Rodenvine (Nottingham) Limited

Parker House Nursing Home

Inspection report

6 Albemarle Road
Woodthorpe
Nottingham
Nottinghamshire
NG5 4FE

Tel: 01159608862

Date of inspection visit:
13 September 2017

Date of publication:
30 October 2017

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

Summary of findings

Overall summary

This unannounced inspection took place on 13 September 2017. Parker House Nursing Home provides accommodation for up to 25 older people, with or without dementia, who require nursing care or support with personal care. On the day of our inspection 25 people were using the service.

The service had a registered manager in place at the time of our 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 felt safe in the service and staff understood their responsibility to protect people from the risk of harm or abuse. The risks to people's health and safety had been assessed and were kept under review to ensure that action taken to reduce risks was effective. There were sufficient numbers of staff to meet people's needs in a timely manner and systems were in place to support people to take their medicines.

Staff received relevant training and felt supported. People were asked for their consent before support was provided and people who lacked capacity to make certain decisions were supported appropriately. Although information about the choice of food available to people was not always communicated clearly, people were supported to eat and drink enough. People were supported to maintain good health and referrals were made to health care professionals for support and guidance if people's health changed.

People were supported by a caring staff team who interacted warmly and with compassion. Staff offered people explanations and provided them with information in order to promote choice and independence. Staff supported people to maintain their privacy and dignity.

People's needs were responded to by staff who knew people well and respected their choices and preferences. Care plans were in place which provided detailed information about the care people required. The care that people received was recorded and some improvements were required to ensure this reflected the support provided. People felt confident to raise concerns and felt these would be acted on.

People and their relatives felt that management team were approachable and responsive. People's views about the quality of the service they received were sought and records showed that suggestions about improvements had been acted upon. Effective systems were in place to monitor the quality and safety of the service.

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.

People felt safe and staff understood their responsibility to protect people from the risk of harm or abuse.

Risks to people's health and safety had been assessed and were kept under review to ensure that action taken to reduce risks was effective.

People were supported by sufficient numbers of staff and systems were in place to support people to take their medicines.

Is the service effective?

Good

The service was effective.

People were supported by staff who received relevant training and felt supported in their role.

People were asked for their consent before support was provided and people who lacked capacity to make certain decisions were supported appropriately.

Although information about the choice of food available to people was not always communicated clearly, people were supported to eat and drink enough.

Referrals were made to health care professionals for support and guidance if people's health changed.

Is the service caring?

Good

The service was caring.

People were supported by a caring staff team who interacted warmly and with compassion.

Staff offered people explanations and provided them with information in order to promote choice and independence.

Staff supported people to maintain their privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People's needs were responded to by staff who knew people well and respected their choices and preferences.

Care plans were in place which provided detailed information about the care people required. The care that people received was recorded and improvements were required to show that people received care when they needed it.

People felt confident to raise concerns and felt these would be acted on.

Is the service well-led?

Good

The service was well led.

People and their relatives felt that management team were approachable and responsive. Staff who worked at the service felt supported.

People's views about the quality of the service they received were sought and records showed that suggestions about improvements had been acted upon.

Effective systems were in place to monitor the quality and safety of the service.

Parker House 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 13 September 2017 and was unannounced. The inspection team consisted of two inspectors 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 service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this information in addition to other information we had received from and about the service. This included previous inspection reports, reports from commissioners and statutory notifications. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with five people who were living at the service and four visitors who were visiting their relation. We spoke with three care workers, the cook, the activities co-ordinator, the nurse manager and the registered manager. We looked at the care records of four people who lived at the service, medicines administration records, staff training and the recruitment records of three staff as well as a range of records relating to the running of the service, such as audits.

We observed care and support in communal areas of the service and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service. One person told us, "I feel quite safe here" whilst another person commented, "I feel very safe here." People's relatives also thought their relations were safe. One person's relative commented, "We are more than happy with the way [relation] is cared for here. We would not leave [relation] if we did not think it was safe."

The staff we spoke with told us they had received training in safeguarding adults. They were able to describe the types of abuse people may be at risk of and the action they would take if they had concerns about possible abuse.

Records confirmed that staff had received training in safeguarding adults. This meant that staff had received training which the provider had identified as being mandatory to keep people safe. The registered manager was aware of the circumstances in which they would make a referral to the local authority safeguarding team and records showed they had done so when required. Records also showed that action was taken in response to safeguarding investigations and any recommendations made had been acted upon.

People could be assured that risks to their health and safety had been assessed, reviewed and acted upon as necessary. The staff we spoke with were knowledgeable about the potential risks to people and how these could be minimised. During our visit, we observed that staff were observant to particular risks people may be exposed to, such as noticing when a person was not using a piece of equipment correctly. We also saw that staff followed the advice in people's care plans to minimise risk, for example by ensuring a person was sat upright to eat a meal.

People's care plans contained appropriate risk assessments in relation to risks associated with moving and handling, skin integrity and nutrition. We found these had been kept under review and reflected any changes in the person's health. People's care plans contained detailed information for staff about how any potential risks to the person could be minimised, for example by the use of specific equipment or support. We also found that people had been involved in decisions about the risks they took if they were able. For example, an external health professional had suggested that one person may be safer eating a modified diet; however, the person had capacity and had declined this. We found that people had access to the equipment they required to keep them safe, such as pressure relieving mattresses and mobility aids.

During our visit we did identify a small risk of unauthorised access to substances which may be harmful to people. This was because not all areas of the service, such as the maintenance cupboard were kept locked when not in use. The registered manager told us these had been unlocked on the morning of our visit as staff had recently used these and acknowledged they should have been kept locked when not directly in use. Records showed that regular safety checks were being carried out as required, for example in relation to fire safety, water temperature and equipment.

People told us they were supported by a sufficient amount of staff to keep them safe. The staff we spoke with also said they felt that staffing levels were "adequate" and meant they were able to keep people safe.

During our inspection, we observed there were enough staff to respond to people's requests for support and to answer people's call bells in a timely manner.

The registered manager told us they considered people's needs when determining staffing levels in addition to seeking and acting on feedback from staff. They gave examples of staffing levels being increased when needed, for example when one to one support was required when a new person was admitted to the service or during busy times of the day. We looked at staff rotas and saw that sufficient numbers of staff were being planned and provided to help ensure people were kept safe.

People could be assured that safe recruitment processes were followed. Staff told us they had a Disclosure and Barring (DBS) check carried out prior to commencing work at the service and were asked to provide references and proof of identification. The DBS carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. Records confirmed that these checks had been carried out prior to staff working at the service.

People were supported to take their medicines. We observed one occasion when a member of staff did not stay with the person whilst they took their medicines. The member of staff told us the person was able to take their medicines on their own and records confirmed this to be the case. This meant that the risk to the person had been assessed and recorded and the person was able to take their medicines safely.

People's medicines administration records (MARs) contained information necessary to ensure the safe administration of medicines such as a photograph of the person. Staff had signed the person's MAR when they had supported the person with their medicines or used an appropriate code to indicate why medicines had not been given, such as the person's refusal. We did identify that one person's medicines had been handwritten on the MAR and had not been checked for accuracy of information by two staff. This is good practice as it ensures that information is recorded correctly. The nurse manager assured us that handwritten entries were usually checked by two staff and would ensure this was done in future. People had protocols in place to provide staff with information about medicines which had been prescribed as required (known as PRN) and most of the bottles and external ointments had been dated upon opening to ensure medicines were being used at their most effective.

People's medicines were stored securely and safely and records confirmed that staff administering medicines had received training and had their competency assessed.

Good

Is the service effective?

Our findings

People told us that staff appeared competent in meeting their needs. One person told us, "I have no problem whatsoever with the staff," whilst another person said, "basically they (staff) know what they are doing and I put them right if they don't." People's relatives supported this view, with one visiting relative commenting, "They (staff) are on the ball, always attentive, efficient and effective."

Staff told us they received an induction when they started working at the service and were supported to undertake the training they required to undertake their roles effectively. One staff member told us, "I did moving and handling practical and theory. This is really useful." The staff we spoke with told us they were supported with their personal development and had supervisions and an appraisal with the registered manager during which they felt able to discuss any further training they needed.

The registered manager told us and records confirmed that staff were supported to complete the Care Certificate. The Care Certificate is a nationally recognised qualification designed to provide health and social care staff with the knowledge and skills they need to provide safe, compassionate care. Records showed that staff had completed training which the provider had identified as being mandatory in areas such as infection control, dementia and moving and handling. They told us that training was a mixture of on-line courses and practical training and staff told us they thought the training was good.

People told us they were able to make their own decisions about how they spent their day and were offered choices. One person commented, "You can exercise choice but only to a certain extent." However the person went on to tell us that they had discussed their food preferences with the registered manager who had agreed to complete a preferred menu with the person. A visiting relative told us they had witnessed staff offering their relation choices. They told us, "Although [relative] has not got capacity to make a choice, the staff still ask them "

During our inspection, we observed staff explaining what they were doing and offering people information and explanations to aid their understanding. All of the people we spoke with told us they were not routinely offered a choice of meal during mealtimes however; we saw that some people were offered choices during a mealtime on the day of our inspection. We spoke with the cook who confirmed that people could ask for different choices and that care staff would tell them if people wanted to eat something else, although people did not always seem to be aware of this.

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.

The staff we spoke with showed an understanding of the MCA and described how they would act in a person's best interests in the event they lacked capacity. Records showed that people's capacity to make

specific decisions had been assessed when it was appropriate to do so and in accordance with the principles of the MCA. Where people had been assessed as lacking the capacity to make certain specific decisions, an appropriate best interest decision had been made and recorded.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Records showed that a number of applications had been made to the local authority if people were identified as potentially being deprived of their liberty and some of these had been authorised. The registered manager was aware of any conditions attached to the authorisations and gave an example of how they had ensured that conditions were complied with.

People expressed mixed opinions on the quality and choice of food available at the service. People's comments included, "I'm quite happy with the food but you don't get a choice", "The food is quite good and there is quite a variety but not much choice" and "food is not all that good, not much choice, just ordinary really." However, despite people's comments we observed that a choice of meal was available on the day of our inspection. This meant that choices were available to people although this information could have been more clearly communicated.

The staff we spoke with were knowledgeable about people's dietary needs and preferences. For example staff knew which people required modified diets, which people were vegetarian and that one person did not eat certain food for religious reasons

We observed a mealtime at the service and saw that people were provided with the support they required from staff to eat their meal in an unrushed manner. If people had specific requirements such as a vegetarian meal, modified meal or thickened drinks to reduce the risk of choking, these were provided. We saw that people were offered a choice of drinks although we did not see that people were always offered the choice of condiments or cutlery. For example, one person was sat on a table where only spoons were provided but when they asked for a knife and fork this was provided.

People could be assured that risks relating to their nutritional needs had been considered. People's care plans contained information about the assistance people required with their meals. Risks to people such as the risk of not eating enough or choking had been considered and staff were provided with clear guidance about how risks could be reduced and what action to take if a person's health deteriorated, for example, what they should do if a person started to choke. People's weight was monitored regularly and in line with the requirements of their care plan and that support had been sought from external healthcare professionals, such as the GP or Speech and Language Therapist (SALT) when changes had occurred.

People told us they were confident that staff monitored their health and would respond to any changes. One person told us, "If I need a doctor, I'm sure they would get one for me." A person's relative told us the staff liaised with external healthcare professionals and used effective strategies in response to their relations healthcare needs. They said, "The staff have been in constant touch with the dementia outreach team and they seem to know what they are doing. They use strategies to deal with [relatives] agitation like talking in a soothing manner."

People's care plans contained clear and detailed information about people's health conditions and how

these should be monitored. The staff we spoke with were knowledgeable about people's healthcare needs and records showed that people's health was regularly monitored and assistance from external health professionals sought when required. Records showed that people had been referred to professionals such as the GP, SALT, specialist nurses and the dementia outreach team. A chiropodist visited on the day of our inspection and the registered manager confirmed they had just moved to a different optician who would be visiting the service.

The visiting professionals we spoke with during our inspection told us that staff regularly contacted them for advice when required and that any guidance they provided was followed by staff. Records showed that when guidance had been provided by external health professionals, this had been incorporated into people's care plans.

Good

Is the service caring?

Our findings

People were supported by staff who were very caring. One person told us, "The staff are friendly and helpful," whilst another person commented, "the staff are really kind and treat me as if I am one of the family. They always listen to me and are very caring." People's relatives also commented positively on the caring approach of staff. One person's relative explained, "I like the way staff care for [relative]. This outshines any problems which may occur. They (staff) talk compassionately with them, use therapeutic touch to calm. They have patience to listen and stroke [relatives] arm."

We observed a positive, caring and homely atmosphere at the service and staff interacted with people in a friendly manner. For example, we observed three people sat together at a table with limited interaction and neutral facial expressions. A member of staff sat with these people whilst completing paperwork and talked to them about their backgrounds and initiated conversations between the three people. We observed that the three people started talking to each other and appeared to enjoy the conversation. The interaction from staff appeared to have a direct positive outcome on the well-being of the three people sat at the table.

Staff talked about people warmly and with compassion, showing concern and attention to people's discomfort or distress. For example, one staff member told us, "If people feel down, we might share our personal experience with them if this will help them, say with bereavement. We talk and reassure people." Our observations supported what staff told us, for example, during our inspection a staff member noticed when the sun was shining in a person's eyes and closed the curtains whilst another member of staff noticed when a person needed a tissue and went to get one. We saw that staff offered explanations to people when providing support and checked whether the support provided had met their needs. For example, we observed that one person was supported by staff to change their position and staff checked with the person whether they were comfortable. In addition, we observed people being encouraged to eat and drink in a supportive way.

People's care plans contained information about how each person communicated and what strategies staff should use to maximise choice and control as much as possible. For example, one person's care plan contained information about how staff could aid the person's orientation to the environment including speaking clearly and minimising background noise. People were kept informed about information which was important to them, for example, we observed that one person had a birthday on the day of our inspection and was told their family member had called and would call back after the person had finished their meal.

The registered manager told us how people and their relatives were involved in planning their own care. They told us that family attended review meetings and that packs were provided to people and their families when people first moved to the service so that people's views about what was important to them could be incorporated into care plans. We checked people's care plans and found this information had been included.

People had access to independent advocacy. We saw that contact details for local advocacy providers were

available in the service and that one person's care plan included contact details for their advocate. The registered manager told us that some people who had a Deprivation of Liberty authorisation in place (DOL) had independent advocates involved in the process. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak up.

People were supported by staff who respected their privacy and dignity. The staff we spoke with described how they supported people in a dignified manner. One staff member explained, "We knock on doors before we go into rooms, we put the screen around if the doctor is seeing someone. If someone is going to the toilet we encourage them to go if able, we wait outside and ask after five minutes if they are finished. People are given privacy and choice."

Our observations confirmed what staff told us, for example we saw staff knocking on people's doors before entering and ensuring people's dignity was maintained whilst they were supporting them to change position.

Good

Is the service responsive?

Our findings

People told us that staff met their needs and supported them to maintain their independence and interests where possible. We met with one person whose bedroom was personalised with their belongings who told us, "I certainly think of this as my home now. I have a good quality of life here." We spoke with another person who was engaging in an activity of their choosing who said, "Staff look after me well. I have no complaints". The person was complimentary of the support they received from the activities co-ordinator to pursue their interests.

The staff we spoke with displayed a good knowledge of people's needs, interests and preferences. For example, one staff member described singing with one person and the reassurance this provided the person with and the conversation it generated. We also saw that people's bedroom doors contained information about them such as what their interests were, their backgrounds and photos. The registered manager told us that people chose what information they wished to display to staff about themselves and their choices were respected. For example, one person had chosen to display a photo of themselves on the door and we saw this had been done.

People living at the service were provided with a personalised plan of care. The registered manager told us in their Provider Information Return (PIR) that, 'We find out what is important to each individual and carefully plan how we will support them to meet those needs.' Records showed that an assessment was carried out to determine whether the service could meet a person's needs. Once a person was admitted to the service, a range of care plans were developed to provide guidance to staff about how the person's needs should be met in a way which reflected their preferences. The care plans we reviewed contained detailed information, had been kept up to date and reflected people's preferences. For example, we saw that one person's care plan had recently been updated to reflect the advice of a healthcare professional about how they should be supported to eat safely. Another person's care plan contained detailed information about how the person liked to be supported with their personal care including what they could do themselves, what tasks they required support with and their preferences about how they wished support to be provided.

Records were kept to show that people had received care as outlined in their care plan. For example, to show that a person's healthcare condition had been monitored or that people had been weighed. We found that improvements were required to show that people had been receiving the support they required. For example, we looked at the records of one person who required regular observations and found it was not always clearly recorded when the person had been checked by staff. In addition, we looked at the records for one person who required regular repositioning to reduce the risk of a pressure ulcer. The records did not show that the person was always repositioned at the intervals specified in their care plan. The registered manager accepted that records did not always reflect the care that was given and told us they would continue to monitor. When we spoke with staff they were aware of how often people required support and told us support was provided which led us to believe this was a recording issue. This meant that althought people's records were not always accurately completed, people's healthcare needs were met.

People told us they were provided with activities at the service. One person told us, "I do exercise with one of

the staff every other day," whilst another person told us, "I like doing painting and I like the music." People told us they were given the opportunity to take part in activities as they wished. One person said, "I don't do any activities through choice that is. I like to watch the television and sometimes I get to choose the channel." The person explained that on other occasions another person who lived at the service chose what they watched.

The service employed a dedicated activities co-ordinator who told us they asked people what activities they wanted to do, talked to families about people's past interests and spent time with people in their rooms if they did not wish to engage in activities. They also described how they supported people to attend events outside of the service, such as a pantomime and supported one person to access the library. The registered manager told us in their PIR that they hoped to get relatives more involved in the running of the service and events which took place. The activities co-ordinator confirmed this by telling us they were planning to organise events at the service and invite relatives. The registered manager and staff also described how people were supported to practice their faith if they wished to.

People and relatives were given the opportunity to make suggestions about the running of the service and raise any concerns or complaints. All of the people and relatives we spoke with told us they had not had reason to make a complaint but felt comfortable to approach staff or the registered manager with any concerns they may have. One person told us they would, "talk to staff" if they had any concerns but added, "but we never have to do that because we are so well looked after."

We reviewed one complaint which had been received since our last inspection and found that appropriate action had been taken in response. Although none of the people we spoke with were aware of the formal complaints procedure at the service we saw that written information was available which outlined the process. Staff were aware of the procedure for reporting concerns and complaints to the manager and told us they would direct people to do so if needed.

Good

Is the service well-led?

Our findings

The people and relatives we spoke with described the service in positive terms such as "very pleasant," "calm," and "not oppressive." People and their relatives told us that staff responded well to people living with dementia and those who communicated through their behaviour. We also reviewed compliments which had been received by service which included comments such as, "Thank you for supporting me and showing me love, kindness and patience," and "Our heartfelt thanks for the wonderful care."

All of the people and relatives we spoke with told us they felt the registered manager was approachable and led the staff team well. We also received positive comments about the registered manager from the staff team who described her as supportive to them both professionally and personally. One staff member told us, "Everything is good. I am quite content. I can speak to [registered manager] she will listen to staff, she tries." Another staff member commented, "I think the management are good, they are approachable. I could raise concerns."

People, their relatives and visiting professionals were given the opportunity to comment on the service provided via meetings, a comments book and quality assurance surveys. Records showed that where people had made suggestions about how the service could be improved, these had been considered and action taken. For example, we saw that changes had been made to the menu following people's comments and suggestions and that a photo board was in place which contained photos of staff as people and relatives said they did not always know who staff were.

The service had a registered manager in place who understood their responsibilities and records showed that we had received notifications when these were required. Providers are required by law to notify us of certain events in the service. We discussed the notifications we had received from them and information from external agencies. The registered manager told us of the action they had taken in response to incidents and audits including internal investigations, speaking with staff and introducing a clear policy which staff had read and signed to say they understood.

Staff told us they received clear guidance from the registered manager about what was expected of them. They told us they received regular supervisions, an annual appraisal and had regular staff meetings. One member of staff said, "We do have team meetings but we also have little meetings regularly where the [registered] manager will have a word." The registered manager confirmed that they kept the values and attitudes of staff under review by carrying out observations and talking with staff if they noticed improvements or changes needed to be made. Records showed that when improvements were needed in the way that staff were delivering care this had been discussed with the staff team and documented.

People could be assured that the provider was committed to delivering a quality service. Records showed that the management team also carried out audits on a regular basis to assure themselves of the quality and safety of the service. These included checks on equipment and that staff were aware of policies and procedures. We saw that when issues had been identified, such as a piece of equipment not being correct for the person using it, action had been taken. The staff we spoke with told us they were provided with clear

direction, were committed to providing good care and worked well as a team. The provider told us in their PIR that the '[registered] manager attends training and manager forum events to keep up to date with good practice'. The registered manager described attending a local forum with other registered managers to discuss good practice in relation to dementia care to help drive improvements to the service offered to people at Parker House Nursing Home.