

# Belmont Parkhill Limited

# Parkhill Nursing Home

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

The service was last inspected on 03 September 2013 and at the time was meeting all regulations assessed during the inspection. This inspection was carried out over three days on 7, 8 and 9 January 2015. Our visit on 7 January was unannounced.

Parkhill Nursing Home is registered to provide both residential and nursing care for up to 38 older people. There were 31 people living at the service when we visited.

There was a registered manager at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law, as does the provider.

The building was well maintained, clean, tidy and free of any unpleasant odours.

There was a calm and relaxed atmosphere in the home and we saw that staff interacted with people in a friendly and respectful manner.

# Summary of findings

People who used the service and the visitors we spoke with were positive and complimentary about the attitude, skills and competency of the staff team. Individual care was assessed and planned and was subject to review. However, some timescale for reviews had 'slipped' due to staffing difficulties and the manager was aware of this and taking action to address it.

There was appropriate communication between all levels of staff at the home.

We found staff recruitment to be thorough and all relevant pre-employment checks had been completed before a member of staff started to work in the home.

The registered manager led by example and spent time working with staff, supporting them whilst carrying out their care duties.

The provision of food was good and regular activities were available for those people who wished to participate.

Information which we received from a range of health and social care professionals who had regular contact with the home were very positive and complimentary about the care and support provided by the whole staff team.

Staff did not receive enough appropriate formal supervision or appraisals. We have made a recommendation about this.

# 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 safe.

People spoken with felt safe living in the home; we observed staff using appropriate techniques to help a person to move safely around the home and that environmental risk assessments had been carried out.

Staff recruitment processes were in place, and the required pre-employment checks were undertaken prior to staff starting work. These checks included completion of a Disclosure and Barring Service (DBS) check (previously known as CRB check) to help ensure staff employed in the home were safe to work with vulnerable adults.

We found there were suitable arrangements in place to manage people's medication. All medication administration records seen were complete and up to date.

The service was safe, clean and hygienic. Equipment was well maintained and serviced regularly therefore not putting people at unnecessary risk.

Sufficient staff were deployed throughout the home.

Good



### Is the service effective?

Some aspects of the service were not effective. Staff did not receive enough appropriate formal supervision or appraisals.

Staff had the knowledge and skills to support people who used the service. Regular and appropriate training meant they could update their skills and nursing staff had access to training that enabled them to maintain their professional registration.

People were supported to have their health care needs met by professional healthcare practitioners. Staff liaised with professionals such as dieticians, speech and language specialists, dentist, chiropodist and the person's own general practitioner.

Nutritional assessments had been carried out and people received meals they like or preferred. Appropriate action had been taken when concerns had been raised about poor nutritional intake or weight loss.

The manager and staff had an awareness of the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005.

Requires Improvement



### Is the service caring?

The service was caring.

Good



# Summary of findings

Everyone we asked spoke positively and enthusiastically about the attitude and support from staff. One person using the service told us “They are marvellous here; all my needs are met by kind staff who really do care.”

Visiting relatives talked of “caring and compassionate staff” and told us that “nothing is too much trouble for the staff and they look after them [people who use the service] extremely well.”

The atmosphere in the home was calm and relaxed. Watching staff interact with people indicated they knew the people living in the home very well and conversations between staff and being people supported were respectful, light hearted and appropriate.

## Is the service responsive?

The service was responsive

People had daily opportunities to participate in range of appropriate and well liked activities.

People knew how to make a complaint if they were unhappy. We looked at how the manager dealt with complaints, and found that responses had been open, thorough, and timely. People can therefore be assured that complaints are investigated and action is taken as necessary.

Good



## Is the service well-led?

The service was well-led.

A manager was in post that was registered with the Care Quality Commission.

People using the service and visitors we spoke with described the manager as very approachable, supportive and understanding. Systems were in place to monitor and review the service being provided and the manager conducted regular checks on medication practice and completion of records such as care plans, risk assessments and reviews.

The service held accreditation with the Gold Standards Framework (GSF) for end of life care, the Dignity in Care Award and the Investors In People Silver Award.

Good



# Parkhill Nursing 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.

The inspection took place on 7, 8 and 9 January 2015 and day one was unannounced. The inspection was carried out by one inspector.

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.

Before the inspection, we requested information from some healthcare professionals involved with the service. For example, we requested information from a speech and language therapist, doctors and the supplying pharmacist.

Before the inspection, we requested information from a local authority about the service.

During our inspection we spent three days in the home observing the care and support being provided to people. 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 had a tour of parts of the home including some bedrooms and communal areas and was introduced to people living and working there. We looked at a sample of records which included four people's care plans, three staff recruitment files, servicing records for equipment used in the home, staff training records, medication records and complaints log.

We spoke with five people living at Parkhill Nursing Home, two visiting relatives, one nurse, the registered manager, three senior care workers and two care workers.

# Is the service safe?

## Our findings

Arrangements were in place to keep people who lived at Parkhill Nursing Home safe and protected from abuse and avoidable harm.

One person told us: “I feel safe because there are people around me.” One visitor said “All the people living in this home are kept safe and comfortable and the staff keep me fully informed how my relative is. It takes a lot of the worry away knowing they are safe and being well cared for.”

Those staff we spoke with told us they had received training in the topic of safeguarding and training records seen confirmed this. We also asked staff if they understood the principles of whistleblowing and if they would feel confident to blow the whistle if necessary. One member of staff told us “People’s safety comes first and if I thought that was being compromised in any way I would certainly blow the whistle if necessary.” All the staff we spoke with were confident that both the registered manager and nursing staff would respond appropriately and in a timely manner to any concerns raised.

There was a calm and relaxed atmosphere in the home and we saw that staff interacted with people in a friendly and respectful manner. Each person who wished to come and live in Parkhill Nursing Home was subject to a full assessment of their needs prior to an offer of a place being made. This meant that the registered manager and qualified nursing staff could assess if the service available was able to meet the person’s needs safely and appropriately.

People were supported to take every day risks. We saw that people moved freely around the home and were able to make choices about how and where they spent their time. In the care files we looked at we saw that risk assessments had been completed and linked to individual care plans. One person told us: “I often take myself out to town and do a bit of shopping and as long as I tell the staff where I’m going it is not a problem at all.”

We looked at the receipt, disposal, administration and storage of medication. The pharmacy supplied the service with medication in a Monitored Dosage System (MDS). Records seen indicated that medication was checked on

arrival at the home. Any unused or spoilt medication was returned to the pharmacy for disposal or via a designated Hazardous Waste Contractor and relevant signatures obtained to confirm this. We checked a sample of controlled drugs to make sure the quantities stored matched the quantities recorded. They did.

The registered manager told us that only nursing staff were involved in the administration of medication and all had received appropriate training from external trainers. This was confirmed by the nurses we spoke with.

We undertook a tour of parts of the home. This included a selection of people’s bedrooms, communal areas and toilet and bathrooms. The home was found to be well decorated, clean and odour free. Some bathrooms and toilets were showing signs of requiring updating and the registered manager confirmed that this matter was part of the future business plan for the service. One person visiting their relative told us “I always find the home to be extremely clean, tidy and there is never any unpleasant smells. All the staff work hard to maintain a good standard in the home”. One person living at the home said “You only have to mention things such as a wet floor in a toilet and the staff clean it straight away so nobody slips.”

Regular maintenance and testing of things such as the water supply, electrical appliances, nurse call system and heating had taken place. To help alert people to fire, a fire alarm system was fitted and tested on a regular basis. Records indicated that staff had recently undergone fire awareness training to make sure they were aware of what to do in the event of a fire.

The registered manager told us that staff were usually deployed on the basis of two shifts. They also told us that trying to recruit more nursing staff was proving difficult but that appropriate staffing levels were always maintained. The manager also confirmed that they had the authority of the provider to deploy extra staff on a shift if necessary. We were shown staff rotas which confirmed that. All staff spoken with said that there were enough staff to ensure the health and safety of people who used the service and that people who required assistance were responded to in a timely way and did not have to wait long. This was confirmed by the people living in Parkhill and their visitors.

# Is the service effective?

## Our findings

Staff working in the home confirmed they received training but said that formal supervision with their designated line manager had become inconsistent. Supervision records viewed confirmed this. Staff working in the home said that they had not received an annual appraisal but were expecting them to be carried out within the next few months. We found no evidence of appraisal records on staff files viewed. The registered manager confirmed that appraisals would start to take place for all staff from February 2015.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provide a legal framework to protect people who need to be deprived of their liberty in their own best interests. The registered manager told us that no one who used the service needed the protection of DoLS at the time of this visit. They also told us that staff had received training in the MCA and DoLS. Individual training records seen confirmed this as did those staff we spoke with.

People and their relatives spoke positively about Parkhill Nursing Home and the care they or their relative received. One person told us: "The staff certainly seem to be very experienced and know how to care for people." Visiting relatives told us: "I think all the staff know what they are doing, know the residents well and know how to use equipment such as the hoists." "I know staff do regular training and are very knowledgeable about the people they support."

Staff we spoke with told us that they received good support from the registered manager, nurses and senior staff. The registered manager provided us with the training records for all staff. The individual records indicated what training staff had participated in to date and included fire safety, dementia awareness, safeguarding, infection control, first aid, moving and handling and health and safety. Nurses told us that they were supported to maintain their professional qualifications including the completion of 'PINK' training.

PINK training with the Clinical Commissioning Group (CCG) provides support to nurses in local policy, medication training, and diabetes care, wound care, peg feeding,

behaviour that challenges and speech and language therapy. This is to help ensure nurses are up to date and aware of accessible healthcare resources locally to people using services to the best possible standards. At the time of this visit a number of nurses still had to complete this training.

Staff spoken with and records seen indicated that staff meetings had not taken place on a regular basis during the last twelve months and this was confirmed by the registered manager who also told us this matter would be immediately addressed.

All staff spoken with confirmed they could access the registered manager at any time should they wish to speak with her or discuss any concerns or training needs. A nurse told us, "I speak with the manager on a day to day basis; we are always discussing issues relevant to the home and the residents." Other staff told us: "We have very good handovers before every shift. These keep us informed how each resident is and anything else we may need to know."

We looked at how people were supported with eating and drinking. A three weekly rolling menu was in place and this information was displayed on notice boards in each lounge area. To further enhance the mealtime experience, menus also included photographs of the food on offer. This made it easier for people to make a choice about the meal they wished to order. Where there were concerns about a person's food and fluid intake or they had any difficulties in swallowing, they had been referred to a specialist.

Prior to our visit to the service, we requested any available feedback from health care professionals involved in providing a service within the home. Comments received included: "We have had no concerns recently with how our patients have been managed in Parkhill. The staff have referred appropriately and our patients when visited have been given the correct consistencies of diet and fluids. The staff have had good knowledge of the patients without referring to their notes. We have no concerns." "I find it difficult to find fault at Parkhill. The team is caring, safe, and very good at avoiding errors. They show compassion at all times." "I'm happy to say Parkhill deal with medication really well. They are very proactive."

We observed the lunch time meal in the downstairs lounge. Most people chose to have their meals while sitting in easy chairs with small tables being provided. People were offered a choice of meal and these were served hot with

## Is the service effective?

appropriate cutlery and condiments being made available. Where people required encouragement or physical support from staff to eat, this was provided in a dignified and unhurried manner.

People told us they enjoyed the food and that there was always plenty to eat and drink. One person said: “Food glorious food – what else can I say – it’s smashing.” Records indicated that staff monitored those people at risk of dehydration and that they got enough to drink. If staff had any concerns about a person’s fluid intake appropriate referrals had been made to the general practitioner and dietician.

Where individual people had been assessed as requiring equipment and adaptations such as pressure relieving mattresses and cushions, risk and fall beds (profiling beds), walking aids and medical equipment such as peg feeding machines, these had been supplied.

**We recommend that the service improves the frequency of staff supervision and appraisal.**



# Is the service caring?

## Our findings

People living in Parkhill Nursing Home told us they were happy with the care and support they received. One person told us: “They are marvellous here; all my needs are met by kind staff that really do care.” Another person said: “I’ve got everything I want and I’m well cared for.”

Visiting relatives talked of “caring and compassionate staff” and “Nothing is too much trouble for the staff and they look after them [people who use the service] extremely well.” It was also confirmed there were no restrictions on visiting and they were made welcome in the home on each visit.

Throughout our time in the home we saw staff, including kitchen and domestic staff interacting with people in a caring and professional manner. The atmosphere in the home was calm and relaxed and it was evident that the staff knew the people living in the home very well. The conversations between staff and people were light hearted and appropriate. People who were unable to express their views appeared very comfortable with the staff that supported them. We saw people smiling and reaching for staff when they were approached.

Staff we spoke with had a good knowledge of the people they supported and cared for. We asked one member of staff to tell us about one of the people who required a lot of encouragement and support. They told us all about this person’s background, how best to meet their needs and how to make sure they received enough food and drink. The care plan and information in this person’s care file

reflected the information the member of staff told us. One member of staff said, “I love my job and have developed a greater understanding of meeting people’s needs properly since working at Parkhill.”

We looked at three people’s care plans in detail. Whilst the plans provided a good level of information about the individual needs and risks for people using the service, there was little evidence to illustrate how people were involved in discussions about planning their care. Although some plans had been signed by the person or their relative, little information was included to demonstrate that people had been involved in conversations and decisions about their care needs.

During our time in the home we saw staff support people in a discreet and respectful manner. Staff quietly asked people if they needed any support to attend to their personal care.

Where possible, people were involved in decisions about their end of life care. For example one person had an advanced care plan in place (a plan of what they would like to happen at end of life) which had been signed by their family representative and general practitioner. We saw that the services of specialist healthcare practitioners such as Macmillan nurses could be sought to support a person through the stages of end of life care. Macmillan nurses complete specialist courses in managing pain and other symptoms, including psychological support. A number of ‘thank you’ cards and letters were also displayed in the home from relatives of people that had been supported at end of life. These indicated that the care and support provided by staff at that difficult time had been professional, caring and dignified.

# Is the service responsive?

## Our findings

Throughout our time in Parkhill Nursing Home we observed how staff responded to people's requests and needs for support. We saw that staff were considerate in their approach with people and, in most instances, asked people for their consent before assisting them. If people refused to be helped staff respected their wishes. One person told us: "I make my own decisions and the girls [care staff] support that."

People considering moving into Parkhill Nursing Home were given the opportunity to visit and spend some time with the people already living there and to meet the staff on duty before making any decision. Where people had limited capacity or were unable to verbalise their views and opinions we saw that the manager and nursing staff had arranged to meet with the person's family, or with healthcare professionals who had been closely involved in arranging the person's potential admission into the home. This enabled an initial care plan to be developed that would assist staff to support a person appropriately during their first few days and their transition from home or another service provision.

One visiting relative told us that communication between all care staff, nurses and the registered manager was very good. "Each time I visit, the senior carer, nurse or manager speaks with me to tell me how my relative has been and they always ring me if they have any concerns, which gives me complete peace of mind. I know I can go on holiday and all [relative] needs will continue to be met."

We looked at a sample of care records relating to the identified needs of the individual and on the information shared by the person, their family and healthcare professionals who had supported the person prior to moving in. We found that reviews of the care plan documentation had been inconsistent and the usual

monthly reviews had 'slipped'. It is important that regular and consistent evaluations of care plans take place to make sure information continues to be accurate and reflective of any changes identified throughout recent months. The manager confirmed that this matter would be immediately addressed.

Each person who lived in Parkhill Nursing Home had a life story book. We looked at a sample of these books and saw they contained information about the things and people that were important to them. They also contained information about people's preferred daily routines. This meant that staff had information to enable them to provide care in a way that was personal to the individual.

There was a weekly activity programme at the home which enabled people to take part in activities which matched their interests. Activities available included aromatherapy via private appointments, chairbics, guest artist or in-house entertainment, relaxation and hairdressing. One visiting relative told us "Each day there is an activity taking place and people are encouraged to enjoy themselves. Those that don't want to get involved are not forced to join in."

We looked at the complaints procedure for the service. This was in the form of a leaflet and clarified how to complain and the timescales within which a response should be expected. Visitors who we spoke with told us they had never had to make a complaint but believed if they did make a complaint it would be dealt with efficiently. One visitor said "The manager is very approachable and you can discuss any little 'niggles' with her and they get sorted straight away." People who used the service told us they believed if they needed to complain their complaint would be listened to and acted upon. One person told us "The staff do listen to what you have to say." Another person said "You do get a quick response when you ring the buzzer [call bell]."

# Is the service well-led?

## Our findings

People living in the home that we spoke with were aware of the management arrangements and told us that both the registered manager and nurses were always available and approachable.

At the time of our inspection visit Parkhill Nursing Home was being managed by a manager registered with the Care Quality Commission. Both staff and people who lived at the home spoke positively about the leadership and management style of the manager. One member of staff said: "Our manager has an open door policy and is very supportive of all the staff. She works closely with us and is part of the care team." Another staff member told us: "We have a good management team and there is always a nurse and senior carers on each shift so there is always someone in charge who you can go to for advice." Duty rotas seen confirmed this.

Some relatives had chosen to use the [carehome.co.uk](http://carehome.co.uk) website to record their views about the home and service. Sixteen recommendations about the service had been recorded since August 2013 and all were extremely positive and complimentary about Parkhill Nursing Home.

The service held accreditation with the Gold Standards Framework (GSF) for end of life care, the Dignity in Care Award and the Investors In People Silver Award.

The registered manager had systems in place to monitor and review the service being provided at Parkhill Nursing Home. This included sending regular data to the Clinical Commissioning Group including details of categories of any falls, pressure ulcers, urinary tract infections and catheter care/problems that occurred to people using the service. The manager also sent data to the local authority on a 3 monthly basis. The manager conducted regular checks on medication practice and completion of records such as care plans, risk assessments and reviews. However, due to a difficult period of trying to recruit nursing staff, some of the records had not been maintained as often as the manager intended. The manager confirmed that this would be immediately addressed.

The manager confirmed that the provider (owner) visited the service on a regular basis and that during their visit the provider spoke with people living and working in the home as well as any visiting professionals and relatives to ensure that the service was being maintained to a high standard.