

Belmont Parkhill Limited

Parkhill Nursing Home

Inspection report

319 Huddersfield Road
Millbrook
Stalybridge
Cheshire
SK15 3EP

Tel: 01613038643

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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 ●

Summary of findings

Overall summary

Parkhill Nursing Home is a nursing and residential care home providing care and support for up to 38 people close to Millbrook village near Stalybridge. The home is an extended Victorian property with bedrooms on three floors.

At the last inspection the service was rated Good. At this inspection we found the service remained Good.

Residents felt safe and the home had policies and procedures in place to guide staff on how to protect residents from harm. There were sufficient suitable staff on duty at the time of the inspection. People's medicines were managed safely.

Residents' care was given in a way that took account of and respected their choices. Care workers were well trained and felt well supported. Residents' were involved in planning the food menus and told us the food was good. People were supported to access other health services for example opticians and dentists. The home was well decorated and clean. People's rights under the Mental Capacity Act were protected.

The home had a friendly and welcoming atmosphere. Residents and their relatives spoke highly of the care workers and management. Care workers were observed interacting with residents in a caring and respectful way, treating them with dignity. Relatives told us they felt welcome when they visited the home.

Residents received care that was tailored for them and were encouraged to be as independent as possible. A range of activities were made available in the home which were popular with residents. Relatives and residents told us they knew how to make a complaint and felt confident their concerns would be addressed if they did complain. The home has Gold Standard Framework Platinum status for end of life care indicating they adhered to nationally recognised standards of good practice when supporting people at the end stage of their life.

The home had a registered manager in line with CQC registration requirements. 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.

Residents and relatives said they felt the home had an open and welcoming culture and we observed this during our inspection. Care workers were professional and friendly to both residents and each other. The home works well with other agencies and seeks to continually improve.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Parkhill 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 was a comprehensive inspection which took place on 28th December 2017 and 2nd January 2018 and was unannounced. The inspection team consisted of one adult social care inspector.

Prior to 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. This was completed and returned by the provider in line with the requested timescales. We also contacted the local authority, the local Safeguarding team and Healthwatch, the consumer champion for health and care, to seek their views about the service. The feedback from them was that relatives had given positive feedback about the service. We also considered information we held about the service, such as notifications in relation to safeguarding and incidents which the provider had told us about.

During the inspection we spoke with two residents, five relatives of residents, four care workers, the Registered Manager, one cook, and the home administrator. We looked at the care files of three people and the personnel files including staff training and supervision records of four care workers. We also looked at a sample of operational policies and procedures. We also saw feedback from service users given directly to the service.

Is the service safe?

Our findings

Residents we spoke to told us they felt safe. One resident told us; "Oh yes, I feel very safe. I would say if there were any problems." Relatives we spoke to told us; "We've always been worried about [our relative] before he came here but we've just been on holiday and we could properly relax. We can go away and know [our relative] is safe and happy and that means everything." Another relative told us; "I'm happy that my [relative] is secure. I feel a lot better now she is here."

The home had policies and processes in place to help protect people from harm. Staff attended annual training on Safeguarding Vulnerable Adults and staff we spoke to told us they would not hesitate to raise any concerns and knew the process to follow.

Risks to people had been identified and assessed and were reviewed regularly. People were free to make choices about their care and their choices were respected and measures put in place to minimise the risk to people.

During our inspection we observed there appeared to be sufficient staff on duty. The staff appeared unhurried and had time to spend with residents. Relatives we spoke with told us; "There is always staff about. They take a lot more care here." One resident joked; "There's too many of them!" Records we looked at showed that a thorough and safe recruitment procedure was in place.

Resident's medicines were managed safely and systems were in place to ensure they received their medicines as prescribed. Medicines were stored and disposed of safely and we saw clear records showing what medicines people were prescribed and what medicines had been administered.

People were protected from the risk of infection. All staff attended infection control training and care workers we spoke with understood their responsibilities in maintaining safe practice. We observed personal protective equipment being used by care workers and there were numerous hand sanitiser dispensers throughout the home. The home was kept clean and had no malodour.

Accidents and incidents were recorded and were audited every month by the registered manager to identify any trends or themes. Care workers we spoke with told us they felt able to report things they felt could be improved.

Is the service effective?

Our findings

Care plans we looked at showed people had been considered as individuals and their needs and choices had been included in the care plan. One resident had been advised by the community dietician to have thickened drinks but the person did not like them. The risk of not having thickened drinks was explained to the resident and their care plans had been updated to show that the risks had been discussed with them. Both staff and the person's relative had been made aware of this and appropriate steps had been taken to minimise any risk to the resident when taking a drink.

Care workers we spoke with told us; "[The manager] is very keen on training. The trainer comes in whenever we need him." Another care worker said; "The more knowledge you have the better you can understand the residents and they are the most important." We saw records confirming care workers underwent a wide range of training courses. Training is provided by an accredited external provider and the home has access to training from the local hospital. Care workers told us they felt supported by regular themed supervisions and care worker meetings. A care worker we spoke with said; "The team meetings are very useful, we get involved."

The home had a 5 star food hygiene rating from the local council. One resident told us; "It's good food. You get a choice and the portions are good." We spoke with a cook who explained they asked residents what food they liked when preparing the menu and kitchen staff went to the dining room at mealtimes so they could see whether the residents were enjoying the food. Care plans showed that people who needed support with their dietary needs had been referred to dieticians and special diets were provided where needed. A menu designed for people with swallowing difficulties had won a Dignity in Care award.

The service worked well with other organisations to ensure people get the care they need. We saw records showing the arrangements that had been made with a resident's General Practitioner (GP) and district nurse team to enable the resident to stay with their partner on Christmas Day. A resident recently needed medication that would normally only be given in hospital but the manager had worked with the district nurses and the local hospital and the resident was able to return home and have the medication given there rather than stay in hospital.

Residents were registered with GPs and an optician visited the home to provide eye tests. The manager explained that they found it difficult to get NHS dentists to visit the home unless the resident was bed-bound but when residents needed treatment this was available. Management staff had visited local dentists to assess whether their premises were accessible to wheelchairs.

The home was well decorated and the manager told us rooms were re-decorated before a resident moved in and carpets and furniture replaced as needed. We saw people's rooms had been personalised with their possessions and families were encouraged to bring possessions in before a person moved in to help the new resident settle in as quickly as possible.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be

deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw records showing that applications for DoLS had been made where appropriate and people's best interests and choices had been taken into account when their care was planned.

During our inspection we observed care workers seeking consent from people before they provided care. A care worker we spoke with told us; "If a person says no then we don't force them, we walk away and ask again later."

Is the service caring?

Our findings

Residents and their relatives told us they felt staff were caring. One resident told us; "I can ask them for anything, they are very good actually." Another resident told us; "It's so friendly, I can't say how glad we are to have found it." One relative said; "It's the atmosphere when you walk in, they're all so pleasant."

We found the home to have a friendly and welcoming atmosphere. Relatives visited the home on a regular basis and were welcomed by both management and care workers. We observed compassionate interactions between care workers and residents. Care workers would frequently stop and have conversations with residents. A care worker we spoke with told us; "I like the stories they tell you. If you can talk about something they have done it will make them smile."

Each resident had a key worker who takes extra responsibility for the resident's wellbeing. Care workers told us; "We build up good relationships with the residents and we get to know them really well." Another care worker told us that on a day off they had seen a music concert on TV that was the sort of music they knew a resident liked so they phoned the home to ask them to put the concert on for the resident so they were able to watch it. The resident told us they had enjoyed the concert. Relatives we spoke with confirmed they felt the staff knew the residents very well.

Residents told us they felt they were allowed to make choices. One resident we spoke with said; "I can stay in my room if I want to but I like to be out here. I can go out to [a relative who lives locally] if I want."

Relatives said they felt comfortable visiting the home. One relative we spoke with said; "It's like a big family, we can come at any time."

Care workers we spoke with demonstrated they understood the importance of treating people with respect and dignity and during the inspection we observed care workers giving residents choice and respecting their decisions.

Is the service responsive?

Our findings

Residents and relatives told us they felt involved in their care and a relative said; "You're kept involved [with the care] and you're listened to."

People's care plans described how the person wanted their care to be delivered and people were encouraged to be as independent as possible. One care plan we saw read; "[The resident] is able to do small tasks like wash his hands and face and must be encouraged to do so." Another care plan we saw for a person with sensory difficulties explained how care workers should adapt the way they give care to best suit his needs. During our inspection we observed care workers adjust the way they spoke to people so they could be best understood.

Residents told us they enjoyed the activities in the home. One resident we spoke with told us; "There's something to do every day the activities are very good. Friday is best, there's a singer on." An aromatherapist was in the home during our inspection and residents were very engaged with her.

A Christian service is held in the home every month by a vicar from a local church and the manager showed us a contact list of different faith leaders in the area who would visit the home if requested.

People we spoke with told us they knew how to raise a complaint and said they would feel comfortable doing so. Details of how to formally complain were clearly on display throughout the home and people told us they felt they could approach the staff with any issues. One relative told us; "I'm happy to raise issues, you can speak to any member of staff." Another relative said; "They are very approachable. If I went to the manager with anything I'm sure she would deal with it."

A record of complaints received was kept and reviewed to identify any trends. The manager told us that she had arranged a meeting to discuss a complaint with a relative and had invited a nurse from the local Clinical Commissioning Group (CCG) so the relative who had raised the concerns had an independent view of the nursing care.

The service achieved re-accreditation of the Gold Standards Framework which is a nationally recognised standard of good practice in end of life care. No resident was on end of life care during our inspection but the service was able to provide this care when needed.

Is the service well-led?

Our findings

The home had a registered manager in place. 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 we spoke with said they felt the home had a very open and welcoming culture. During our inspection there were numerous visitors to the home and the manager welcomed them all by name. A relative told us; "It's great, you can speak to [the manager] any time. I've just been in to say hello." A care worker we spoke with said; "I can say anything to [the manager], there are no barriers. If I am not happy I will raise it."

The manager understood her responsibilities to the residents. The manager told us she was supported by the provider to provide care in a safe way and was not under pressure from them to admit people to the home if she considered their needs could not be met there.

The home participates in the NHS Safety Thermometer scheme which collates data about people's care to show how many people have come to harm and how many people have received care free from harm.

The culture amongst the staff was professional and friendly. Care workers told us; "We're very close, we talk to each other so we all know what is going on. We work well as a team." Care workers said they felt supported by senior care workers, the nursing staff and the management.

The manager explained that the home had discontinued meetings for relatives following feedback saying they would prefer to speak to the manager individually. One relative said; "I don't want to sit amongst other relatives talking about my mum." Residents told us they felt they could speak to the manager at any time.

The service works well with other agencies like the local hospital, district nurses and GPs and is open to suggestions for improvement from them. The manager told us she attended care worker meetings so she could both pass information on to the care workers and also hear their views and suggestions first hand.

Relatives of residents are sent a questionnaire every six months to seek their feedback on the service and their feedback is taken into account when considering future plans for the service.