Care Quality Commission

Rushcliffe Care Limited

Parkmanor Care Home

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?	Good
Is the service well-led?	Requires Improvement

Overall summary

Parkmanor Care Home provides nursing and personal care for up to 40 older adults, including people with mental health needs, physical disabilities and sensory impairments. Many of the people who use the service have dementia care needs. The home is purpose built and accommodation is provided across two floors with a number of communal areas.

There was a registered manager in post at the time of our inspection. 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.

Our previous inspection of 22 August 2013 found the provider had met all the regulations we inspected.

People we spoke with were confident their care and support needs were being met. They told us about the positive relationships they had developed with the staff

Summary of findings

team and were certain that their views were sought and listened to. People felt their individual needs and preferences were known and understood by staff working at the home.

We saw that people were well supported by a staff team that understood their individual needs. We observed that staff were friendly, kind and treated people with respect. Staff had worked hard to make the atmosphere of the home welcoming. We saw examples of where people had been involved in the running of the service during the staff award ceremony that took place on the first day of our inspection.

People's medication had not always been managed and administered in a way that ensured people's safety and welfare, particularly with regard to the management of PRN medication. This is medication that is given as required.

The provider was also not meeting the requirements of the Mental Capacity Act 2005 and had not always acted within the law. Where people lacked mental capacity to make decisions about their care, the proper procedures to ensure best interest decisions were made had not been followed.

The provider had a number of audits and management systems in place to assess and monitor the quality of service provided. However, these were not always effective as they had failed to identify a number of issues we found during our inspection.

You can see what action we told the provider to take at the back of the full version of this report.

Staff recruitment procedures were robust and ensured that appropriate checks were carried out before staff started work. Staff received a thorough induction and on-going training to ensure they had up to date knowledge and skills to provide the right support for people. They also received regular supervision and appraisals in line with the provider's policy, although there were some gaps in the supervision of clinical staff. Staff told us they were well supported by the manager and provider and felt they had received sufficient training.

Staff were aware of how to manage concerns relating to people's safety and welfare and the registered manager had a good understanding of the local procedures in responding to and reporting allegations of abuse. These processes had been followed when required. The premises and equipment had been well-maintained and were safe for people who lived there.

People's needs were assessed and plans were in place to meet those needs. Staff understood what people's individual needs were and acted accordingly. Risks to people's health and well-being were identified and plans were in place to manage those risks. People were supported to access healthcare professionals whenever they needed to. We spoke with a visiting healthcare professional who told us people received good nursing care at the home. People's nutritional and dietary requirements had been assessed and a nutritionally balanced diet was provided.

Staff were clear about the values and aims of the home and told us how they focused on giving people choices and promoted their involvement. Staff and people who lived there told us the registered manager was approachable and were confident that any concerns or issues they raised would be dealt with appropriately.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we took at the back of this report.

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 consistently safe.

People's medicines had not always been managed and administered in a way that ensured people's safety and welfare.

People felt safe and there were systems in place to protect people from the risks associated with the provision of their care and to respond to allegations of abuse. Staff had been recruited appropriately and the premises were well-maintained.

Requires Improvement

Is the service effective?
The service was not consistently effective.

The provider was not meeting the requirements of the Mental Capacity Act 2005 and had not always acted within the law. Where people lacked mental capacity to make decisions about their care, the proper procedures to ensure best interest decisions were made had not been followed.

Staff had the skills and experience they needed to meet the needs of those in their care. People were provided with a balanced diet which met their individual needs and their health had been monitored and responded to.

Requires Improvement

Is the service caring?
The service was caring.

People told us care staff supported them appropriately and were kind and respectful. Our observations showed staff considered people's individual needs and provided care and support in a way that respected their individual wishes and preferences.

Good

Is the service responsive?
The service was responsive.

People were encouraged to make their views known about the service and the provision of their care. Staff sought people's views in the provision of their day to day care and encouraged people to engage in activities, hobbies and interests that were important or relevant to them. Complaints and concerns had been appropriately responded to.

Good

Is the service well-led?
The service was not consistently well-led.

Auditing and quality assurance systems were in place but these were not always effective in identifying potential risks to people's safety and welfare.

Requires Improvement

Summary of findings

Staff were clear about their roles and responsibilities and were confident about raising any concerns they might have with the registered manager. The service sought the views of the people who used it and responded accordingly.

Parkmanor 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 was 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.

Prior to our inspection we reviewed the information we held about the service. We looked at the statutory notifications we had received from the provider. These are notifications the provider must send to us which inform of deaths in the home, and any incidents that affect the health, safety and welfare of people who live at the home. We spoke with the local authority to seek their views on the quality of service provided. We also considered the inspection history of the service.

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.

Two inspectors carried out an unannounced inspection of home on 21 November 2014. One inspector returned to the home on 26 November 2014 in order to complete the inspection. We spoke with six people who used the service, and three care staff workers, one nurse, the activity co-ordinator and a cook. We also spoke with the registered manager, a senior manager and a visiting health professional.

We reviewed a range of records about people's care and information about how the home was managed. This included four people's plans of care, four staff records and records in relation to the management of the service such as audits and checks.

Requires Improvement

Is the service safe?

Our findings

We spoke with people using the service and asked them if they felt safe at the home. None of the people we talked with had any concerns about their safety. They all felt they were treated appropriately at the home.

We observed a medicines round during our inspection and reviewed people's medication records. Medication was being administered safely to people and people were getting the routine medicines as prescribed. We saw that controlled drugs were being managed according to national guidance. We found that people's medication was being safely stored and handled by staff who were trained to do so.

People had a medication care plan which detailed the medication prescribed to them, the dosage, and the reason for the medication. However, the medication listed on these did not always tally with what was on the person's medication administration record. Some people were prescribed PRN medication which is medication that is given when needed, for example for pain, illness or anxiety. There were no plans in place for the administration of these medicines which meant that staff did not have clear guidance about the circumstances under which they should administer PRN medicines to people. We found that a record had been made of when PRN medication had been administered but there was not always a record of the reasons why these medicines had been administered and what the result on the person was. This meant there was a risk of people being given their medication inappropriately.

We also found that some people were receiving their medication covertly at times. However, there was no evidence that staff had considered that disguising medicines in food or drink for example, may have altered their therapeutic properties, making them ineffective.

The provider was not always protecting people against the risks associated with medicines. People using the service may not have had their medication managed and administered to them safely by the service.

Staff we spoke with told us they received regular training about how to protect people from the risk of abuse and records we looked at confirmed this. Nursing and care staff were aware of the types of abuse and clear about who they would report safeguarding concerns to. This meant that staff were aware of how to protect people from the risk of abuse by ensuring any such concerns were reported appropriately. The manager was aware of local procedures for reporting allegations of abuse and we saw examples of where appropriate action had been taken by the provider in the reporting and management of concerns about people's safety and welfare. This meant that people were protected from the risk of abuse because appropriate action had been taken to safeguard those they supported.

We looked at people's care records and found they included individual risk assessments which identified potential risks to people's health or welfare. Risk assessments recorded these risks and any action that should be taken to minimise the risk. For example, we found that risk assessments were in place where people were at risk of falls, developing pressure sores or at risk of malnutrition. Staff had a good understanding of people's needs, including any individual risks and understood the action they should take to minimise any risks to people's safety and welfare. This meant they were aware of how to provide care and support in the safest way.

Any accidents or incidents that had had occurred, such as falls, had been recorded by staff and then reviewed by the manager to see if any changes or action should be taken to prevent future occurrences.

The home had specialist equipment available, such as hoists and wheelchairs, to keep people using the service safe. We found that equipment had been appropriately maintained and staff had received training in how to use the equipment. The home had been well maintained and the premises were safe for the people who lived there. Records showed that the manager and provider regularly undertook checks and audits in relation to people's health and safety. However, we found that the homes' fire safety risk assessment and their water hygiene survey were both out of date and had not been reviewed. We drew this to the managers' attention during the first day of our inspection. On the second day, we found a new fire safety risk assessment had been completed and arrangements were in place for the water hygiene survey to be carried out.

People we spoke with were confident there were enough staff working at the home. One person told us, "If I need help they come straight away and are happy to do so". We looked at staff rotas for the week of our inspection and found staff had been allocated to work across a 24 hour period in line with the provider's quota of staffing levels.

Requires Improvement

Is the service safe?

This included ensuring there were qualified nurses working at all times. Staff we spoke with felt staffing levels were adequate and told us they were able to meet people's needs safely and in a timely manner.

Throughout both days of our inspection we observed staff responding to people's call bells and requests for assistance in a prompt and timely manner. People we spoke with were confident that there were sufficient numbers of staff available to provide their care and support when it was required. One person showed us their call bell and told us staff were "quite quick" whenever they pressed the bell.

We looked at staff records and found that appropriate checks were undertaken before staff began working at the home. Records showed pre-employment checks had been carried out, which had included the completion of an application form, the seeking of two written references, carrying out a police check and confirmation of their identity. The provider had ensured the nurses working at the home had an appropriate qualification. This meant people using the service could be confident that staff had been screened as to their suitability to care for the people who lived there.

Requires Improvement

Is the service effective?

Our findings

People we spoke with told us they received the care and support they required. People felt they had developed good relationships with the staff team at the home and were content with living at the home. Comments included, "I feel very well and have no concerns", "If I need help they come straight away and are happy to do so" and "They're always asking if I'm ok".

Where people did have the capacity to consent to their care, we could not always see evidence of their consent being recorded within their care plans or that their care and support needs were discussed with them on an on-going basis. However, we did see staff offering people choices during our inspection and observed them to gain people's verbal consent before delivering care to them.

There were policies and procedures in place in relation to the Mental Capacity Act (MCA) 2005. The MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves. Records we looked at showed that where people lacked capacity to make a decision about their care or support, the proper procedures had not been followed. Although we found that mental capacity assessments had been completed these had not been carried out consistently or accurately. We could see no evidence that the service had established, or acted in accordance with the best interests of the person. This meant that the provider had not followed key principles of the MCA and so did not always ensure that people's legal and human rights were upheld.

There were a number of people receiving their medication covertly at the home. The covert administration of medicines is only likely to be necessary or appropriate for people who have actively refused medication but who are judged not to have the capacity to understand the consequences of their refusal. The service had sought the authorisation of a GP to administer their medicines covertly, but had not followed the requirements of the law, particularly in relation to capacity.

The care plan of one person stated they had capacity to make the decision to refuse their medicines, however we found this persons' medicines were at times being disguised in their food/ drink. We spoke with the registered manager about this and they told us that this person did not have capacity to refuse their medicines and this care plan was inaccurate. However, there was no mental capacity assessment in place for this person to ascertain this and no evidence that this person's best interests had been considered or established by staff at the home. There were other instances where people's capacity to refuse medicines had not been properly established and the proper legal processes had not been followed. This again meant that people's legal and human rights had not always been upheld.

One person was being cared for in a way that restricted their liberty. Although staff were able to explain why this was happening there was no guidance or plans in place for staff to follow with regard to when the restriction should happen. There was no evidence of how this decision making had been made in line with legislation. For example, by considering the persons' best interests, least restrictive practices and consultation with family and health professionals.

We spoke with staff about the MCA to check their training and understanding in this area. Staff were not clear about the requirements of the MCA and their roles and responsibilities. Although staff had received training in this area they did know how to implement the requirements of this legislation into practices at the home and had not always acted within the law.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

There were several people deprived of their liberty under the Deprivation of Liberty Safeguards (DoLS) at the time of our inspection. The DoLS are a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted to keep them safe. The manager had a good understanding of the circumstances which may require them to make an application to deprive a person of their liberty and understood the processes involved. We were concerned that conditions that were in place as part of people's DoLS had not always been responded to by the service and we asked the registered manager to take immediate action to ensure these conditions were met.

People told us they enjoyed the food and meal choices at the home. One person said, "There are lovely meals here. The food is very good and lots of it too". We looked at the food and drink people were offered during our inspection

Requires Improvement

Is the service effective?

and observed the lunchtime meal. People had been supported to choose their meal and we saw that it was freshly prepared, nutritious and nicely presented. Staff provided appropriate support to people who needed assistance with their meal whilst encouraging people to be as independent as possible. People were offered a choice of drinks throughout the day.

All staff we spoke with showed a good understanding of people's nutritional needs and preferences. Records we looked at identified whether people were at nutritional risk and detailed action staff should take to mitigate these risks. We also found that advice from health professionals in relation to people's eating and drinking had been acted on by staff at the home. This meant that people had effective support in relation to their nutritional needs. We spoke with the cook and they showed us information they had received from care staff about people's nutritional requirements and preferences and we were told about how the kitchen staff accommodated and responded to these.

People we spoke with felt staff were aware of their health needs and that they had access to relevant health professionals when necessary. Records showed that staff monitored and responded to people's changing health needs when required. For example, when appropriate we found that referrals had been made to relevant health professional; records were kept of their advice and incorporated into people's care plans. The registered manager told us they had been working on establishing better links with the local GP practice which included a named GP visiting the home at regular intervals to help establish consistency for people.

We spoke with a visiting health professional about their experiences of the home. They told us that people received effective nursing care and that staff at the home always sought the necessary advice and support when it was appropriate to do so. This demonstrated to us that people's health needs were effectively monitored by staff at the home.

Staff told us they felt supported and that they received training in key areas of delivering safe and effective care to people. Staff also told us they had received a thorough induction. For example, one care worker said, "I've had an induction and training…I feel very knowledgeable". We did find gaps in staff knowledge in relation to mental capacity which we addressed with the registered manager on the day of our inspection.

Staff had a good understanding of, and were knowledgeable about people's individual needs. They were able to tell us about people's care and support needs, preferences and likes and dislikes and how people's care should be provided. This meant they were able to deliver effective care to people.

Records confirmed that staff had access to a variety of training and received support through the use of supervisions, an annual appraisal, competency checks and staff meetings. Supervisions had been carried out on a regular basis for care staff but we found clinical staff had not received supervision as regularly as the provider's policy suggested they should. We spoke with the registered manager about this and they agreed to address it.

Good

Is the service caring?

Our findings

People we spoke to told us that staff were kind and that they treated them with respect. One person said, “They’re very helpful and polite and always try their best.” Another person told us, “Staff are polite and friendly and like a bit of banter with me”. One person raised a concern with us about some staff being bossy. We raised this with the registered manager on the day of our inspection and they agreed to speak with the person further and investigate.

People using the service all felt that staff listened to them and cared about their well-being. We were told about how the registered manager and provider came to speak to them about their welfare.

We found that the home had a relaxed atmosphere and staff were friendly and approachable. We observed staff delivering care which met people’s individual needs and which respected their privacy. There were positive interactions between staff and people who lived at the home and staff appeared to know and understand people’s needs well. We saw people were given choices about where they spent their time and how they wanted their care to be provided throughout both days of our inspection.

On the whole we observed people being treated with respect and dignity by the staff team. However, when one person asked a staff member if they could go to the toilet during lunch time the staff member appeared to ignore them and proceeded to carry out another task. Another staff member approached and the person repeated their request which was then responded to immediately by this staff member. We advised the registered manager of this observation and they agreed to investigate why this had happened.

We observed that staff promoted people’s independence at all times and we saw this was the case during meal times. Staff were clear about the importance of offering people choice and being aware of people’s individual needs. For example, one staff member told us, “I promote choice in everything…food, in when they want to get up, go to sleep. Everybody is different and it’s important we remember this”.

People’s individual needs, wishes and preferences had been sought and recorded. People we spoke with felt their individual needs and preferences were being met. For example, one person told us they preferred to spend their time alone in their bedroom. They said staff understood and respected this choice but still came to their room from time to time during the day to check they were comfortable. In addition, we found that people’s religious beliefs were known and understood by staff.

The service had a number of documents in place such as ‘All about me’ to help staff gain information about people’s life history and what was important to them. There were other examples of staff seeking people’s preferences in how they would like to spend their time and in their meal preferences. Throughout our inspection we found that staff asked people how they would like their support to be provided and asked for their consent.

We spoke with staff who were able to give us examples of how they respected people’s dignity and privacy and acted in accordance with people’s wishes. The registered manager told us the home was completing a dignity challenge and there were staff members becoming dignity champions.

Good

Is the service responsive?

Our findings

We spoke with people who used the service about how they were involved in their care plans and the care delivered to them on a daily basis. Many people told us they had a copy of their care plan in their room and others told us their relatives were in regular contact with the home. People were confident that staff listened to them and respected their wishes. For example, one person told us, “They always listen to us. They show me my clothes and I pick them out”.

During our inspection we found that staff had actively encouraged people in the running of the home and how they would like to spend their time. There was a staff award ceremony taking place during our inspection. People living at the home and their relatives had been asked to make nominations of staff in a number of categories. During the ceremony people were supported to hand out the awards to the winners and people appeared to enjoy their participation in this event.

People had been asked how they liked to spend their time and the home had worked hard to provide events and activities that appealed to the people that lived there. We found a group of people enjoying a music session in the morning of our inspection. Another person we spoke with told us, “I’ve had some lovely days lately. I do exercises, went for a meal, been to the countryside and had a laugh dancing”.

We spoke with an activities co-ordinator and they told us they split their time between group activities and spending time with individuals. They had taken time to explore what people’s individual needs were and what was important to them. For example, one person had wanted to attend a remembrance day service at the local church and this had been arranged and it was important to two other people that they had manicured nails so this was always done.

There was a range of events and activities organised by the home and these were promoted in a residents’ newsletter. For example, there had been an event for Halloween and a Christmas meal was planned.

We found the provider carried out a regular satisfaction survey which asked for feedback from people who lived at the home and their relatives and representatives. We looked at the results of the last survey and found they were positive. Where comments for improvements had been made we saw that this had been responded to. For example, more variety in meals had been suggested and as a result a menu survey was sent out to get more ideas about the meals people would like to eat. The registered manager told us they had an open door policy to people living at the home, their relatives and the staff team. This gave people a regular opportunity to comment on their care and the service provided and demonstrated that the provider had systems in place to involve people in the running of the service.

All people we spoke with said they would feel confident in raising any concerns they may have and thought they would be dealt with appropriately. An appropriate complaints policy was in place. We looked at the complaints log and found that complaints and concerns had been responded to promptly and appropriately in all cases and suitable action had been taken when required. Staff were equally confident in approaching the manager with their concerns about the service.

Requires Improvement

Is the service well-led?

Our findings

People using the service told us that the staff were caring and kind and that they felt the service provided a positive environment for them. People told us the registered manager and provider often came and spoke with them and they were confident the service was well managed.

We found the provider had a quality assurance system in place to ensure the risks to people were being assessed, monitored and responded to. These included regular reviews and audits of people's care plans, risk assessments, audits of staff training, supervision and appraisal and medication audits. However these had not always been effective in identifying issues that may have affected the quality of care provision with the home. For example, issues in relation to the administration and monitoring of people's PRN medication had not been identified by the management systems in place.

There were a number of other issues and concerns that we raised with the registered manager during our inspection. These included the implementation of the MCA, and procedures around giving medicines covertly, ensuring conditions on people's DoLS had been met, inaccurate information in care plans, out of date fire risk assessments and out of date water hygiene surveys.

Although the registered manager agreed to address these issues promptly, management systems had not been effective in identifying these issues, despite checks and audits being undertaken. This meant that people may not have been protected from the risk of inappropriate or unsafe care because of ineffective monitoring of the service. These matters were a breach Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff we spoke with were all positive about working at the service and they all described being supported by the registered manager. Many of them told us the registered manager promoted an open door to them and they would not hesitate to raise any issues or concerns. One staff member told us, "I have raised minor concerns with [the registered manager] before. They listened to me and took action. The area manager is also very supportive".

Staff were able to describe the aims and objectives of the service which centred on people having choices and being involved in all aspects of care delivery. One staff member told us that the aims of the service were, "Residents should be at the centre of the care". Another staff member described the service as, "A home away from home…we try to give choice, get people involved, do our best".

We spoke with the registered manager and senior manager and found there were clear reporting structures in place. The area manager also visited the home regularly to support the registered manager and monitor the quality of service provision.

People who used the service were encouraged to share their views through the use of questionnaires and were asked for their views about a number of aspects such as menu plans and the activities and events on offer. We found that people's views, comments and concerns had been appropriately considered and responded to by the home.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment **Where people did not have the capacity to consent, the service had not acted in accordance with legal requirements.**

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment **Where people did not have the capacity to consent, the service had not acted in accordance with legal requirements.**

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment **Where people did not have the capacity to consent, the service had not acted in accordance with legal requirements.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers **There were not effective systems in place to regularly monitor the quality of the services provided to identify, assess and manage risks relating to the health, welfare and safety of service users. Regulation 10 (1) (a) (b)**

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers There were not effective systems in place to regularly monitor the quality of the services provided to identify, assess and manage risks relating to the health, welfare and safety of service users. Regulation 10 (1) (a) (b)

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers There were not effective systems in place to regularly monitor the quality of the services provided to identify, assess and manage risks relating to the health, welfare and safety of service users. Regulation 10 (1) (a) (b)