. We found that action had been taken to improve how the service was led.

The provider had regularly monitored the quality of the service and had taken action where needed.

The provider maintained accurate and comprehensive care records for each person who used the service.

The manager and staff knew their responsibilities.

There were opportunities for people, relatives and staff to give suggestions about how the service could improve.

Parkmanor Care Home

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.

We undertook an unannounced focused inspection of Parkmanor Care Home on 31 August 2016. This inspection was done to check that improvements to meet legal requirements planned by the provider after our inspection on 25 April 2016 had been made. We inspected the service against three of the five questions we ask about services: is the service safe, effective and well led. This is because the service was not meeting some legal requirements.

The inspection team included an inspector, a specialist nurse advisor and an expert by experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection visit we reviewed the information that we held about the service to inform and plan our inspection. This included information that we had received and statutory notifications. A statutory notification contains information relating to significant events that the provider must send to us. We also contacted Healthwatch (the consumer champion for health and social care) and the local authority who has funding responsibility for some people living at the home to ask them for their feedback about the service.

We spoke with eight people who used the service and with six of their relatives. We also spoke with the manager, a senior manager from within the organisation, the training manager, three registered nurses, three support staff and a visiting healthcare professional. We observed staff offering their support to people throughout our visit so that we could understand people's experiences of care.

We looked at the care records of four people who used the service. We also looked at records in relation to health and safety as well as documentation about the management of the service. These included training records, policies and procedures and quality checks that the provider had undertaken. We viewed 32 people's medicine records to check they were completed accurately. We also looked at two staff files to look

at how the provider had recruited and supported their employees.

Is the service safe?

Our findings

At our previous inspection carried out on 25 April 2016 we found concerns about how risks to people's health and well-being had been assessed and were recorded in people's care records. We also had concerns in relation to how people's medicines were managed and the condition of some of the home's furniture and equipment. At this inspection we found improvements had been made.

Risks to people's health and well-being were regularly assessed. We saw risk assessments in place for assisting people to move position where they required this support. We also saw that the provider had risk assessments in place where people were at risk from falling and for maintaining people's skin condition. These assessments included guidance for staff on the specific equipment needed for each person. The provider had devised a care plan for each person and these risk assessments were linked to their care plan. People's care plans included the specific preferences people had as well as the number of staff that would be required for tasks such as supporting a person to move from one place to another. We saw staff following such guidance when we visited. However, for one person their care plan had conflicting information about how often they required staff to check their whereabouts to keep them safe from falling. A nurse told us they would make sure the information was changed to show the correct information. We looked at this person's care monitoring charts and saw that they were receiving the correct support to remain safe. Where people were supported to move in their wheelchair, this was completed carefully with the person protected from danger by staff using footplates and seatbelts. We saw staff members assisting people to move using their equipment. Staff members did this in a safe way and spoke with people about what they were doing and made sure people felt safe. We also saw that where people required assistance to move position regularly to maintain healthy skin, staff knew about the frequency for each person that required this support. We saw in people's care records that the provider responded to risk appropriately. There were referrals for specialist support where the provider required additional guidance. We saw that district nurses and the dietician service were currently supporting some people based on their assessed risk. This meant that risks associated to people's support were managed to help them to remain safe.

People received their prescribed medicines in a safe way from trained staff who had their competency regularly checked. One staff member told us, "They've been thorough checking and making sure we follow the policies and procedures. We had training and our competency has been checked". We observed a staff member administering medicines and found that they followed national guidance including making sure medicines were stored safely and securely. We looked at people's medicine administration records and found these to be completed accurately. Where staff had missed signing that they had administered medicines, the provider's audit had identified this and they were taking action.

People had authorisations within their care records from their GP regarding the circumstances where they could use over the counter medicines. This was important as some medicines can react with others and their GP had checked to make sure those used by people were suitable with their routinely prescribed medicines. We saw that protocols were also in place which gave staff guidance on the circumstances people could have as and when required medicines, such as pain relief. The provider had made available to staff a medicines policy which gave them guidance on the safe handling, storage and disposal of people's

medicines. It also included guidance for staff on the action they must take in the event of a medicines error. In these ways people received their medicines in a safe way from staff who knew their responsibilities.

The provider was regularly checking equipment and the environment to minimise any potential risks to people's health and well-being wherever possible. At our last visit we had concerns about the cleanliness of some furnishings and some items in people's bedroom being in disrepair. During this inspection we found that the furnishings were clean and in good order, many appearing to be new. On the day of our visit the fire service were carrying out a routine inspection. They told us that the home were mainly compliant with fire regulations. An action they had asked the provider to take was being undertaken during our visit. We saw that the provider was regularly checking their fire-fighting equipment as well as the temperatures of their hot water to protect people from injury and they also checked daily the cleanliness of the home.

The provider took appropriate action where an accident or incident occurred. We saw that staff recorded accidents and incidents and these were then viewed by a manager. The review included where additional action was taken and measures to reduce an occurrence wherever possible. We saw that where significant incidents had occurred the manager had informed the local authority and us. One person who used the service had sustained an injury and the provider had instructed staff to observe the person more regularly in the future to make sure they remained safe. The provider regularly audited accidents and incidents to look for patterns as to why they were occurring. This enabled the provider to take action where possible to reduce the frequency of these. During our visit we saw that one person had sustained an injury. The person and their relatives could not recall how this had occurred. Staff members had not noticed the injury and when we brought it to their attention, the manager told us that they would refer this to the local authority as an unexplained injury.

People and their relatives had mixed views with the number of staff available to offer them care and support although people told us they felt safe. One person told us, "The care is quite good really, just lately they have been short of staff, what's wanted is more staff". Another said, "There are times when there is not enough staff, but privacy and dignity is okay". A relative told us, "The first impression of the home was quite nice then about four weeks ago completely understaffed. I find mum lately always seems to be sitting in a wheelchair. It's the first time today I have seen her sitting in a chair". The staff we spoke with felt there were sufficient numbers of staff to meet people's care and safety needs. A senior manager told us, "There are new staff who are at various stages of recruitment. We have had staff leave but we are taking action to replace them". On the day of our visit we heard the call bell system activated by people who required assistance from staff. We found that these requests were responded to quickly and people received support without undue delay. We also found that there were sufficient numbers of staff to meet people's care requirements.

The provider had a suitable recruitment policy and procedure in place for prospective staff members. This included the provider obtaining two references for each prospective employee and a Disclosure and Barring check. The Disclosure and Barring Service helps employers to make safer recruitment decisions and aims to stop those not suitable from working with people who receive care and support. We found records within staff files showing that these checks had routinely taken place. This meant that people were supported by staff who were appropriately verified.

Staff knew how to protect people from abuse and avoidable harm. One staff member told us, "I would refer anything I was concerned about to a senior first and then escalate to the manager". The provider had a policy in place to protect people from abuse and avoidable harm that was available to staff. Staff knew about the different types of abuse and how to recognise that someone might be at risk of harm. We saw that staff received regular training in protecting people from abuse and avoidable harm. We also saw that where an allegation of abuse had been made, staff took action and informed the relevant authorities. This meant

that the provider had made sure that staff knew how to deal with actual or suspicions of abuse.

The provider had an up to date plan for staff to follow in the event of an emergency. We also saw that each person had a personal evacuation plan in place for staff to follow should they have needed to vacate the home in an emergency, such as a fire. These detailed the type of equipment and number of staff each person would require in such emergencies. This meant that the provider had considered people's safety should a significant incident occur.

Is the service effective?

Our findings

At our previous inspection carried out on 25 April 2016 we found that where people lacked the capacity to consent to their care and treatment the provider had failed to act in accordance with the provisions of the Mental Capacity Act 2005 (MCA). This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; need for consent. We required the provider to make improvements and they submitted an action plan setting out what they were going to do. At this inspection we found that the provider had made the required improvements.

The 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 provider was working within the principles of the MCA and found that it was.

We saw that people were asked for their consent before staff delivered care and support. One person was asked if they required assistance to freshen up and once the person agreed, a staff member assisted the person to move. We saw that staff recorded where people refused care and where people were considered to be able to make informed decisions, these were respected. Where people could not consent to their care and support, the provider had completed mental capacity assessments to determine people's capacity to understand specific decisions. We saw mental capacity assessments in place to determine if people could make decisions for themselves in topic areas such as receiving support with their personal care or to manage their finances. Where people were assessed to lack capacity, best interest decisions were made with others involved in their care such as family members and health professionals. One relative told us, "We have been involved in mums care plan and care review and in fact you will probably see my signature on it". We saw that some people had legally appointed representatives to make decisions on their behalf and this had been recorded in people's care records.

We saw that Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms were completed in line with national guidance. We saw the form was completed by the appropriate health professional (GP) responsible for the person's current treatment and the reasons for its implementation were recorded. The form documented a discussion with the person and their relative. An associated advance care plan was in place detailing arrangements for on-going medical intervention. Staff were able to describe who had a DNACPR order in place and the arrangements for their treatment. We saw in one person's care records that they had requested resuscitation and therefore no DNACPR was in place. This meant that people could be sure that they received treatment based on their preferences.

Staff understood the requirements of the MCA. One staff member told us, "We have to identify if they have capacity to make decisions or not. The manager talked it through with us. It has to be about specific decisions. We do best interest meetings where we need to". We saw that staff had received training in the MCA and they incorporated the principles of the Act in their support offered to people.

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 hospital are called the Deprivation of Liberty Safeguards (DoLS). We saw that the provider had made the appropriate applications to the 'supervisory body' (the local authority) where they were seeking to deprive someone of their liberty. Staff knew who had an authorisation in place and the reasons for this such as one person not able to leave the home for their safety without the support of a staff member.

People received support from staff with the necessary skills and knowledge. This was because staff members received regular guidance and support. One staff member who had recently started working for the provider told us, "In the beginning I shadowed a permanent member of staff and learnt a lot about the residents and their care. I have attended DNACPR, DoLS, MCA and infection control training". New staff were supported by the provider to complete the Care Certificate. The Care Certificate is a national induction tool, which providers are expected to follow, to help ensure staff work to the expected standards within the health and social care sector.

We saw that staff received regular training to support them to provide effective support. Staff confirmed that the training they received was comprehensive and appropriate to their role. We looked at training records and saw that staff received training in topic areas such as health and safety, dementia care and assisting people to move. We saw that training in assisting people to move position was happening on the day of our visit. Staff members also received an annual competency check from the provider to make sure the care they offered to people was appropriate. We saw that the majority of staff were assessed in the last 12 months. This meant that staff received up to date guidance on best practice when offering care and support to people.

Staff members confirmed they received regular support from a manager. They told us they had regular supervisions which occurred approximately every two months. Supervision is a process whereby staff have the opportunity to meet with a manager to receive guidance and feedback on their work. Staff records showed us that staff had received a recent supervision. The manager told us that there were plans to make sure that supervisions occurred more regularly in the future as this had not always been in place for all staff members.

People received the support they required to eat and drink. We observed a staff member supporting a person and offering them a drink which had been thickened to reduce the risk of choking. This was in place due to specialist advice having been sought by the provider. The staff member approached the person who was cared for in bed and explained that they were going to raise the upper part of the bed. The staff member then assisted the person to drink and offered biscuits which the person accepted. As the person was not able to, the carer then held the biscuit whilst the person took bites. The staff member chatted to the person throughout and did not rush them allowing them time to consume the drink and biscuits at their own pace. The person looked happy and satisfied with the support offered. We saw that people's care plans contained details about the level of assistance people required to eat and drink including portion sizes people preferred. Staff knew about people's support requirements as well as their likes and dislikes and these were recorded in people's care records.

People were involved in decisions about what they ate and drank. We saw that there were menus on display using pictures to aid people's understanding of the options available. This is recognised as good practice for people with memory difficulties as pictures can help people to make decisions. When we observed a mealtime we saw that people's choices were served. One person appeared confused when their meal was placed in front of them. A staff member took the picture of their meal choice from the display and showed them it was the same dish. The person accepted the explanation and proceeded to eat their meal. Another

person who had communication differences with limited speech had a book containing pictures of various meals. By the side of each meal was a large tick or cross allowing them to independently select the meals they wanted to receive. During our visit we saw various hot and cold drinks offered to people throughout the day. In these ways people were supported to make decisions about their meals and drinks.

Where people were at risk of not eating, we saw that staff members were recording what they had eaten and drank so they could be sure that they were having enough nutrition. We found these records to be complete and detailed. People's care records included nutrition assessments and associated nutrition care plans. Where people were regularly weighed due to risks to good nutrition, concerns were noted in their care records and referrals were made to specialist health professionals where required. We then saw that people's care records were changed where specialist advice had been given to reflect the advice. This meant that people's nutrition was managed effectively to support them to meet their assessed needs.

People were supported to maintain their health. One person told us, "Health services are available, you only have to ask staff and to be honest they are pretty good". One relative felt that their family member's oral health could be improved. The manager told us that they would look into this concern to make sure that the person received the care they required. We saw in people's care records that there was guidance available for staff to offer the support people required to maintain their health. We also saw that people had regularly accessed health services such as their GP and dieticians. We received feedback from a healthcare professional who felt that communication could be improved between staff to share information where a medical decision had been made. However, during our visit we saw that staff passed on information to each other about people's holistic needs in ways that enabled staff to work effectively to meet people's current and changing needs. In these ways people's healthcare needs were met.

Is the service well-led?

Our findings

At our inspection on 25 April 2016, we found that there were not effective systems in place to regularly monitor the quality of the services provided to identify, assess and manage risks relating to the health, welfare and safety of people. We were concerned that the provider's quality checking had failed to identify concerns found at that visit and therefore necessary action had not been taken. These matters constituted a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014; good governance. We required the provider to make improvements and they submitted an action plan setting out what they were going to do. At this inspection we found that the provider had made the required improvements.

Before this inspection, we received information from the local authority about their concerns that people had not always received their prescribed medicines when they required it. Their concerns were still being addressed with the provider. During this inspection we found that people's medicines were regularly checked to make sure they were administered, recorded and handled safely. There were suitable arrangements to check that people had the medicines when they required them.

The provider had a range of checks in place to monitor the quality of the service. We saw records detailing that the manager had a daily 'walk around'. The manager told us that this was to check that the care and support people received was appropriate and in line with their care plans. These also enabled the manager to pick up any deficiencies with, for example, equipment and to offer people the opportunity to speak with them about any concerns they had. We saw that regular checks were in place in relation to people's medicines and finances. Where there were improvements needed, actions were documented to say how these would be addressed. Where actions were completed these had been signed off as completed by a staff member. We also saw that people's care records were regularly checked. A manager had set actions for staff to achieve any improvements needed with associated timescales to ensure people's care records were reflective of the care and support they required and chose. A senior manager told us that significant improvements had been made to the checking of the service and they were working hard to make sure that they identified any concerns and took action where needed. This meant that the delivery of the support people received was regularly reviewed.

At our last visit we were concerned that people did not always have care records that were complete or accurate. This is important so that staff have clear guidance for how people chose and required their care to be carried out. We found that significant improvements had been made. People's care records were comprehensive and up to date. They included information on a range of daily living activities that people required support with. These included support with eating and drinking, communication and maintaining good health. People had care records that were focused on them as individuals. This meant that the provider had taken action, following our feedback, to improve people's care records to ensure they contained clear guidance for staff to follow based on people's preferences and support requirements.

The provider had sought feedback from people and their relatives about the quality of the service. There was a satisfaction survey completed during the previous two months. We saw that the results of this were

displayed within the home. The provider had received positive feedback as well as ideas for improvement. This included the suggestion that bathrooms be improved. The provider had taken action to address this and during our visit we saw that bathrooms had been decorated and some refurbished. We saw that a recent relatives and residents meeting had occurred. The provider had shared the most recent Care Quality Commission (CQC) report and their action plan to show how they were planning to make improvements. People were asked for their feedback and suggestions and we saw that senior managers had offered individual meetings for people and their relatives to attend should they have wished to. In these ways the provider had enabled feedback to be received and acted on it appropriately.

The manager was aware of their responsibilities and the conditions of registration with us were met. They had submitted statutory notifications of significant events to us as required in law. For example, we had received notifications about when the provider was placing restrictions on people. During our visit the provider was open and transparent about the changes that had been required, the action they had taken to make improvements and how they were working hard to make sure the quality of the service was of a high standard.

Relatives told us that standards within the home were improving. One relative told us, "There have been problems in the past but things are turning round and we have great hopes now. Management have promoted stronger staff to more senior positions which seems to be working". Another said, "The last CQC report was not good so the home called a meeting. They said things were bad but explained what they aimed to put in place. We have real hopes for the place now. The new manager is very approachable". Staff members confirmed that the provider was making changes to drive improvements. Their comments included, "The management are strict but we're getting good results. I have seen improvements", "The environment has changed a lot; with new furniture, curtains, flooring" and, "She (the manager) is quite new but is really good. She knows her stuff and has made a big difference already".

Staff told us that they received good support from the manager. One staff member said, "The manager is very approachable and is keen to listen". Another told us, "We see her (the manager) regularly, as she is always around". Staff told us that they could approach the manager or the provider's senior manager with any concerns that they may have had. We saw that staff had attended regular staff meetings where they had received reminders from the manager about the support people required as well as giving them opportunities to share ideas and give suggestions for improvements to the quality of the service. One staff member told us, "We get regular meetings and these seem to be taken seriously". During our visit we saw the manager spending time with staff offering them guidance and support where required. This meant that staff received support to reflect upon their practice to improve outcomes for people using the service.

Staff understood their responsibilities. The provider had made available to them a range of policies and procedures to guide them in their work. These included a whistleblowing procedure. A 'whistle-blower' is a staff member who exposes poor quality care or practice within an organisation. Staff knew what to do should they have concerns in relation to this. One staff member told us, "It's about reporting anything that's not good. It's to do with staff. I'd report my concerns to the manager. I could go to senior management or the CQC". The provider's whistleblowing policy included agencies that staff could share their concerns with should they have needed to such as the CQC.

The provider had a statement of purpose that set out its values for how care should be delivered. We saw that this was displayed within the home for people, their relatives and visitors to see. It included the values of promoting people's independence and protecting their dignity and privacy. Staff knew about the provider's aims and objectives and we found the core principles of the provider's statement of purpose were delivered when we visited. This meant that staff knew about the aims and objectives of the service and

offered support in line with these.