Bupa Care Homes (CFHCare) Limited

Parklands 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?	**Requires improvement**
Is the service caring?	**Requires improvement**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

This unannounced inspection took place on 21and 22 January 2016. Parklands Court is registered to provide accommodation, nursing and personal care for up to163 people. It is split into six different units. Harrison and Collins can accommodate up to 30 people. Marlborough can accommodate up to 24 and Elmore which is a unit off Marlborough can accommodate up to 16 people. Clarendon can accommodate up to 33 and Samuel up to 28 people. All the units have their own separate living and dining areas.

There was a registered manager in place however they were leaving the company and had deregistered as manager with effect from 6 February 2016. A new manager had been recruited and was present on the day

Summary of findings

of the inspection. 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.

People, their relatives and staff raised concerns about staffing levels on five of the six units. We saw people did not always receive support when they needed it and had to wait for staff to be available to provide support. People did not always receive their medicine in a timely way. Systems were not in place to ensure people received their medicine safely.

People were supported by staff who knew how to keep them safe. When people had identified risks to their health and safety staff knew how to support them and risk assessments were in place for staff to follow. A system was in place to ensure staff were recruited safely.

Staff understood the principles of the Mental Capacity Act. Where people lacked the capacity to provide consent or make decisions about their care, the principles of the Mental Capacity Act 2005 were followed in some of the units. However improvements needed to be made in assessing people's capacity when they lacked capacity to consent to their medicine in Clarendon Unit.

People told us they did not always have the choices with regards to their food. People, their relatives and staff told us staff the correct training to meet people's needs. People had access to healthcare professionals when their health needs changed.

Some people told us they did not always get the care they wanted. People were left for long periods of time with no interaction from staff. We saw people's privacy and dignity was not always respected by staff. People had choices with regards to their care and staff respected their choices.

People were encouraged to maintain relationships that were important to them.

People did not always have access to leisure opportunities. People were supported by staff who knew their individual preferences. Care records usually reflected people's care needs. However improvements were needed in some areas to ensure all people involved in their care were aware of people's up to date care needs.

People and their relatives told us they were comfortable in raising complaints. We saw a system was in place which showed when people complained they were listened to.

There was a management structure in place which meant people received different experiences of care in each of the units. People and their relatives were not always aware of the management structure.

People had opportunities to comment on the care they received. However where issues were highlighted remedial action had not always been taken. A quality assurance system was in place but it was not always effective as it had not highlighted the concerns raised in our inspection. For example the medicine errors we highlighted to the registered manager. Staff felt supported in their role.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not always safe.

There were not always sufficient staff to meet people's support needs. People's medicines were not always managed safely.

Staff understood how to keep people safe and what to do if they suspected abuse. Safe recruitment practices were in place to ensure suitable staff were recruited to support people.

Requires improvement

Is the service effective?
The service was not always effective.

When people lacked capacity to make decisions for themselves the principles of the Mental Capacity Act had not always been followed. People told us they did not always have choices with regards to their food.

People were supported by staff who had received the correct training to meet their needs. People had access to healthcare professionals when their healthcare needs changed.

Requires improvement

Is the service caring?
The service was not always caring.

Staff did not always have the time to spend with people. People's privacy and dignity was not always respected by staff.

People had choices with regards to their care. People were encouraged to maintain relationships that were important to them.

Requires improvement

Is the service responsive?
The service was not always responsive.

People did not always have access to leisure opportunities.

People were supported by staff who knew their individual preferences. People and their relatives were comfortable raising complaints.

Requires improvement

Is the service well-led?
The service was not always well led.

People were not always aware of the management structure. People had opportunities to comment on the care they received. A quality assurance system was in place but improvements needed to be made to ensure people got safe and effective care.

Requires improvement

Parklands Court Nursing 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.

This inspection took place on 21 and 22 January 2016 and was unannounced. The Inspection team consisted of four inspectors, a 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. In this case they had experience of people with dementia.

We looked at the information we held about the provider prior to the inspection. This included statutory notifications the provider had sent to us. Statutory notifications are information about important events which the provider is required to send to us by law. We asked the local authority and the commissioning group for any information they held about the provider. We used this information to help us plan our inspection.

During the inspection we spoke with the registered manager and the newly appointed manager who will take over from the registered manager when they leave. We spoke with twelve people and ten relatives. Many of the people who lived at the home were unable to speak with us so we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of understanding the care of people who are not able to communicate with us. We reviewed records relating to medicines, six people's care records and records about the management of the service; including ten complaints and quality assurance. We also carried out observations across the service regarding the quality of care people received.

Requires improvement

Is the service safe?

Our findings

We found people were not always supported by sufficient numbers of staff to meet their needs in a timely way. People and their relatives expressed concerns about staffing levels on Marlborough, Collins, Harrison, Elmore and Clarendon units. We also received feedback following our inspection which raised concerns about the staffing levels on Marlborough unit. One person said, "I don't think there is ever enough staff". Another commented, "On some days it's not worth pressing the buzzer as they don't respond to it". Staff told us there are never enough staff on duty. One member of staff said, "It's always a rush". We saw one person on Marlborough unit calling for assistance for a long period of time with no offer of assistance and sometimes people were told to "wait a minute" but staff did not respond in a timely way. We saw another person asking to be supported into their chair on a number of occasions. Because they needed two staff to support them they had to wait until two staff were available. We saw that no one responded to the person's request in the half an hour we observed. We spoke with the registered manager about how staffing levels were calculated for each unit. They told us they were calculated according to the budget. However, the registered manager told us they were in the process of introducing a new method to determine how each unit should be staffed and would be reviewing staffing levels in accordance with this.

We looked at the management of people's medicines on three units Clarendon, Samuel and Collins. People in some of the units told us they got their medicine on time. One person said, "I always get my pills on time. The nurses come round twice daily like clockwork". The medicines management on Samuel and Collins was good. The majority of our concerns were on Clarendon unit. We found medicine administration times were not regularly spaced apart. For example, we saw people's morning medicines were still being given after 11am and the lunch medicine round began at 12.30pm which did not allow sufficient time between the morning and lunchtime medicines to be spaced evenly throughout the day. We saw the medicine storage room on Clarendon was untidy and cluttered and medicines which should be securely locked away had been left out. Medicines which had been opened were not always labelled with the date they had been opened. We spoke to the nurse on duty about our concerns and they were not able to offer an explanation.

Systems were not always in place to ensure people got their medicine as prescribed. For example, when people were prescribed a skin patch to be applied on different parts of the body there were not always up to date records to show where the patch had been applied. We saw in one person's medicine records they had been given medicine for agitation however there was no record of a prescription from a doctor and no record to explain why it had been given. The nurse was not able to offer an explanation as to why this had occurred. In a further example a person had been given a one off double dose of their medicine. This had not been identified by the staff until we pointed it out to them. Although there was no evidence that anyone had been harmed by these errors and procedural lapses, we discussed them with the registered manager who told us, in the light of our findings, they would review medicines management procedures and arrange retraining for staff involved in medicines administration. Medicines were stored securely within the recommended temperature ranges for safe medicine storage.

People told us they felt safe. One person said, "I don't know why but I do feel safe". Another person commented, "I feel safe. I trust them". Staff were able to tell us how to recognise abuse because they had received training and knew the process to follow if they suspected someone was being abused.

Where risks to people's health were identified we saw risk assessments were in place and monitored regularly. Staff were able to tell us about the risks to individual people and how they managed them to ensure they were safe. For example, one member of staff explained how a person needed to be supported using a specialist chair to help minimise their risks. We saw in people's care records risks were being managed. For example, we saw one person who was assessed as having swallowing difficulties and required foods thickened and a soft diet. We saw where people required bed rails to keep them safe risk assessments were in place. However they did not always address the specific reason why the rails were required.

A system was in place to monitor accidents and incidents across all six units. Each unit completed a schedule of accidents which is passed to the registered manager to look at any patterns across each of the units. We saw where patterns had developed any possible action had been taken. The registered manager told us due to the monitoring of accidents they had increased the number of

Requires improvement

Is the service safe?

staff on Samuel unit which had then resulted in a reduction of accidents. We noticed there had been an increase of accidents over one month in Clarendon unit. We spoke with the registered manager about this. They told us one person had fallen and this is why the number had increased.

A recruitment system was in place to ensure people were protected from harm because appropriate pre-employment checks had been completed by the registered manager. Staff told us about the recruitment process when they began working in the home. They told us the provider had asked them to bring in legal documents from the Disclosure and Barring service (DBS) before they started work as well as other documents such as references from a previous employer to ensure they were suitable to work with people who lived at the home.

Requires improvement

Is the service effective?

Our findings

At our previous inspection in November 2014 we found the provider was not meeting the requirements of the law under Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because the registered manager had not formally submitted applications to the local authority when they may have been depriving a person of their liberty. Since our last inspection the law has changed. The new Regulation is Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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 Mental Capacity Act (MCA). The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At this inspection we found improvements had been made. The registered manager had submitted applications to the local authority where they may be depriving a person of their liberty. We saw that where the applications had been authorised by the local authority staff were working within the conditions of the authorisation. Although they were now meeting the requirements of the new law we saw improvements still needed to be made. We looked at people's care records when they lacked capacity to make decisions about their own care. We saw capacity assessments had been completed and relatives and doctors had been involved in decisions to ensure care was delivered in their best interests. However, we saw this practise wasn't consistent across all the units. For example, we looked at records where people were given their medicine covertly. This meant their medicine was disguised in another form, usually in food or drink. Whilst in Marlborough unit we found capacity had been assessed and best interests decisions had been made in line with the principles of the Mental Capacity Act. In Clarendon unit we could not evidence that people's capacity had been assessed when people were given their medicine covertly. People's rights were not always protected because the principles of the Mental Capacity Act were not always followed.

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 told us staff always asked if they consented to their care. One person said, "Staff always ask my permission". Staff were knowledgeable about how the principles of the Mental Capacity Act effects people when they lack capacity to make decisions for themselves.

We received mixed responses from people and their relatives about the quality of the food in Parklands Court. A relative told us they thought the food was good and their family member was offered a full cooked breakfast every morning. Some people told us they had concerns about the food and the choices they were offered. One person said, "I asked for porridge one day and that's all I am offered now. I like sugar on my cereal but I don't get it". Other concerns were regarding the temperature and quality of the food. One person said, "What you ask for isn't always what you get". We saw staff supported people to eat their lunch in a caring manner. We saw when people had special dietary requirements such as a soft diet staff were aware of this and supported them with their lunch. Throughout the inspection staff encouraged people to drink and offered people choices as to what they would like to drink. The cook was knowledgeable about the individual needs of people who had special dietary requirements and how they supported people to meet their dietary needs so they remained healthy.

People who were able to comment told us the staff who supported them had the right training to meet their needs. Relatives told us staff knew what they were doing and were happy with the care provided. One relative said, "Can't fault the staff. They are very good to [person's name]". Staff told us about the training they received. One new member of staff told us they were completing the care certificate as part of their induction. Another new member of staff told us about the induction they had received and told us they "felt prepared" before starting their role. Another member of staff told us about particular training they had received with regards to dementia care and they hoped to share this learning with all staff, including housekeeping and maintenance staff. Staff told us they were supported by regular supervisions. People were supported by staff who had the rights skills to meet their needs.

Requires improvement

Is the service effective?

People had access to healthcare professionals when their health needs changed. One person said, “The doctor came to see me yesterday because I asked staff to call the doctor for me”. We saw evidence in people’s care plans that external professionals had visited. These included specialists in tissue viability (someone who has expert knowledge how to care for wounds or any other skin conditions) and professionals to help when people had difficulties swallowing. We saw dentists and chiropodists had also been involved and advice sought to ensure people’s health needs were being met.

Requires improvement

Is the service caring?

Our findings

Some people and their relatives told us they could not always get the care they wanted. One person said, "Sometimes it's lunchtime when they get me up. I am fed up with that". Whilst staff were able to tell us about the care people received we heard two staff members talking about where they wanted to start the routine of taking people to the toilet in order. We found that not everyone received personalised care to meet their needs. For example, we saw in one person's care records they had been reassessed two months prior to the inspection by outside professionals and their care needs would now be better met in a different unit. It was also documented in their care records they didn't like noise of the unit they lived in. The registered manager had not actioned this request to move the person. We spoke with the registered manager about this and they said they would look into it and see what could be done following our inspection.

People were not always supported by staff who had the time to spend with them because staff were focussed on tasks and not on people. We saw when people asked for help they were told to wait and were usually left for long periods of time with no interaction from any staff. We saw staff walked past a person who was walking with a table on wheels to support them which may have caused harm to the person. We heard a person asking to go to the toilet and the member of staff did not acknowledge their request. When they did the person was told to wait until they had finished their task. We saw some people asleep just after finishing breakfast. Staff did not have the time to spend with them because they they were busy completing tasks. Some people who were able to express their views and their relatives told us they were happy about the care they received. This was also confirmed by relatives spoken with. One person said, "The staff are absolutely wonderful, very attentive, caring and understanding". One relative commented, "I cannot fault the care my relative receives since the new unit manager has returned".

Some people told us staff respected their dignity. One person said, "On the whole they respect my dignity. They always cover me with a towel". Another person told us, "They do respect my dignity". However one person told us, "Some are a bit personal. They don't treat me with dignity". We spoke with the unit manager about this who went to speak with the person straight away to get further details and follow up with staff. We saw one person asleep in the lounge with their head resting in another person's groin. Some people were lying across another person or leaning on the person next to them. Staff walked past without recognising this and did not intervene. We saw people left at the table after breakfast and lunch for long periods of time still wearing protective clothing covered in food. People's privacy and dignity was not always respected by staff.

We saw when staff had the time to speak with people the interactions had a positive effect on people as people smiled. We saw staff spoke to people and used friendly language towards people. We saw people being offered choices of what to do and where they wanted to sit. For example, we saw one person being offered a choice of what and how much sugar they wanted. Staff told us people are offered a choice of male or female care staff to support them when they came to live at the home. One person told us, "I won't have any men to look after me, only women. They have stuck to that". People were offered choices with regards to their care. Staff were able to tell us how they offered people choices. They said, "You get to know who you can ask. If people have difficulty making choices I show them alternatives so they can make their own choice". People were supported to make choices with regards to their care needs.

People were encouraged to maintain relationships that were important to them. We saw visitors were welcomed into the service. One relative told us they visited every day and were always made welcome. We attended a relatives meeting on Elmore Unit. The unit manager made people and their relatives feel welcome.

Requires improvement

Is the service responsive?

Our findings

People did not always have access to leisure activities and hobbies. One person told us they liked to spend their time with books and the television in their room. Another person said, "There are links with outside agencies, church and the market. You can get out of it what you want". The activity co-ordinator in one of the units told us activities are mainly group based. We saw an example of this as an entertainer was singing in the afternoon on Samuel unit. Staff told us activities were planned and people were asked if they wanted to join in. Activities were not planned around what people wanted to do or people's individual choices. Although staff gave us examples of activities they organised we saw very little evidence of any activities throughout the inspection in most of the units. One relative told us, "There is a lack of activities. [Name of person] says it's such a lonely place because there is nothing to occupy them". We saw people with no activities to occupy them throughout the day. In Clarendon unit we saw people asleep for many hours of the day with little or no stimulation. People were not supported to follow their interests or hobbies.

One person told us, "The staff are always the same ones and they know what you like and dislike". Staff were able to tell us about people's individual choices and preferences and we saw these were documented in care records. Relatives commented they had been asked for personal information about their family member's life histories when they first came to live in the home. The relatives of two people who were living with dementia told us they had been asked for important information with regards to their families care needs when they moved into the home. We saw staff communicated people's needs via handovers when new staff came on duty. We observed staff on Collins unit giving information to new staff such as who needed encouraging to drink more and any changes in their medicines. One relative said, "I am not involved in their care plan but I am very happy with everything they do". One relative explained to us they felt involved in the relative's care because they visited every day and were able to check with staff on a daily basis how things were. Relatives also told us they were kept informed of any changes in their family member's health. One relative said, "I am always told when anything happens. When [person's name] bruised their arm I had a telephone call".

Some of the care records we looked at accurately reflected people's care needs and these had been reviewed recently. However, one relative brought to our attention their family member's fortified drinks had run out and no more were available. We spoke with the registered manager about this who checked with their records. They agreed whilst the record did not reflect this the person no longer required the fortified drink and they were now eating and drinking better to keep them healthy. This meant their care record was not up to date and had caused some anxiety for their family. The registered manager acknowledged some records were not up to date and they were in the process of changing their recording system which meant all care records would be brought up to date shortly. Whilst people's needs were being met the records did not always reflect their up to date needs.

The provider had a complaints policy that was displayed in each of the individual units. People and their relatives told us they knew how to complain and who to go to if they had any concerns. One person told us they had complained about their care and staff had listened to them which meant they now got the care they were happy about. One relative told us they had raised concerns in the past and had been satisfied their concerns had been listened to and acted upon. One relative said, "I would go talk to staff first and then I would go to the front desk". We saw in the reception area of the home there was a notice from the registered manager informing people and their relatives what they have told them to do and what they have done to address it. We looked at the complaints log. We saw where there had been a number of complaints about one area, for example the laundry, the registered manager had completed investigations and resolved the issues. However, we saw there had been a pattern in the complaints received recently about staffing levels in some of the units. One relative told us they had complained over a long period of time about staffing levels and after a period of time y the registered manager did something about it. People and their relatives knew how to complain. There was a complaints system in place and when they complained people and relatives were listened to and their complaint acted upon.

Requires improvement

Is the service well-led?

Our findings

There was a registered manager in post. However they had de-registered as manager with effect from the 6 February 2016. A new manager had been appointed and would be registering with the Commission following the inspection.

People told us the home was not well-led. One person said, "It is not well managed". The home is split into six different units each of the units had an allocated unit manager. Two relatives told us they felt "disappointed " with BUPA and would not recommend the home to anyone else. The registered manager had the overall responsibility for the management and leadership of all six units. We were told people and their relatives identified with the unit manager and not necessarily with the registered manager. Not all people and their relatives were aware of the presence of the registered manager. One person said, "I have never met them". Another said, "I didn't know there was another overall manager". We spoke with the registered manager about the management structure and the different levels of care people experienced in Parklands Court. They told us they were aware the different unit managers had different skills and the management of all the units was not always consistent. They told us this was an area they were looking to improve and develop further.

We saw the provider had different methods for gaining the views of people and their relatives about the running of the home. Although some of the units had meetings for people and their relatives this was not consistent across all six of the units. This was because some of the units had not had their regular manager in post. We discussed this with the registered manager and they told us this had already been highlighted and they had now planned all the meetings for the following twelve months across all of the units. We saw people's views had been gained via questionnaires. The registered manager showed us the results of the last questionnaires sent out the month before our inspection. They indicated people were happy and content overall however the staffing levels needed improving and the access to information. We could not see any evidence the questionnaires had been effective in changing the quality of the care people received as staffing levels remained an area of concern for people and their relatives as well as promptness of staff.

Quality assurance systems in the home depended on the six unit managers all completing up to date returns for the registered manager to see an overview of the quality of care in the home. We saw where information regarding accidents in the home had been collected action plans had been put in place. We saw regular audits had taken place and action taken as a result. For example the mattress audit had resulted in new mattresses being ordered for people and new tables had been ordered for the dining room. However these audits were not always effective because the medicine audits from Clarendon unit had not highlighted the concerns raised by our inspection.

Staff told us they were supported in their role and could approach the registered manager and felt they would be listened to. However some staff told us morale was low in the home owing to the staffing levels. We spoke with the registered manager and the new manager about what plans there were to improve this. They told us they would be looking at staffing levels and would focus on improving staff morale. They told us their biggest challenge moving forward was to "get staff to think about care in a different way" and become less task focussed.