Care Quality Commission

Mr Clarence Leo Vaz and Mrs Caroline Ann Vaz trading as Parklands Nursing Home

Highcroft Manor

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This unannounced inspection took place on the 25 June 2015.

Highcroft Manor accommodates and provides care, including nursing, for up to 30 older people mostly with dementia care needs. There were 22 people in residence during this inspection, with one person that required nursing care.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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's care needs had been assessed prior to admission and they each had an appropriate care plan. Their care plans were regularly reviewed and reflected their current needs so that staff had the necessary information and guidance to meet these needs. People

Summary of findings

benefited from receiving care from staff that listened to and acted upon what they said, including the views of their relatives, friends, or significant others. People were provided with the individualised care they needed. They received care from staff that understood their role, knew what was expected of them, and carried out their duties effectively and with compassion. Staff were attentive, friendly and showed people respect.

People were cared for by sufficient numbers of staff were experienced and trained to meet their needs. Recruitment procedures were robust and protected people from receiving care from staff unsuited to the job.

People's health and wellbeing needs were met by staff that were supported by other community based healthcare professionals as and when required. People's prescribed treatments were provided in a timely way. People's medicines were appropriately and safely managed. Medicines were securely stored and there were suitable arrangements in place for their timely administration.

People's individual nutritional needs were assessed, monitored and met. People who needed support with eating and drinking received the help they required. People enjoyed their food, had enough to eat and drink, and the choice of foods available took into account people's tastes, preferences and cultural backgrounds. They enjoyed a varied and balanced diet to meet their nutritional needs.

People and, where appropriate, their representatives were assured that if they were dissatisfied with the quality of the service they would be listened to and that appropriate remedial action would be taken to try to resolve matters to their satisfaction. People knew how and who to complain to.

People received care from staff that received the managerial support they needed to work together effectively as a team and provide good quality care.

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 safe.

People's care needs and any associated risks were assessed before they were admitted to the home. Risks were regularly reviewed and, where appropriate, acted upon with the involvement of other professionals so that people were kept safe.

People received their care from sufficient numbers of staff that had the experience and knowledge to provide safe care.

People received the timely treatment they needed and their medicines were competently administered and securely stored.

Good

Is the service effective?
The service was effective.

Staff knew and acted upon their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) and in relation to Deprivation of Liberty Safeguards (DoLS).

People's healthcare and nutritional needs were met and monitored and other healthcare professionals were appropriately involved when necessary

People received care from staff that had the training and acquired skills they needed to provide good care.

Good

Is the service caring?
The service was caring.

People were individually involved and supported to make choices about how they preferred their day-to-day care. Staff respected people's preferences and the decisions they made about their care.

People were treated kindly, their dignity was assured and their privacy respected.

People received their care from staff that engaged with them, encouraging and enabling them to be as independent as their capabilities allowed.

Good

Is the service responsive?
The service was responsive.

People's needs were assessed prior to admission and subsequently reviewed regularly so that they received the timely care they needed.

People's care plans were individualised and where appropriate had been completed with the involvement of significant others. People were supported to maintain their links with family and friends.

Appropriate and timely action was taken to address people's complaints or dissatisfaction with the service provided.

Good

Summary of findings

Is the service well-led?

Good

The service was well-led

People benefited from being supported by staff that a good understanding of what constituted good care. Staff were enabled to maintain good standards of care because they received the managerial support they needed and acted upon their collective and individual responsibilities.

People's quality of care was monitored by the systems in place and timely action was taken to make improvements when necessary.

People benefited from receiving care from staff that were encouraged to put forward ideas for making improvements to the day-to-day running of the service.

Highcroft Manor

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection was carried out by an inspector and took place on the 25 June 2015.

Before our inspection, we reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law. We contacted the health and social care commissioners who help place and monitor the care of people living in the home that have information about the quality of the service.

We took into account people's experience of receiving care by listening to what they had to say. We also used the 'Short Observational Framework Inspection (SOFI); SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We undertook general observations in the communal areas of the home, including interactions between staff and people. We viewed three people's bedrooms by agreement.

During this inspection we spoke with five people who used the service, as well as two visitors to the home. We looked at the care records of five people. We spoke with the registered manager, nurse-in-charge and four care staff. We looked at four records in relation to staff recruitment and training, as well as records related to quality monitoring of the service by the registered manager.

Good

Is the service safe?

Our findings

People's care needs were safely met by sufficient numbers of experienced and trained staff on duty. When we inspected, for example, in addition to the registered manager and qualified nurse, there were three care workers, a senior care worker, two kitchen staff and a staff member whose duties included cleaning and working in the laundry. Staff were appropriately deployed around the home. They were attentive to people who required their timely support, whether in the communal lounges or in people's own bedrooms. When people needed assistance the care staff always responded promptly.

People's needs were regularly reviewed by staff so that risks were identified and acted upon as their needs changed. People's risk assessments were included in their care plan and were updated to reflect pertinent changes and the actions that needed to be taken by care staff to ensure people's continued safety. We saw that staff had taken the appropriate action to maintain people's safety. All staff had received training in health and safety in the home.

People were safeguarded from physical harm or psychological distress arising from poor practice or ill treatment. Care staff acted upon and understood the risk factors and what they needed to do to raise their concerns with the right person if they suspected or witnessed or suspected ill treatment or poor practice. Care staff understood the roles of other appropriate authorities that also have a duty to respond to allegations of abuse and protect people, such as the Local Authority's safeguarding adults' team. The registered manager had ensured that all appropriate safeguarding procedures were adhered to in practice.

People's medicines were safely managed and they received their medicines in a timely way and as prescribed by their GP. Medicines were stored safely and were locked away when unattended. Discontinued medicines were safely returned to the dispensing pharmacy in a timely way. All medicines were competently administered by the nurse-in-charge.

People were safeguarded against the risk of being cared for by persons unsuited to, or previously barred from, working in a care home because staff were appropriately recruited. Staff were checked for criminal convictions and satisfactory employment references were obtained before they started work.

People were assured that regular maintenance safety checks were made on safety equipment, such as the fire alarm, smoke detectors and emergency lighting. Other equipment used to support care staff with people's personal care, such as hoists, was regularly serviced to ensure safe operation.

Good

Is the service effective?

Our findings

People's care plans contained assessments of their capacity to make decisions for themselves and consent to their care. The registered manager and care staff were aware of, and understood their responsibilities under the Mental Capacity Act 2005 (MCA 2005) and in relation to Deprivation of Liberty Safeguards (DoLS) and applied that knowledge appropriately. Staff knew what they needed to be mindful of with regard to guarding against inadvertently compromising people's liberty and ensuring that people consented to the support provided by staff.

People benefitted from receiving care and support from staff had received the training and guidance they needed in caring for people that may lack capacity to make some decisions for themselves. 'Best interest' meetings were convened with people's representatives and appropriate professionals if a person lacked the capacity to make a decision about the care they needed. 'Best interest' includes 'end of life' choices and care planning. The provider has, for example, very successfully participated in the completion of the foundation level 'Gold Standards Framework' which is an 'end of life' training initiative.

People received care and support from care staff that had acquired the experiential skills as well training they needed to do their job. Newly recruited care staff had received a thorough induction that prepared them for working at the home. Staff confirmed their induction provided them with the knowledge they needed before they took up their care duties including, for example dementia care, care planning, and equality and diversity.

People's needs were met by care staff that were effectively supervised. Care staff had their work performance regularly appraised at regular intervals throughout the year by senior staff, including the registered manager. Care staff participated in 'supervision' meetings and staff confirmed that the senior staff and registered manager were readily approachable for advice and guidance.

People received timely healthcare treatment and staff acted upon the advice of other professionals that had a role in people's treatment. For example, arrangements were in place for people to consult their GP and receive the prescribed treatments they needed.

People's nutritional needs were met. People said they had enough to eat and drink. One person said, "The meals are tasty. I've got no complaints with the cook." Portions were generous and the meal we saw was appetising to the eye. People said their food was hot and tasted good. Where people were unable to verbally express a preference the kitchen staff used information they had about the person's likes and dislikes. People that needed assistance with eating or drinking received the help they needed and were not rushed and had the time they needed to savour their food. Hot and cold drinks were readily available and care workers prompted people to drink, particularly people whose dementia had compromised their ability to communicate verbally.

Good

Is the service caring?

Our findings

People received their care and support from care staff that were compassionate, kind and respectful. People's individuality was respected by care staff that directed their attention to the person they engaged with. Care staff used people's preferred name when conversing with them.

People's dignity and right to privacy was protected by care staff. People's personal care support was discreetly managed by care workers so that people were treated in a dignified way. Care staff made sure that toilet and bathroom doors were kept closed when they attended to people's personal care needs.

People were kept comfortable by care staff that were vigilant. Care staff knew the behaviours of the people they supported and responded promptly when people needed help or reassurance. Care staff were able to tell us about the signs they looked for that signalled if an individual was unsettled and needed their attention. Care staff also physically approached people with an explanation of what they were doing so that they avoided 'invading' the person's perception of their 'personal' space' or causing them to be startled.

People's visitors were made welcome. Care staff said that visitors are never discouraged unless a person has chosen not receive visitors at a particular time. One visitor said, "As long as [relative] is happy with me coming I visit whenever I like. As far as I'm concerned that's the way it should be and they [care staff] are always pleased to see me."

People's bedrooms were personalised with keepsakes they liked and these mementos contributed towards them feeling that they were in familiar surroundings and retained a connection with their past.

Good

Is the service responsive?

Our findings

People's ability to care for themselves was assessed prior to their admission to the home. People received the care and support they needed in accordance with their care assessments, whether on a day-to-day basis or over a longer period when the passage of time introduced additional care needs.

People's preferences for how they wished to receive their care, as well as their past history, interests and beliefs were taken into consideration when their care plan was agreed with them or their representatives. People that were able to make decisions about their care had been involved in planning and reviewing their care. If a person's ability to share their views had been compromised then significant others were consulted. This was also confirmed by a relative we spoke with who was visiting the home when we inspected. They said, "If there's something [relative] can't really tell them about then they [care workers] find out from me. They [care workers] will always check with me first. They don't just make an assumption. Anything that they [care workers] can do to make [relative] happy and more comfortable is fine by me."

People had a range of activities that were organised or on offer on a daily basis. These activities suited people's individual likes and dislikes. People could freely choose to join in with communal activities if they wanted to. When we inspected the 'music man' was entertaining people in the communal lounge and it was evident from people's reaction that they were thoroughly enjoying the singing and music. One person said, "It really brightens our day."

People were encouraged to make everyday choices about their care and how they preferred to spend their time. People who preferred to keep their own company were protected from isolation because care staff made an effort to engage with them individually. They used their knowledge of the person's likes and dislikes to strike up a conversation or encourage them to participate in communal activities or in a one-to-one activity they enjoyed. There was information in people's care plans about what they liked to do for themselves and the support they needed to be able to put this into practice.

People, or their representatives, were provided with the verbal and written information they needed about what do if they had a complaint. A visitor said they had been told about the role of the Care Quality Commission (CQC) and what they could do if they did not wish to raise their complaint with anyone that worked at the home. They said, "They [care workers] have always made it very clear. If there's anything, anything at all, that niggles or worries me I need to tell them or go and see [registered manager] so it can be put right." They had not needed to complain but were confident that the registered manager or any of the care staff would take them seriously and deal with their concerns appropriately.

Good

Is the service well-led?

Our findings

A registered manager was in post when we inspected that had the knowledge and experience to motivate care staff to do a good job. Care staff said the provider and registered manager were very approachable and they felt confident that if they witnessed poor practice they could go directly to them and that timely action would be taken. They had also been provided with the information they needed about the 'whistleblowing' procedure if they needed to raise concerns with appropriate outside regulatory agencies, such as the Care Quality Commission (CQC).

People were assured that the quality of the service provided was appropriately monitored and improvements made when required. Care workers confirmed that the registered manager or other senior staff, such as the nurse-in-charge, were always available if they needed guidance or support. There was a senior member of staff 'on call' when night care staff were on duty to support them if they needed guidance.

People were assured of receiving care in a home that was competently managed on a daily as well as long term basis. The registered manager used meetings with all staff constructively so that any ideas for improving people's service were encouraged. Staff meetings were regularly held and provided an opportunity for all staff to be constructively outspoken about the quality of the service provided.

People's care records were fit for purpose and had been reviewed on a regular basis. Care records accurately reflected the daily care people received. Records relating to staff recruitment and training were also fit for purpose. They were up-to-date and reflected the training and supervision staff had received. Records relating to the day-to-day management and maintenance of the home were kept up-to-date. Records were securely stored in the office to ensure confidentiality of information. Policies and procedures to guide staff were in place and had been updated when required.

People's entitlement to a quality service was monitored by the audits regularly carried out by the registered manager and nurse-in-charge. These audits included, for example, collating feedback from visitors to the home such as relatives and healthcare professionals, as well as checking that staff were adhering to good practice guidelines.

People were able to rely upon timely repairs being made to the premises and scheduled servicing of equipment. Records were kept of maintenance issues and the action taken to rectify faults or effect repairs.