Prestige Care Limited

Parkville Care Centre

Inspection report

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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

About the service
Parkville Care Centre is a care home registered to provide nursing and residential care for up to 94 older people, including some people living with dementia. At the time of inspection 72 people were using the service. The service at Parkville Care Centre is provided within two buildings. One of which, Auguste Community provides nursing care.

People's experience of using this service and what we found
At our last inspection medicines were not always managed safely. Quality assurance systems were not robust. At this inspection we found we found ongoing issues with medicines management and the governance of the service. People's nutritional needs were not always well managed and the lunchtime experience for people required improving.

Risks to people had not always been identified and mitigated. We found some people's care records were not always comprehensive.

People and relatives told us permanent staff were kind and caring. We were told there had been a lack of continuity of staff at times due to a high level of agency staffing being used. The provider told us they were in the process of recruiting additional staff to address this issue.

Staff knew how to safeguard people from abuse. Staff were recruited using systems which reduced the risk of unsuitable candidates being employed.

Peoples care records were not always person centred however, staff knew people's care needs well.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff sought consent from people when assisting them. However, some staff did not show an understanding of the legislation related to people's capacity to make their own decisions.

We have made a recommendation about Mental Capacity Act guidance for staff.

Staff were supported through induction, training and supervision. We identified some gaps in staff training. The registered manager told us they were addressing this issue with training scheduled.

People's dignity was not always fully maintained. We observed people's bedroom doors were not always closed when staff were supporting people.

A range of activities were available to people. The service worked with other professionals to meet people's needs.

A complaints system was in place. Lessons had been learnt from adverse incidents.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update
The last rating for this service was requires improvement (published 22 November 2018). There was a breach of regulation related to people's safe care and treatment. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection not enough improvement had not been made and the provider was still in breach of regulations.

Why we inspected
This was a planned inspection based on the previous rating.

Enforcement
We have identified breaches in relation to risks to people, medicines management, people's nutrition and the governance of the service at this inspection.

Follow up
We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Parkville Care Centre

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
This inspection was carried out by an inspector, an assistant inspector, a medicines team inspector, a nurse and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Parkville Care Centre 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.

The service had a manager who registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We requested feedback from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us 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

used all of this information to plan our inspection.

During the inspection
We spoke with nine people who used the service and ten relatives and friends about their experience of the care provided. We spoke with 16 members of staff including the registered manager, unit manager, clinical lead, two senior care workers, nine care workers, an activities coordinator and a cook. We spoke with 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 reviewed a range of records. This included eight people's care records and multiple medicines records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. The provider sent us additional information covering a range of areas looked at during and after inspection.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people were not safe and were at risk of avoidable harm.

Using medicines safely

At our last inspection the provider had failed to ensure the proper and safe management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

● Medicines were not always managed safely. We found issues with the storage and administration of medicines. We also identified errors and inconsistences in medicine records
● During this inspection we identified one person received their time critical medicine late. This could have affected the person's physical well-being. We brought this to the attention of staff during the inspection and the persons medicine was administered. The registered manager sent us information following this inspection to say the issue had been addressed with staff.
● Medicine stocks did not always tally with that administered and we could not be assured people had always received their medicines as prescribed.

The provider had failed to ensure systems were in place or robust enough to demonstrate medicines were managed safely. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● 'Following this inspection the provider informed us that a range of measures had been or were going to be implemented to improve medicines safety within the service.

Assessing risk, safety monitoring and management

At our last inspection care and treatment was not always provided in a safe way for people This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

● Risks to people had not always been comprehensively assessed and reviewed.

● Care plans and/or risk assessments were unavailable for some people covering areas such their skin integrity and use of oxygen.
● One person was identified as at high risk of malnutrition. We were unable to locate food and fluid charts for the person. The person's care-plans stated the person was independent 'at times' with eating and drinking. However, we saw their fortified drink had been left out of their reach. The person's call bell was also out of reach. We brought this to the attention of staff.
● One person was developing pressure damage and had a care plan which stated their mattress level should be checked daily. However, the daily check form did not state what setting the mattress should be at. There were gaps of up to five days where mattress checks had not been recorded. This put the person at risk of increased skin damage.
● We saw a staff member moving a person using a wheelchair with only one footplate putting them at risk of injury. We discussed this with the registered manager who addressed the matter with staff.
● Checks of the building and equipment took place. However, we identified some safety issues on inspection such as a broken call bell pull cord in a bathroom. We saw toasters were left out in the residential dementia unit after breakfast. The room was not always monitored by staff. This put people living with dementia entering the room at risk of injury.

The provider had failed to robustly assess and manage the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed the issues with found with risks to people with the registered manager and provider during and after the inspection and they assured us they had been or would be addressed.

Systems and processes to safeguard people from the risk of abuse.
● People were safeguarded from the risk of abuse. The service had a safeguarding policy and procedure in place.
● Staff knew how to safeguard people from abuse. They knew the signs of abuse and were confident any concerns they raised would be dealt with appropriately.

Staffing and recruitment
● Recruitment procedures were safe. Checks were undertaken before new staff began work to help ensure staff were suitable to carry out their role.
● The service was regularly using agency staff to cover rotas. Some people and relatives told us they felt care and support could be inconsistent due to the level of agency staff in use.
● Some staff told us the use of agency staff to maintain safe staffing numbers was making it difficult for them to provide high standards of care at times. One said, "We say every day 'I hope it gets better', then we have agency again." We discussed this with the registered manager who told us additional staff had been recruited and were going through the recruitment processes.

Preventing and controlling infection
● People were protected, where possible from the risk of infection. People and relatives told us they thought the home was usually kept clean.
● Staff had received training in infection control and followed safe practices.
● Gloves and aprons were available to staff to reduce the risk of the spread of infection.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's plans of care were reviewed regularly but were not always comprehensive.
- Nationally recognised tools were used to monitor people's skin and weight. However, we had difficulty locating some information related to people's nutrition and skin integrity.
- We identified one person's one to one observation record was not up to date. We discussed with staff who told us it was no longer needed as the person's behaviour has settled. This change had not been reflected in the person's care plan reviews.

Supporting people to eat and drink enough to maintain a balanced diet

- The service had taken part in the Focus on Undernutrition programme and was supporting people in this area. However, records relating to people's eating and drinking were not always fully completed. For example, one person's records, who was at risk of pressure damage and dehydration showed they were not being often offered enough drinks.
- Mealtime experiences for people required improvement. People did not always get the support they needed at lunchtime.
- People's meals were not always served hot. In Auguste Community the food arrived on a trolley covered with cling film, there was no means of keeping the food hot. One person was served chips thirty minutes after the food was brought through. One staff member told us, "It should be in a hot lock, we get our food on a trolley. Some of these [people] take time to eat and by the time we get to other people it's going to be cold."
- Some people had to wait a long time to be able to eat. We observed one person waited an hour before being offered assistance with staff to eat their meal. Two others waited over 45 minutes.

The provider did not always ensure people's nutritional needs were met. People did not always received the support they needed at mealtimes. This put people at risk of unnecessary dehydration and/or weight loss. This was a breach of regulation 14 (Meeting Nutritional and Hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed the issues we found with people's meals with the registered manager and provider. They told us they would complete more meal time observations. The provider assured us after this inspection the equipment required to keep food warm was now in place.

Staff support: induction, training, skills and experience

● Records showed some staff required additional training in areas the provider deemed key. The registered manager told us they were working on improving the percentages of staff training and some training dates had been scheduled.
● Staff were supported through regular supervision meetings and an annual appraisal.
● New staff worked alongside more experienced staff until they felt confident enough to work unsupervised.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People were supported to have access to a range of healthcare professionals to help ensure they remained healthy.
● Where needed staff supported people with medical appointments.
● People's oral hygiene and dental needs had been assessed.

Adapting service, design, decoration to meet people's needs
● Since the last inspection furniture had been moved, seating areas were placed around the outside of lounges which did not allow for a homely or inclusive feel. We saw people in one area of the home people were sitting in one line along a wall. This limited their ability to engage with others. The provider sent us information following this inspection this had been addressed.
● For those people living with advanced dementia, the home had invested in a sensory room and interactive table.
● Bedrooms contained personalised items such as pictures and soft furnishings.
● People had memory boxes next to their bedrooms containing photographs and small personal effects.

Ensuring consent to care and treatment in line with law and guidance
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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.
● DoLS applications had been made appropriately.
● Some consideration had been given in people's care records to their capacity. However, this was inconsistent. Where people lacked capacity to make certain decisions we found some records required improving.
● Staff did not always show a full understanding the principles of the Mental Capacity Act. One staff member told us, "I don't know what a DoLs is for."

We recommend the provider review staff training and guidance in the Mental Capacity Act and DoLS.

● Following this inspection the provider told us further guidance was being provided to staff in this area.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity;
- Staff were kind and caring with people.
- People told us permanent staff were very caring. One person told us, "Oh I think they're lovely absolutely, get on with all of them[staff], couldn't fault them." Some people and relatives told us they felt agency staff were not always as caring in their manner.
- We saw a staff member successfully calm a very distressed person using distraction techniques.
- Staff promoted people's independence where they were able.

Respecting and promoting people's privacy, dignity and independence
- Staff were very respectful in how they spoke with people.
- We observed staff knocked on bedroom and bathroom doors before entering. However, we found people's privacy was not always fully respected by all staff. We saw some staff supporting some people in their bedrooms without closing doors. Following this inspection we received information from the provider to say this issue had been addressed with the staff team.

Supporting people to express their views and be involved in making decisions about their care
- Staff knew people well including their individual likes, dislikes, life history and interests.
- We observed staff encouraging people to make day to day decisions about their care.
- Staff knew people's communication needs and communication care plans were in place.
- Residents meetings took place where people could talk about issues important to them. One person told us, "You can get things off your chest."
- People and relatives told us they were made welcome when they visited.

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people's needs were not always met

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans varied in detail and how person centred they were. Following this inspection the provider informed us that the care planning system across the service is to be updated and people's care plans will be reviewed and amended to ensure that they are person centred.
- There was limited evidence in care records that people and their families were involved in reviews of people's care needs. After this inspection the provider told us families were offered opportunities monthly to be involved in the review of people's care. However, these meetings had not always taken place due to the high use of agency staff. They told us they would be returning to this practice.
- We identified for one person some areas of their individual need had not been captured within their care records.
- The provider informed us after this inspection people had life stories and life history books kept in their bedrooms which we were not provided with on the day of inspection.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People were able to access activities and outings.
- We observed staff did not always involve people in discussions about what they wanted to do with their day. For example, one staff member changed a DVD without consulting people or asking them what they would like to watch. We discussed this with the registered manager who told us they would address this with staff team.
- People took part in activities that were appropriate to their needs, such as for those living with dementia, both within the home and the community. These included musical bingo and a sensory room. On the day of inspection some people were attending a dementia friendly screening at a local cinema.
- Improvements were required to ensure people got the most out of activities and adaptations within the home. One staff member told us the sensory room mostly when people are distressed.
- People's spiritual needs were assessed and representative of faith groups visited the service where people wanted this to take place

End-of-life care and support

- Some end of life care records required improving. There was not always evidence that people had been given the opportunity to discuss this important matter.
- Staff worked with other health and social care professionals to help ensure the right care was provided to meet people's needs at this important time in their lives. Permanent staff were knowledgeable about how to effectively care for people coming to the end of their life.

● Some people had chosen to have 'Do Not Attempt Cardiopulmonary Resuscitation' (DNAR) forms completed, so staff had guidance about the action they needed to take in an emergency.

Improving care quality in response to complaints or concerns

● A complaints procedure was in place. Records were kept of complaints which had been received. They detailed the actions taken to address the concerns raised. Where people had been unhappy with the outcome of a complaint, the registered manager had taken further steps to ensure the complaint was fully resolved.

● People and relatives told us they knew how to complain.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● The registered manager gave us example of information provided in an easy read format. They told us information would be provided on a bespoke basis to individuals as needed.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At our last inspection we found governance procedures were not always robust. At this inspection we found further issues in this area.
- Regular audits were carried out by the provider and management team to assess and monitor the quality of the service. However, these had failed to identify and/or address the issues we found on inspection with medicines management, risks to people, record keeping and nutrition.
- People did not always have up to date, comprehensive records of their care requirements in place.

The provider had failed to operate effective systems to assess, monitor and improve the quality and safety of the services. The provider had failed to maintain an accurate, complete and contemporaneous record in respect of each person. This put people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Most people, relatives and staff told us they felt listened to by the management team. One person told us, "Her door is always open to you if you have any problems." A member of staff told us, "I can go to the manager if I have a problem."
- Staff meetings were held to keep staff updated with any changes to the delivery of people's care.
- Meetings took place for people and relatives where they could express their view and wishes and an action plan put in place to make improvements based on people's feedback. The registered manager held open door sessions for people and relatives to drop into discuss any issues important to them.
- Surveys had been sent out to people, relatives and staff to gather their feedback. The results of these were analysed by the management team and an action plan put in place to address issues identified.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The management team understood their duty of candour responsibilities.
- The registered manager and operational manager were open about the areas of improvement required within the service and shared their development plans with us.

Working in partnership with others

- The service worked with a range of professionals and outside agencies to meet people's needs.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment 12.2 (a) (b) The provider had not consistently assessed and managed the risks to people's health and safety and done all that was reasonably practicable to mitigate these risks. The provider had failed to ensure the proper and safe management of medicines.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs 14.1, 4 (d) The provider had not always ensured people's nutritional needs were met. People were not always given the support they needed at mealtimes.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance 17.2 (a) (c) The provider had failed to operate effective systems to assess, monitor and improve the quality of the service.

The provider had failed to maintain an accurate, complete and contemporaneous record in respect of each person.