Parkcare Homes Limited

Boughton Manor

Inspection report

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Date of inspection visit: 17 & 18 March 2015
Date of publication: 22/05/2015

Ratings

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

Overall summary

This inspection took place on 17 and 18 March 2015 and was unannounced. Boughton Manor provides accommodation, nursing and personal care for up to 40 people with dementia and people with physical health needs. On the day of our inspection 26 people were using the service. The service is provided across two floors with a passenger lift connecting the two floors. The downstairs area was open to enable people to access all communal areas of the home.

The service had a 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.

People had not been fully protected from the risk of acquiring legionella from the water supply in the home.

Summary of findings

People did not always receive their medicines as prescribed and accurate records were not always kept about people's medicines. People's medicines were safely stored.

People felt safe living at the home and staff knew how to protect people from the risk of abuse. Relevant information about incidents which occurred in the home was shared with the local authority.

People were supported by a sufficient number of staff and the provider ensured appropriate checks were carried out on staff before they started work.

Staff had the knowledge and skills to care for people effectively. We found the Mental Capacity Act (2005) (MCA) was being used correctly to protect people who were not able to make their own decisions about the care they received.

People received support from health care professionals such as their GP. Staff used the guidance provided by healthcare professionals in order to support people to maintain good health. People had access to sufficient quantities of food and drink throughout the day.

Positive, caring relationships had been developed between people and staff and staff responded to people in a compassionate manner. People and their relatives were able to be involved in the planning and reviewing of their care and people were supported to make day to day decisions. People were treated with dignity and respect by staff.

People received care that was responsive to their changing needs and staff ensured care plans were reviewed on a regular basis. People were provided with information about how to complain and complaints received were investigated and responded to in a timely manner.

There was a positive and transparent culture in the home, people who used the service and staff felt able to raise any issues with the manager. There were different ways people could provide feedback about the service. There were effective systems in place to monitor the quality of the service people received and these resulted in improvements being made to the service where required.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

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

People were not fully protected from all risks to their safety and did not always receive their medicines safely, however people told us they felt safe living at the home.

There were sufficient numbers of staff to meet people's needs.

Requires improvement

Is the service effective?
The service was effective.

People were cared for by staff who received appropriate support. Where people lacked the capacity to provide consent for a particular decision, their rights were protected.

People had access to sufficient food and drink and staff ensured they had access to healthcare professionals.

Good

Is the service caring?
The service was caring.

Positive relationships had been developed with people. Efforts were made to involve people and their relatives in their care planning.

People's privacy and dignity were respected.

Good

Is the service responsive?
The service was responsive.

People received care in line with their needs and any changes in their care were acted upon. People were provided with a range of different activities.

People were supported to make a complaint and these were investigated and acted upon.

Good

Is the service well-led?
The service was well led.

There was an open and transparent culture in the home. There were different ways for people to provide their views of the service.

There was an effective quality monitoring system to check that the care met people's needs and this ensured improvements were made.

Good

Boughton 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.

We visited the service on 17 and 18 March 2015, this was an unannounced inspection. The inspection team consisted of two inspectors and a specialist advisor who was a qualified nurse with experience in caring for people with complex needs.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. Before the inspection, the provider completed 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.

During our inspection we spoke with two people who used the service, eight relatives, five members of care staff, two nurses, the activities co-ordinator, the manager and a representative of the provider. We 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. We looked at the care plans of five people and any associated daily records such as the food and fluid charts and incident records. We looked at four staff files as well as a range of other records relating to the running of the service, such as audits, maintenance records and medication administration records.

Requires improvement

Is the service safe?

Our findings

The people we spoke with felt the building was well maintained. One person said, "The building is lovely, seems to be up to scratch." The majority of relatives we spoke with were positive about recent improvement works that had taken place. One relative said, "They have spent a lot of money doing the building up and it looks great now."

People were not fully protected from the risk of acquiring legionella from the water supply. A risk assessment had been carried out in April 2014 which identified many areas of medium and high risk. A list of recommendations of ways in which the risk of legionella developing could be reduced was left by the contractor. However we saw that the majority of these actions had not been completed which left people exposed to an avoidable risk.

The provider had recently completed an upgrade to the building and we saw that the interior of the building was free of hazards. Staff reported general maintenance requirements and action was taken in a timely manner.

People received support from staff to manage risks to their health and well-being and this was provided without restricting people's freedom. A relative told us they had watched staff transferring their loved one using a hoist and were happy that this was carried out safely. Staff were vigilant and responded to risks and provided the support people needed. For example, one person enjoyed walking around the home but was not always aware of possible trip hazards such as table legs and other people's feet. Staff supported this person to walk around the home safely, independently and in a way that reduced the risks to them and other people.

Staff had access to information about how to manage risks to people's safety. There were risk assessments in care plans which detailed the support people required to maintain their safety. We observed that this support was provided to people and staff told us they had access to the information and equipment required.

We were unable to get feedback from people about how their medicines were managed. The relatives we spoke with told us they felt medicines were properly managed. However, people did not always receive their medicines when required. For example, one person had been without their pain relieving medicine for a period of 10 days because it had not been ordered in time. Although new stock was delivered on day one of our inspection this meant the person may have been in pain during this period.

We observed a member of staff administering medicines and saw they followed appropriate procedures to do this. However, we saw that people's external preparations such as creams and ointments were not always dated when they were opened. Therefore, we could not be sure the cream would still be within its safe shelf life and be effective. Medicines were stored securely in locked trolleys and kept at an appropriate temperature.

Staff did not always keep accurate records in relation to the medicines they had administered to people. For example, we saw two entries in the controlled drugs register that had not been witnessed by a second member of staff. Records had not always been kept about the cream that had been applied to people's skin, so we could not be sure this had been administered as prescribed.

The people we spoke with told us they felt safe at the care home. One person said, "Yes I feel very safe, it's fine here." A relative said, "My relative is safe here, I am able to leave the home reassured." Another relative told us, "I am confident my relative is safe, it gives me peace of mind."

Staff responded to situations when people may have been affected by the behaviours of others. For example, one person sometimes entered other people's personal space which caused some anxiety to other people. Staff responded quickly and appropriately by diverting the person to another area which reduced the risk of harm to them and other people. There was also relevant information in people's care plans about how staff should support people to reduce the risk of harm to themselves and others, which staff were aware of.

Information about safeguarding was displayed in the home. Staff had a good knowledge of the different types of abuse which may occur and how they would act to protect people if they suspected any abuse had occurred. Staff also knew how to contact the local authority to share the information themselves and we saw relevant information had been shared with the local authority.

The people we spoke with felt there were sufficient staff to meet their needs. One person said, "I think there are plenty of staff." The relatives we spoke with also felt staffing levels

Requires improvement

Is the service safe?

were sufficient to meet people's needs. One relative said, "I visit at different times of day and the staffing levels seem to be alright." Another relative told us, "Staffing seems to have improved."

People were cared for by sufficient numbers of suitable staff. There was a constant presence of staff in the lounge and dining areas and they responded quickly when people needed support. There was also a timely response to people who pressed their call bell for assistance in their bedrooms. There were auxiliary staff employed to carry out tasks such as preparing meals, cleaning and laundry. Staff told us that they felt there were enough staff and that they were able to meet people's care and social needs. The provider carried out an analysis of people's needs in order to determine how many staff would be required to support them.

The provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in maker safer recruitment decisions.

Good

Is the service effective?

Our findings

People told us they were cared for by staff who were well trained and supported. One person said, "The staff are very good." One relative said, "I watch the staff and am always impressed." Another relative told us, "The staff do seem to be competent and they have a very difficult job but do it well."

People received care from staff who were provided with the knowledge and skills necessary to carry out their role. Staff told us they were given training they needed to provide effective care. The training records we saw verified that staff received regular training in a wide range of subjects such as safeguarding and moving and handling practices. Staff felt fully supported by the manager who ensured staff received supervision. One member of staff said, "I feel supported by the manager we have now, I can always go to see him about anything." Records showed that not all staff had received regular supervision in line with the provider's policy, however there was a plan in place to rectify this.

People were supported to make decisions about their care and to provide consent wherever possible. Relatives were also able to be involved in providing consent to care plans where they were authorised to do so. We observed that staff asked people for their consent before providing any support.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and described how this was applied to the people they cared for. Where people lacked the capacity to make a decision the provider followed the principles of the MCA. There were completed MCA assessments and best interest decision checklists in place. These clearly showed the decision that was being assessed and how the person had been supported to try and make a decision themselves. Staff were also aware of any areas where a person's capacity to make a decision may be variable or have changed over time. Arrangements were in place to ensure people received appropriate support in their best interests.

People were free to move about in the communal areas of the home and were supported to access areas outside the home should they wish to do so. The manager was aware of the Deprivation of Liberty Safeguards (DoLS) and should they need to take action to restrict someone's freedom they had appropriate procedures in place to do so lawfully. Recent applications had been made to deprive some people of their liberty and appropriate procedures had been followed.

People were complimentary about the food and said they were given enough to eat and drink. One person said, "I have enjoyed all the food so far." The relatives we spoke with also commented positively about the food. One relative said, "[My relative] is a fussy eater so the fact that they eat the food here must mean it's good." Another relative said, "The food is good, there are good combinations and variations." We observed that people enjoyed their meals and ate a good portion size. People were offered drinks throughout the meal and throughout the day.

People were provided with food in line with their personal preferences where required, for example vegetarian food was provided. There was a list of specialised diets such as soft food and low sugar alternatives in the kitchen and these were catered for. Where people required support to eat and drink this was provided in a calm and unhurried manner. For example, one person did not want to sit at a table as they preferred to walk around the home. They were supported to eat their meal whilst walking around the home. All care staff and the manager assisted during the lunch period which resulted in a positive experience for everybody. The staff we spoke with told us people were provided with sufficient amounts of food and drink.

People had access to the relevant healthcare professionals when required. One relative told us that staff had recently arranged for their loved one to have a visit from their GP. The other relatives we spoke with told us that they were informed when their loved one had a healthcare appointment and felt that people had access to the services they required.

People received input from visiting healthcare professionals, such as their GP and an optician, on a regular basis. People also had access to specialist services such as the dietician and falls prevention service. For example, staff were concerned about a person losing weight and had sought advice from a dietician. This advice was then implemented and followed in practice. Staff also ensured that people received periodic health checks such as foot care for people who had diabetes.

Good

Is the service caring?

Our findings

People told us staff were caring and they enjoyed positive relationships. One person said, "The staff are very kind and caring." The relatives we spoke with also commented positively about the caring nature of staff. One relative said, "I have nothing but praise for the staff, they do a difficult job and I feel they do genuinely care." Another relative said, "The staff are all great."

We observed that people were cared for in a kind and compassionate manner by staff and staff spent time talking with people and providing one to one support. It was evident that there were positive relationships and staff spoke with people in an individualised way. Staff were also patient when people required support and reassurance, for example the nurse spent time talking with people prior to administering their medicines. Staff showed concern and empathy for people when they were unwell or distressed and we saw staff respond quickly to alleviate any distress. A nurse told us that care staff regularly spoke with them when they thought that a person was not feeling well.

People's diverse needs were catered for by staff. For example, a local religious organisation attended the home during our inspection to sing songs with people. Staff supported those who wished to join in and we saw that this was greatly enjoyed. Kitchen staff were aware that people's beliefs may impact on the way in which their food should be prepared and were able to cater for this if required.

Staff knew about the preferences of the people they cared for and could describe the different ways people wished to be cared for. Staff showed genuine concern for people's well-being and provided meaningful care to them and also supported their relatives. For example, staff were aware of the arrangements that were in place to support people at the end of their life and discussions about this had been held with people and their relatives. We spoke with a visitor who commented positively about the support that staff had provided during a difficult period when their relative was unwell.

People were supported to make decisions about their own care where they were able to. People's relatives were also involved in making decisions if they were authorised to do so and records we saw confirmed this. One person said, "Staff always ask me what I want." A relative told us they were involved in regular reviews of the care plan and staff regularly checked that they remained satisfied with the care that was being provided.

We saw that people were given choices such as where they wished to spend their time and whether they needed support from staff with personal care. Staff told us they placed people's wishes at the centre of the care they provided and tried to empower people to make day to day decisions. We observed that one person enjoyed rearranging furniture and moving items around the home and staff supported their choice to do this in a way that did not impact on others. People were provided with information about how to access an advocacy service; however no-one was using this at the time of our inspection. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak up.

People were treated with dignity and respect and we saw that their privacy was respected by staff. One person said, "Staff treat me well." The relatives we spoke with told us they felt staff treated people with dignity and respect. One relative said, "They do respect [my relative] and make sure that everyone looks well presented."

We observed staff speaking with people in a respectful manner and people responded warmly to staff. People had access to their bedrooms at any time should they require some private time. Visitors were able to come to the home at any time and had access to different areas to spend time with their relative. Personal care and treatment was provided to people in their bedrooms in order to maintain their privacy and dignity.

Good

Is the service responsive?

Our findings

People received the care they needed and this was provided in a way that was responsive to their changing needs. One person said, "I am looked after very well." A relative told us, "I know [my relative] is well cared for. I visit regularly and people always look well cared for." Another relative told us they were involved in reviews of the care plan and they were made aware of any changes in the care provided.

We observed that staff provided care to people that was in line with their needs. For example, when one person became distressed staff responded by playing some of their favourite music which helped relieve their distress. Staff raised any concerns about people's health and well-being with the nurse who then carried out an assessment to determine if any treatment would be required. People who required support to change their position received this support in order to lower the risk of pressure damage to their skin.

The staff we spoke with demonstrated a clear understanding of people's needs and how these had changed over time. People benefitted from a clear system of which ensured that their care plan was reviewed on a regular basis. Staff operated a 'resident of the day' system and the named person's care plan would be reviewed on that day. The staff we spoke with told us they were updated about any changes to people's care.

People's care plans contained detailed information about the care which staff should provide in order to meet their needs. The information was written in an individual way and staff had used the information about people's life history and preferences when writing the care plans. People and their relatives were given the opportunity to be involved in providing information for their care plans.

People were supported to maintain hobbies and interests such as knitting and gardening. We saw that one to one activities were provided; several people enjoyed having their nails painted on the day of our inspection. Staff also spent time talking to people and regularly asked if there was anything people would like to do. People who wished to were supported to access the garden area and went on trips into the local area. There was also a programme of organised group activities and entertainment provided. The activities co-ordinator told us they greatly enjoyed their role and that the manager had increased their budget for the equipment they needed.

People were supported to raise concerns and make a complaint. The complaints procedure was available to people and their relatives and relatives told us they would have no hesitation in approaching the manager should they have a complaint. One relative said, "I would have no problems in speaking with the manager." Another relative said, "I would go to the manager or any of the staff if I had a complaint. But I've never had cause to complain, I am very happy with everything."

We reviewed the records of the complaints received in the 12 months prior to our inspection. The complaints had been investigated within the timescales stated in the provider's complaints procedure. Where possible, the complaints had been resolved to the satisfaction of the person making the complaint. We saw that the manager had taken action where required to try and reduce the likelihood of similar issues happening again.

Good

Is the service well-led?

Our findings

There was an open culture and people and staff were able to be actively involved in developments at the service. This was underpinned by an open and transparent leadership style and we observed that the manager was visible and approachable. One person said, "I see the manager a lot." A relative told us, "[The manager] doesn't sit in the office, he is always around." Another relative said, "The manager is very hands on and friendly."

The staff we spoke with felt there was an open and transparent culture in the home. One member of staff told us, "I can go to [the manager] any time and he will always listen." We were also told, "[The manager] is keen to hear suggestions and acts on them." There were regular staff meetings and we saw from records that staff were able to contribute to these meetings. The manager discussed expectations of staff during meetings and how improvements could be made to the quality of the service. Suggestions and concerns raised by staff were taken seriously and acted upon and staff told us they felt able to contribute at staff meetings as well as at any other time.

There was a clear vision and set of values that the staff worked to and staff were motivated to provide a good quality of service. We saw that staff communicated well with each other and understood the core purpose of their role and how they could contribute to the overall care of people who used the service.

The service had a registered manager and he understood his responsibilities. There were clear decision making structures in place within the home, staff understood their role and what they were accountable for. We saw that certain key tasks were assigned to designated groups of staff, such as ordering medicines and contacting healthcare professionals. The care staff we spoke with felt that their opinion was important and that the nursing team and manager valued their input and took action when required.

Resources were provided to drive improvements in the quality of the service. For example there had been investment in major improvement works to the building since our previous inspection. Resources were also being provided in order to improve the day to day experience of people living at the home, such as an increase in the activity co-ordinator's budget. The provider visited the service regularly and was accessible to all staff should they wish to raise anything.

Records we looked at showed that CQC had received all the required notifications in a timely way. Providers are required by law to notify us of certain events in the service.

The people we spoke with told us they felt the service was of a good quality, one person said, "Everything has been very good so far." There were regular meetings for people who used the service and their relatives which were advertised in advance. We saw that people were supported to voice their opinion about the service and make suggestions for improvements. Where required, action had been taken to address any issues people had raised during a recent meeting.

People were provided with alternative ways of giving feedback about the quality of the service. Satisfaction surveys had recently been provided to people who used the service and their relatives. These covered different aspects of the service and the results showed people were generally very happy with the service provided. The surveys afforded people the opportunity to go into more detail about any issues they may have and could also be completed anonymously should the person prefer.

The quality of service people received was assessed through regular auditing of areas such as medication, cleaning standards and accidents. Where improvements had been identified as being required by the audits, action was taken to ensure the improvements were made. The manager was working to an on-going improvement plan and this showed that there was a continuous drive to improve the quality of the service people received. Action was being taken to address the issues we have identified regarding management of medicines and the risk of legionella developing in the water supply.