

PNP Care Home Limited

PNP Care Home

Inspection report

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Tel: 01253352777

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

PNP Care Home offers a homely environment with accommodation arranged in 12 single bedrooms and 4 double rooms over three floors, serviced by a passenger lift. Each bedroom is individually decorated and contains a nurse call system and television points.

PNP Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

There is a registered manager at the service. 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.

At the last inspection of the service we found 7 breaches of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014. These breaches were Regulation 9 (Person centred care), Regulation 10 (Dignity and respect), Regulation 12 (Safe care and treatment), Regulation 17 (Good Governance), Regulation 18 (Staffing), Regulation 19 (Fit and proper persons employed) and Regulation 18 Registration Regulations 2009 (Notifications of other incidents).

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to meet the regulations. During this inspection we checked to see if there had been improvements at the service. We found all the breaches of regulation had been improved.

We found people were protected from risks associated with their care because the registered provider had completed risk assessments. These provided updated guidance for staff in order to keep people safe.

We found improvements had been made in medicines management. Monthly audits were being completed and management had oversight of these. Staff had received training and support around medicines management.

We found that maintenance checks were completed and there had been improvements. A range of checks were carried out on a regular basis to help ensure the safety of the property and equipment was maintained.

We looked at how accidents and incidents were being managed. There was a central record for accident and incidents to monitor for trends and patterns and the management had oversight of these.

The service had procedures to minimise the potential risk of abuse or unsafe care. Staff had received safeguarding training and were able to describe good practice about protecting people from potential abuse or poor practice.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff received supervision and appraisals and told us they felt supported. Staff training was ongoing and evidence was seen of staff completing training. We saw evidence people's care and support was delivered in line with legislation and evidence based guidance.

We found in depth assessments were carried out by the registered manager before any person received a service. Peoples needs for nutrition and fluids had been considered. Files contained likes and dislikes with regards to food and drink. We observed people eating in a relaxed manner and they seemed to enjoy their meals.

We received consistently positive feedback about the staff and about the care people received. Staff received training to help ensure they understood how to respect people's privacy, dignity and rights.

Each person had a care plan which was tailored to meet their individual needs. We saw care records were written in a person-centred way. People told us they were encouraged to raise any concerns or complaints. The service had a complaints procedure.

We found the management team carried out audits and reviews of the quality of care. We found some concerns with the oversight of supplementary recording which management addressed during the inspection.

Staff we talked with demonstrated they had a good understanding of their roles and responsibilities. We found the service had clear lines of responsibility and accountability with a structured management team in place.

The provider and registered manager had clear visions around the registered activities and plans for improvement moving forward. The management team were receptive to feedback and keen to improve the service. The manager worked with us in a positive manner and provided all the information we requested.

Whilst the service had improved since the last inspection. Standards need to be embedded to demonstrate good practice over time. We will check this during our next planned comprehensive inspection.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was safe.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was at risk of harm.

People were supported with their medicines by staff who had been appropriately trained. We found discrepancies in recording of medicines this had been picked up by the registered manager.

The rating could not be improved to good 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 

The service was effective.

People's rights were protected, in accordance with the Mental Capacity Act 2005.

Staff were skilled and received comprehensive training to ensure they could meet people's needs.

There was evidence of staff supervisions and appraisals.

People had access to healthcare professionals was available when required.

The rating could not be improved to good because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service caring?

Good 

The service was caring.

We observed they worked in ways that respected each person's culture, diversity and human rights.

Care documentation we reviewed contained clear evidence each

person or their representatives were consulted and fully involved.

Staff respected people's privacy and dignity in a caring and compassionate way.

Is the service responsive?

The service was responsive.

There was a complaints policy, which enabled people to raise issues of concern.

We saw examples of how people were supported in line with accessible information.

We saw care documentation which showed end of life care had been discussed with people who lived at the home.

The rating could not be improved to good because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

Is the service well-led?

The service was well led.

Staff worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

A range of quality audits and risk assessments had been conducted by the manager. However, these had yet to be fully implemented

Staff enjoyed their work and told us the management were always available for guidance and support.

The rating could not be improved to good because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

PNP Care 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 04 July 2018 and was unannounced. A further inspection site visit took place 05 July 2018 which was announced. The inspection team comprised of two adult social care inspectors.

Before the inspection visit we contacted the commissioning department at Blackpool Council. In addition we contacted Healthwatch Lancashire. Healthwatch Lancashire is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We checked the provider's website before the inspection visit to check if they were displaying their previous rating and found that they were.

During the time of inspection there were 10 people who used the service. We spoke with a range of people about PNP Care Home. They included three relatives, the registered manager and three staff members.

We closely examined the care records of six people who used the service. This process is called pathway tracking and enables us to judge how well the service understands and plans to meet people's care needs and manage any risks to people's health and wellbeing.

We reviewed a variety of records, including policies and procedures, safety and quality audits, three staff personnel and training files, records of accidents, complaints records, various service certificates and

medicine administration records.

We observed care and support in communal areas and had a walk around the home. This enabled us to determine if people received the care and support they needed in an appropriate environment.

Is the service safe?

Our findings

During our last inspection we found inconsistencies in individualised risk assessments and the plans in place to mitigate these. The documentation did not always contain information to adequately mitigate the risks to individuals. This was a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment).

We looked at how risks to people were being managed during this inspection. We found people were protected from risks associated with their care because the registered provider had completed risk assessments. These provided updated guidance for staff in order to keep people safe. These risk assessments related to, for example, people's risk of falling, risk of choking and risks related to diabetes management. The risk assessments viewed were person centred to the individuals. Staff we spoke with demonstrated they were aware of the different risks people were vulnerable to.

During our last inspection we found no oversight of accidents and incidents. We could not see that action taken following accidents and incidents to lessen the risk of them reoccurring. This was a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment).

We looked at how accidents and incidents were being managed during this inspection. There was a central record for accident and incidents to monitor for trends and patterns and the management had oversight of these. Accident and incident forms are being used. The documents we viewed were fully completed and had information relating to lessons learnt. We saw evidence of lessons learned being shared with staff during team meetings and supervisions.

During our last inspection we found that medicines administration was not always completed in line with the company policies and procedures. We looked at people's care plans and found gaps in information regarding people's medicine regimes. Topical cream administration was found not to be safe. The topical cream charts were not completed. This was a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment).

We looked at how the service was managing medicines at this inspection. We found improvements had been made. Monthly audits were being completed and management had oversight of these. We did find discrepancies in recording of medicines this had been picked up by the registered manager. We found protocols for 'as and when required' medicines were in place as per the provider's medicines policy. We looked at training records and found staff who administered medicines had received appropriate training for this.

During that last inspection we found maintenance records which had documented water temperatures of 46°C, 50°C, and 45°C. No action had been taken by the service as a result of these readings. We checked the fire safety documentation and saw that fire safety equipment audits had not been completed at the home since September 2017. We spoke to the registered manager who confirmed that this was correct. Therefore

we could not be assured that the fire safety equipment at the home was safe, this put people at risk. This was a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment).

During this inspection we found maintenance checks were completed and there had been improvements. A range of checks were carried out on a regular basis to help ensure the safety of the property and equipment was maintained. These checks included fire alarm, water temperature and electrical appliance checks. This helped to ensure people were kept safe and free from harm.

During our last inspection we found that not all safeguarding incidents had been appropriately reported to the relevant authorities, in line with current legislation and the policies and procedures of the home. There had been no investigations and no lessons learned were recorded for incidents that occurred. Only seven of the 21 staff working at the home had received training in relation to safeguarding people. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safeguarding service users from abuse and improper treatment).

We looked at safeguarding during this inspection. We found the service had procedures to minimise the potential risk of abuse or unsafe care. Staff had received safeguarding training and were able to describe good practice about protecting people from potential abuse or poor practice. Staff we spoke with were aware of the service's whistleblowing policy and knew which organisations to contact if the service didn't respond to concerns they had raised with them. Staff told us they would not hesitate to raise concerns if they witnessed abuse or poor practice. The service's policies and procedures took into account the need for respecting people's human rights and emphasised people were not to be discriminated against with regard to any protected characteristics under the Equality Act 2010. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

During our last inspection we found the service did not have a tool in place to calculate the number of staff required. Additionally, as there was no up to date training matrix at the service we could not identify if there was the correct skill mix amongst the staff on duty. We made a recommendation about this.

During this inspection we saw the registered manager had a system in place which was being used appropriately to determine how many staff were required. The registered manager had an up to date training matrix so they could ensure the correct skill mix of the staff. This meant people were supported by a consistent trained staff team.

The home was clean and tidy. Audits and daily walk rounds were being completed to keep the standards high. Staff told us that they were provided with personal protective equipment.

People's relatives told us they felt their loved ones were safe. One person said, "They look after my relative really well. They know it's their home. They are happy here."

Whilst the service had improved since the last inspection. Standards need to be embedded to demonstrate good practice over time. We will check this during our next planned comprehensive inspection.

Is the service effective?

Our findings

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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

During our last inspection we found people's capacity to consent to care had not always been assessed and information was at times conflicting. Records confirmed staff had not undertaken training in MCA and DoLS. Staff told us they were unsure of how this applied to their practice. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Need for consent).

During this inspection we checked whether the service was working within the principles of the MCA. We found mental capacity had been considered and written consent to various aspects of care and treatment was observed on people's files. The assessments we saw were person centred and included details about how the service had facilitated the persons understanding. We saw evidence where best interest decisions had been taken on a person's behalf. The service had included other professionals and family within the decision. The best interest decision was recorded and there was clear guidance for staff to follow to ensure they were working in accordance with the best interest outcome.

During our last inspection we found people had restrictive practices, such as door alarms in place. No DoLS applications had been made regarding the use of the alarms and the locked door that was in place at the home. This was a breach of Regulation 13 of the Health and Social Care Act (Regulated Activities) Regulations 2008 (Safeguarding service users from abuse and improper treatment).

During this inspection we checked whether any conditions on authorisations to deprive a person of their liberty were being met. There were no authorisations in place. However, we saw that DoLS had been applied for where required. There were also restrictive practice support plans in place for people. These documented restrictions such as door alarms and sensor mats. The restrictions were in place to protect the people who lived at the home and to help ensure their safety.

During our last inspection we found there was no training matrix in place so the registered manager at the time was not aware which staff were trained. Staff completion of training was low with only three out of 21 staff having dementia training. Nine out of 21 staff had completed health and safety training. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Staffing).

During this inspection we found staff training was ongoing and evidence was seen of staff completing training. We checked the full training records of four staff and viewed the training matrix for the service. Training subjects included areas which affected the wellbeing of people, such as safeguarding. Staff told us they received adequate training in order to care for people effectively. New staff completed induction to ensure they were able to complete the role. For example, a staff member said, "Induction was good. I spent time shadowing another senior and getting used to the home. I had a week and a shift with each senior. It was really good getting to know everyone and the job."

We found in depth assessments were carried out by the registered manager before any person received a service. Assessments took place to ensure people's needs could be met by the service. People's initial assessments had been used to create their care plan. Individuals and their relevant family members, where appropriate, had been consulted during the assessment process.

People's needs for nutrition and fluids had been considered. Files contained likes and dislikes with regards to food and drink. We observed lunch being served, we saw some people who had difficulty cutting their food being offered support to eat their meal. We observed people eating in a relaxed manner and they seemed to enjoy their meals. There was a choice of juice, water and tea and staff were seen offering these to people.

The home had brought in outside catering since the last inspection. There were reduced sugar desserts for people who were diabetic, nutritional values for each dish were available. We saw evidence the home had tasting sessions before bringing the catering in to ensure people were happy with it. Feedback from people who used the service was good and people had put weight on. One person told us, "The food must be alright because [name removed] is eating again."

People were supported by staff to live healthier lives. The service referred people in a timely manner, if required, to other services such as chiropodist and GPs.

We looked at the premises and found it was suitable for the care and support provided. There was a lift which serviced the building and all rooms could be easily accessed. There were some dementia friendly aspects to the home, including different coloured toilet seats in the communal areas and contrasting colours for handrails.

We asked the registered provider how they obtained and implemented information on best practice guidance and legislation. They told us they attended all relevant conferences and provider forums. They commented involvement helped gather and share good practice. They explained they were currently in the process of reviewing relevant policies to ensure it met the requirements of the General Data Protection Regulation (GDPR). The GDPR is Europe's new framework for data protection laws.

We saw evidence people's care and support was delivered in line with legislation and evidence based guidance. For example, the National Institute for Health and Care Excellence (NICE), MCA, Health and Safety and LOLER (Lifting Operations and Lifting Equipment Regulations 1998) regulations. This demonstrated the manager was aware of their responsibility to use national guidelines to inform care and support practice at the home.

Whilst the service had improved since the last inspection. Standards need to be embedded to demonstrate good practice over time. We will check this during our next planned comprehensive inspection.

Is the service caring?

Our findings

During our last inspection we found that records were not always stored securely. We noted a book was left out on the medicines trolley unattended. We asked to see this and on viewing it, we found this contained personal details of people who lived at the home. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good governance).

During this inspection we saw staff were mindful about the security of people's records. People's care records were stored in a staffed office and kept secure when they were not being used.

Staff understood it is a person's human right to be treated with respect and dignity and to be able to express their views. We observed them putting this into practice during the inspection. We saw staff respected people's privacy by knocking on doors and waiting for a response before entering.

Staff had a good understanding of protecting and respecting people's human rights. Some staff had received training which included guidance in equality and diversity. We discussed this with staff; they described the importance of promoting each individual's uniqueness. There was a sensitive and caring approach, underpinned by awareness of the Equality Act 2010. The Equality Act 2010 legally protects people from discrimination in the work place and in wider society.

We observed staff as they went about their duties and provided care and support. We saw staff speaking with people who lived at the home in a respectful and dignified manner. For example, we observed staff members speaking to people at their level so they had good eye contact. One person told us, "They're all caring people." Another said, "The staff really do care, it's not just a job to them."

The registered manager and staff told us they fully involved people and their families in their care planning. People's beliefs, likes and wishes were recorded within care records and guidance in these records reflected what staff and people told us about their preferences. Each record contained a comprehensive history of each person. This supported staff in developing positive and meaningful relationships with people.

People's relatives we spoke with told us they were offered a variety of choices, which promoted independence, such as what they wanted to do and where they would like to sit. People had their own bedrooms and had been encouraged to bring in their own items to personalise them. We saw people had bought in their own ornaments and rooms were personalised with pictures and paintings.

There was information available for people about how to access local advocacy services, should they so wish. Advocates are independent people who provide support for those who may require some assistance to express their views. Signposting people towards advocacy services helped to ensure people's rights to make decisions about their care and support were promoted.

Is the service responsive?

Our findings

During our last inspection we found people's current needs were not always identified. Care plan information was not always an accurate, complete and contemporaneous record. Person centred information in care files was inconsistent. There was no documentation in place to be shared with other professionals about people's needs. For example, when a person visited the hospital. We saw, from care records, staff had not discussed people's preferences for end of life care. This meant the provider would not know what the person's preferences were and would not be able to respect these on death. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we saw care records were written in a person-centred way and we observed staff followed the guidance in care records. Staff took note of the records and provided care which was person-centred. For example, we observed staff working with people on a one to one basis helping them to mobilise the home and avoid situations that could cause distress. The staff were gentle with the person and used good communication and distraction techniques.

Care plans were clear, concise and regularly reviewed; this meant people received personalised care, which met their changing needs. We saw examples of how people were supported in line with accessible information. For example, one person had difficulty with their speech, the care plan guided staff to use a pen and paper if required.

Documentation was shared with other professionals about people's needs on a need to know basis, for example, when a person visited the hospital. This meant other health professionals had information about individuals care needs to give a clear overview of the person's current needs.

We saw care documentation which showed end of life care had been discussed with people who lived at the home. We saw people had plans around end of life care and these plans were person-centred. They included information around what music people wanted playing, who they wanted involved in their care and any advanced decisions they may have made.

This helped to ensure their wishes for their final days were recorded so they could receive the care and support they wanted at that time. We looked at the service's training matrix which showed staff had received training in end of life care.

People told us they were encouraged to raise any concerns or complaints. The home had a complaints procedure. We saw evidence of complaints and information was available to show how those complaints had been reviewed, investigated and responded to. People we spoke with said they felt comfortable raising concerns if they were unhappy about any aspect of their care.

We looked at what activities the home provided in order for people who lived there to receive stimulation and to maintain social health. One person told us, "Someone comes in and does old music and activities

every other Wednesday." A staff member told us, "Staff take people out, we have three carers on to do activities. We have DVD evenings, nail painting and hand massage."

Whilst the service had improved since the last inspection. Standards need to be embedded to demonstrate good practice over time. We will check this during our next planned comprehensive inspection.

Is the service well-led?

Our findings

During the last inspection we found the service did not have a robust quality assurance system. There were no audits for care files, daily notes and medication administration records. The maintenance and safety audits had not been completed since September 2017. We reviewed the provider's policies and procedures. We found these were not being followed by management or staff. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the improvements that had been made during this inspection. We found the management team carried out audits and reviews of the quality of care. Records were regularly reviewed to check they had been completed and updated as necessary. We saw the management team had carried out specific care record audits to ensure records were of a high quality and consistent with procedure.

We saw other audits, such as those in respect of the environment and equipment, had been carried out, areas for development had been identified and action taken. Staff told us they received constructive feedback on any areas for improvement from members of the management team, such as medicines procedures. This was supported by records we saw.

We looked at policies and procedures related to the running of the home. These were in place and reviewed every year. Staff had access to up to date information and guidance. We found procedures were based on best practice and in line with current legislation. Staff were made aware of the policies at the time of their induction and had full access to them.

During the last inspection we found the registered manager of the service had not informed CQC of significant events as required. This meant we were unaware of the events and could not check appropriate action had been taken. This was a breach of Regulation 18 (Notification of other incidents) CQC (Registration) Regulations 2009.

During this inspection we found the registered manager of the home had informed CQC of significant events that had been identified as required. This meant we could check appropriate action had been taken.

The home had a registered manager in place. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the home is run.

Many of the service users were unable to answer specifics about the leadership. One relative said, "The manager before wasn't doing what they should, there was no paperwork. The new manager is getting everything in order."

We found the organisation had maintained links with other organisations such as the local commissioning groups. The registered manager kept up to date with current good practice guidelines by attending local groups and meetings at which they shared learning and discussed new developments in care.

Staff we talked with demonstrated they had a good understanding of their roles and responsibilities. We found the service had clear lines of responsibility and accountability with a structured management team in place. Staff we spoke with all told us the management team were visible, supportive and available to provide guidance and advice. The registered manager spent time working alongside staff to monitor the culture and performance of staff.

Staff reported a good working environment, they told us they were happy in their work and felt well supported. One staff member told us, "The manager is good. I feel well supported." Another told us, "The manager asks for my opinion. I feel they take our views and opinions on board."

The registered manager told us they encouraged and sought feedback on the service provided from people who lived at the home and relatives. We saw minutes of 'resident's meetings' which had taken place since our last inspection. The registered manager informed us they had invited a relative into a staff meeting to discuss laundry and what that means to them and their relative.

The home had on display in the reception area of the home their last CQC rating, where people who visited the home could see it. This is a legal requirement from 01 April 2015.

The provider and registered manager had clear visions around the registered activities and plans for improvement moving forward. The management team were receptive to feedback and keen to improve the service. The managers worked with us in a positive manner and provided all the information we requested.

Whilst the service had improved since the last inspection. Standards need to be embedded to demonstrate good practice over time. We will check this during our next planned comprehensive inspection.