

C.T.C.H. Limited

Parton House

Inspection report

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Date of inspection visit:
23 September 2016

Date of publication:
18 October 2016

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Inadequate ●

Is the service effective?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 10 May 2016. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

We undertook this focused inspection on 23 September 2016 to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Parton House on our website at www.cqc.org.uk"

Parton House provides care to 36 older people with a physical and/or sensory disability. At the time of our inspection 24 people were living in the home. Accommodation was provided over two floors with shaft lifts to access the first floor. There were 36 bedrooms, each of which had en suite facilities and there were an additional bathrooms and shower rooms. People had access to three lounges and a dining room. There were pleasant grounds around the home which were accessible to people.

At the time of the inspection there was no registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A representative of the provider was temporarily managing the home until a manager had been appointed.

At the inspection on 10 May 2015, we asked the provider to take action to make improvements to:

- ☐ the accuracy of people's care records.

These actions still needed further improvement. You can see what action we told the provider to take at the back of the full version of the report.

At the inspection on 10 May 2015, we also asked the provider to take action to make improvements to:

- ☐ keeping people safe from harm or injury, by reducing risks and ensuring medicines were administered appropriately
 - ☐ records evidencing people's capacity to consent to their care and support
 - ☐ the quality assurance systems,
- and these actions had been completed.

People had access to their call bells whether in their bedrooms or in the lounges. Any unexplained bruising or injuries had been reported and recorded. When necessary health care professionals had been contacted for their advice and support to help people to stay healthy and well. New arrangements had been put in place for the administration of medicines. Medicine administration records had been completed and people had their medicines when they needed them. Any errors had been followed up and the appropriate action

taken. People's capacity to consent to their care and support had been assessed and new records had been introduced to confirm when decisions would be made in their best interests. Quality assurance processes had been improved and evidenced any shortfalls and when improvements had been made.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

We found that action had been taken. People were kept safe from the risks of potential harm. Control measures were in place to minimise risks and to prevent further harm.

People's medicines were being administered safely. Action had been taken in response to errors and unsafe practices.

We could not improve the rating for safe from inadequate because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service effective?

Requires Improvement ●

We found that action had been taken. People's capacity to consent to their care and support had been assessed and recorded in line with the Mental Capacity Act 2005.

We could not improve the rating for effective from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service responsive?

Requires Improvement ●

We found that the service was not as responsive as it could be. People's care records were not accurate. Inconsistencies in people's care records could potentially lead to inappropriate care being provided.

People's care had been reviewed and their care records had been updated when their needs changed.

Is the service well-led?

Requires Improvement ●

We found that action had been taken. Quality assurance systems identified when there were shortfalls and evidenced any action taken to make improvements. People's views were sought as part of this process.

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

improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Parton House

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.

The inspection took place on 23 September 2016 and was unannounced. One inspector carried out this inspection. We reviewed information we have about the service which included notifications. A notification is a report about important events which the service is required to send us by law. Local commissioners had also shared information with us.

This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection of 10 May 2016 had been made. We inspected the service against four of the five questions we ask about services: is the service safe, effective, responsive and well-led? This is because the service was not meeting some legal requirements.

As part of this inspection we spoke with four people using the service and observed people's care and support. We spoke with the representative of the provider and five care staff. We reviewed the care records for five people including their medicines records. We also looked at accident and incident records and quality assurance systems. We used the Short Observational Framework (SOFI) for inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We received feedback from three health and social care professionals.

Is the service safe?

Our findings

At our inspection of 10 May 2016 we found people had not always been protected against the risks of harm. Unexplained bruising and injuries had not been investigated and people did not have access to their call bells. The provider told us they would address these issues and had put an action plan in place to describe how this would be achieved.

At our focused inspection on 23 September 2016 we found the provider had followed their action plan to meet shortfalls in relation to the requirements of Regulation 12 described above. We found the provider had improved the way they reported injuries and unexplained bruising. Accident and incident forms provided a record of injuries. These had been audited and indicated any unexplained bruising had been investigated. Daily notes and body maps had been completed which made reference to wound care records. Staff had completed wound daily records to indicate the nature of the injury or bruising. They had taken photographs of any injuries and for two people had completed wound chart care plans. These included statements from staff about how they thought the injuries had occurred. For example, the positioning of a bruise led staff to believe equipment had caused the bruising and another person had a bruise which was thought to have been caused by a blood test. The representative of the provider said staff had a heightened awareness of unexplained injuries and raised any concerns to the appropriate staff. People had also been referred to health care professionals for support and advice to keep people as safe as possible. Equipment had been reviewed and replaced if needed.

People had access to their call bells whether in their bedrooms or in the lounges. One person confirmed staff made sure they could reach the call bell before they left them. Call bells were observed being answered in a timely manner.

People had their medicines administered safely. New systems for the administration of medicines had been put in place including supplying medicines in a monitored dosage system and relocating the medicines into a larger room. Observation of medicines being administered confirmed people had their medicines when they wanted them and at their preferred time. The medicines administration charts had been completed satisfactorily. There were no gaps indicating people had received their medicines. Handwritten entries had been countersigned by another member of staff. Medicines errors had been followed up and the appropriate action taken in response. The representative of the provider had taken action after concerns had been raised with them about the unsafe way in which medicines had been administered to one person. They had taken action to ensure medicines were appropriately administered.

There were other breaches of requirements issued under this key question which we did not follow up at this inspection. These will be looked at during the next comprehensive inspection.

Is the service effective?

Our findings

At our inspection of 10 May 2016 we found people's capacity to consent to their care and support had not been consistently assessed or recorded, potentially risking people having decisions made on their behalf when they were able to make those choices for themselves. The provider told us they would address these issues and had put an action plan in place to describe how this would be achieved.

At our focused inspection on 23 September 2016 we found the provider had followed their action plan to meet shortfalls in relation to the requirements of Regulation 17 described above. People's capacity to make decisions for themselves had been assessed using an assessment record provided by the local county council in line with the Mental Capacity Act 2005. The (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People were observed being given choices about day to day decisions such as what to eat and drink and how to spend their time.

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 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. Authorisations had been submitted to the supervisory body for restrictions to the liberty of people living in the home. Wherever possible, the least restrictive solution had been found such as using alarms and sensors to keep people safe in their environment.

Is the service responsive?

Our findings

At our inspection of 10 May 2016 we found people's care records did not provide a consistent overview of their changing needs and the care they were receiving. The provider told us they would address these issues and had put an action plan in place to describe how this would be achieved.

At our focused inspection on 23 September 2016 we found the provider had not addressed the shortfalls in relation to the requirements of Regulation 17 described above. There continued to be inconsistencies in the quality of record keeping. Some people's records were still being completed inaccurately. A new care plan format had been put in place for some people. The date for completion of this had been extended until the end of October 2016. We looked at the new care plan format and the existing care plan format. The new review forms had been completed for both types of care plan. However, aspects of the new care plan format had not been completed for example, the date and signature of the author. We also found inconsistencies in the content of two care plans for two people which gave incorrect details about when people were to be weighed. Staff had been weighing them at the correct intervals such as every two weeks. One person could not be weighed and staff had taken measurements of their arm but their care plan stated they should be weighed monthly. Another person's care plan referred to a different person at the bottom of the page. Two people had falls care plans which were the same. The new plans did not provide as much personalised or individualised detail as the previous format used. We also noted that consent forms although in place had not been signed or dated. Continued inconsistencies in the quality of care plan recording could potentially put people at risk of receiving inappropriate care and support.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's care, on the whole, reflected their changing needs. During August and September people's care needs had been reviewed and there was evidence that their care records had been updated to reflect any changes to their health or wellbeing. Staff were heard discussing whether changes were needed to a person's care records upon their return from hospital. Health care professionals had been contacted in a timely fashion to seek their advice and support. Health care professionals commented, "Staff are working with us", "Staff follow our recommendations and communicate well with us" and "Professional communication and interaction with staff."

Is the service well-led?

Our findings

At our inspection of 10 May 2016 we found the registered person had not established robust systems or processes to assess, monitor and improve the quality and safety of services. The provider told us they would address these issues and had put an action plan in place to describe how this would be achieved.

At our focused inspection on 23 September 2016 we found the provider had followed their action plan to meet shortfalls in relation to the requirements of Regulation 17 described above. Quality audits when completed identified any shortfalls and a corresponding action plan for date of completion. A new audit tool had been introduced in July 2016 reviewing the compliance of the service in areas such as the environment, health and safety and infection control. It also assessed how the quality of the service in relation to CQC's five key questions; is the service safe, effective, caring, responsive and well-led? Actions had been reviewed at the next audit in August 2016 updating the progress towards meeting the shortfall or confirming completion.

People's views had been sought as part of the quality assurance process. Surveys had been sent out to people, their relatives and social and health care professionals and were due to be returned by October 2016. Feedback we received during the inspection from people included, "Very happy with the care", "Looking after me well", "Staff are nice they work hard" and "Brilliant, I can't fault them." Health care professionals commented, "They are moving in the right direction", "People's care is improving" and "Much improved; better atmosphere. People and staff are happier." Staff confirmed, "They are making improvements. Staff morale has improved and it's better for the residents", "Lots of changes, which appear to be for the better" and "We are getting there, it's a work in progress."

There was no registered manager in post at the time of the inspection. A representative of the provider had been appointed to temporarily manage the home whilst a new manager was being appointed. Staff spoke positively about the improvements being introduced and found the representative of the provider to be open and accessible. They confirmed they would raise any concerns with them and action would be taken in response.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance An accurate, complete and contemporaneous record had not been maintained in respect of each service users records. Regulation 17 (2) (c).