

Parkgate Manor

Parkgate Manor

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service: Parkgate Manor is residential care home that was providing personal care to 32 people with a learning disability at the time of the inspection.

The service has not been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. A service of this size would not be commissioned today. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them

People's experience of using this service:

People were supported by staff who were kind and considerate, however people were not always supported to develop their independence or learn new skills. Goals had recently been developed for a small number of people but due to them being new progress could not be seen. After the inspection the provider sent us records relating to goals for people. However, the majority of these were dated from 2018 and there was no evidence of any progress made.

People's care plans were inconsistent in the level of detail to guide staff. Care plans for people who could challenge required more information to ensure people received consistent care. After the inspection the provider sent us an action plan recording information about how to support people. However, as it was not recorded in the care plan there was a risk that new or agency staff may be unaware.

Some people had communication tools in place to help them express themselves. However, most people did not have tools and limited work had been done with them to develop them.

Some support were based on staff time rather than people's needs. For example, a drinks trolley came around twice a day and there was no opportunity for people to access drinks in between these times apart from with meals. After the inspection the provider told us people could access drinks at the kitchen and tuck shop, however inspectors did not observe anyone accessing these on the day of inspection.

Some people went long periods of time without any meaningful staff interaction.

People were supported to move safely, and screens were used to give them privacy.

People's health needs were managed well, and staff worked closely with health professionals to meet people's health needs.

People told us they liked staff and enjoyed the food at the service.

The registered manager undertook regular audits and had worked with a consultant to put together a development plan.

Staff told us they felt well supported and that the management team were approachable.

There were enough staff to meet people's needs and they had the training required to meet people's basic needs.

Rating at last inspection: Good, report published 30 September 2016.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor the service.

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

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.	Good ●
Is the service effective? The service was effective.	Good ●
Is the service caring? The service was not always caring.	Requires Improvement ●
Is the service responsive? The service was not always responsive.	Requires Improvement ●
Is the service well-led? The service was well-led.	Good ●

Parkgate Manor

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team was made up of two inspectors.

Service and service type:

Parkgate Manor is a care home. People in care homes receive accommodation and personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided and both were looked at during this inspection.

The service had a manager registered with CQC. 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 the inspection we reviewed the information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We reviewed the information we require providers to send us at least once annually to give key information about the service, what the service does well and improvements they plan to make. We used this information to plan our inspection.

During the inspection, we reviewed a range of records including:

Notifications we received from the service, completed surveys from people who used the service, relatives

and professionals. Four people's care records, records of accidents, incidents and complaints. Audits and quality assurance reports.

We spoke with two people who use the service. We spoke with the registered manager, two care coordinators, and three care staff.

Some of the people at the service were unable to tell us about their experience so 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.

Is the service safe?

Our findings

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

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- Staff had received additional safeguarding training in response to recent unreported concerns. They were now better aware of their responsibilities to act on and report suspicions of abuse, should they become aware of it or have suspicions.
- Staff were trained to recognise different types of abuse and to report their concerns to senior staff or to external agencies if necessary.
- Staff were confident that the registered manager would take action if they or people in the service reported and would refer these to the relevant safeguarding authority.

Assessing risk, safety monitoring and management

- Risks linked to people's care, health needs and the environment were assessed so that appropriate steps could be taken to keep them safe and reduce the likelihood of them experiencing harm.
- Risk assessments informed staff of what support people needed to keep safe, this could include the use of equipment such as air mattresses, alarm mats or hoist equipment. These were kept under review and updated as and when changes occurred. We observed staff moving people using a hoist in line with their care plans, people were reassured by staff and smiled whilst being moved.
- When people were assessed as at risk from pressure ulcers, poor nutrition and hydration or falls, additional monitoring was put in place to check on the measures in place and whether these remained effective. Referrals to relevant health professionals were made for additional advice and guidance.
- The premises are old and somewhat dated in decoration, however a maintenance team was in place to undertake an ongoing programme of maintenance, refurbishment and repair.
- Equipment was tested and serviced at regular intervals.
- Personal emergency evacuation plans were in place for each person. These informed staff what level of support and type of equipment needed to be used to evacuate people safely.

Staffing and recruitment

- There were enough staff on duty to give people the care and support they needed. Rotas showed there was a minimal use of agency with vacant shifts covered from within the staff team where possible and through use of flexi bank staff.
- Staff told us that there was flexibility within staffing levels which could respond to specific pressures on staff time, such as needing to support someone who was unwell.
- A safe system of recruitment was in place. Applicants made application and attended for interview. A range of background checks were conducted on successful candidates to inform recruitment decisions. These checks included whether they had any criminal convictions, references from previous employers, proof of personal identity and health status.

Using medicines safely

- People were supported to have their medicines by staff who were trained and assessed as competent.
- Some people were prescribed 'as and when required' medicines (PRN). Some protocols were in place to guide staff when to offer these medicines. However, PRN protocols were not in place for some medicines which were used to help people calm if they were distressed. Other PRN protocols were generic and not personalised. This had not had an impact on people as the medicines were rarely used, but there was a risk that people would not get their medicines when they needed them.
- The registered manager and care co-ordinator told us they were in the process of updating their PRN protocols following support from a pharmacist.

Preventing and controlling infection

- Staff were trained in infection control, they had access to gloves and aprons when needed.
- A housekeeping team was employed to maintain the cleanliness of the premises, they followed detailed cleaning schedules to help maintain a clean environment and minimise and prevent the spread of infection.

Learning lessons when things go wrong

- The registered manager monitored accidents and incidents and analysed them for trends and patterns. Records showed accidents and incidents were managed appropriately and action plans developed in response. Appropriate action had been taken where things had not gone well or gone wrong. These occasions were used by the registered manager as a learning opportunity to make improvements to people's risk and care plan information to avoid or significantly reduce similar occurrences in the future.

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

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Professionals survey comments noted that they had found staff to be competent knowledgeable and skilled.
- Staff told us that they were required to complete a programme of training and all had a list of that they needed to do. These were mostly online courses for which the pass mark set was 100%. Senior staff monitored staff training and stated that most staff had no difficulty in achieving this level of pass, but any staff requiring support would receive it.
- New staff completed a six-month probationary period. Initial induction comprised of new staff shadowing others over six shifts as an extra staff member until assessed as competent. They were also given time to familiarise themselves with people's care needs and policies and procedures supporting their practice.
- All staff completed a programme of mandatory and additional specialist training relevant to the needs of people in the service. The staff training matrix was a live document showing training completed not what was outstanding. We spoke with the registered manager as this did not provide accurate picture of gaps in staff training, knowledge and skills and they agreed to implement a system where they could record the required and actual training achieved for each staff member and this was an area for improvement.
- Staff told us that they felt supported and received regular supervision and an annual appraisal of their performance, evidence viewed supported this.

Supporting people to eat and drink enough with choice in a balanced diet

- People told us they liked their food, one person said, "I had curry for lunch it was very nice."
- Staff said people were offered choice at breakfast and we observed that two choices of main meal were provided at lunchtime. This was flexible to allow combinations that better suited some people's eating requirements, such as replacing chips with a mash option that was not on the menu for one person. Staff said they knew what people wanted from asking them earlier in the day using picture prompt cards that enabled people to make a more informed choice.
- When people had guidance from speech and language about the consistency of their food and drinks, this was clear recorded in their care plans and followed by staff.
- We observed for four people needing assistance to eat their meals. Suitable cutlery, plate guards and drinking cups were used to suit each person's particular need. Two staff were allocated to a table of four.
- We noted that two people waited forty minutes whilst they watched other people on the table have their lunch before it was their turn. We drew this to the attention of the registered manager as to whether lunch for these people could be staggered to avoid this situation, they agreed it was already something that the staff team had discussed to introduce, and this is an area for improvement.
- Staff offering assistance with meals were focused and attentive to people, offering support in an unrushed

and interactive manner that encouraged people to eat and drink.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Routine healthcare support for people were arranged in a timely way. Health professionals had commented through survey information that staff acted upon their advice and guidance and they had no concerns that people's health needs were not being responded to. A record was kept for each person of the contacts they had with health and social care professionals.
- Senior staff received specialist training for supporting people with catheter care and undertaking PEG feeding. A PEG is a tube which takes food directly to a person's stomach.
- There was evidence that actions from behaviour incidents prompted staff to be proactive in looking to clinical causes as a first step, for example, whether a person was suffering with a urinary infection that impacted on their mental wellbeing.
- The registered manager confirmed that steps were taken to assess people at risk from pressure ulcers. Appropriate equipment was installed, and staff ensured appropriate monitoring and care of the skin integrity of people at risk was undertaken. At the time of the inspection no one had a pressure ulcer.

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

- Peoples needs were routinely reviewed through monthly reviews of care plans, voice meetings and through six monthly and annual reviews.
- People referred to the service had their needs assessed prior to admission to ensure these could be met safely. Assessments took into account some of the characteristics identified by the Equality Act (2010) such as religion and race.

Adapting service, design, decoration to meet people's needs

- People were involved in making decisions about personalising their own space, bedrooms were homely and contained possessions to feel at home.
- There were enough bathrooms and communal spaces to enable people to be supported in their daily routines.
- Equipment was being used effectively to meet peoples support needs.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The registered manager informed us that all the people in the service had been assessed as to whether they met the criteria for a DoLS application. Consequently, applications had been made for everyone due to the restrictions on people needing staff support to leave the premises.

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

RI: People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they liked staff and that staff were nice to them.
- People were treated with kindness and compassion by staff. However, some people went for long periods of time without staff interaction. For example, in one 30-minute period six staff repeatedly entered the lounge yet three of the people in the lounge had no interaction at all from staff. One person had no interaction for two hours.
- People had care plans about their sexuality, but these were very brief and did not describe the support they needed to maintain or build relationships.
- Staff spoke knowledgeably about people and their needs. They chatted to people about activities they had enjoyed and what was happening in the day.
- People were supported to maintain contact with friends and family members.

Supporting people to express their views and be involved in making decisions about their care

- Some people were supported to communicate their preferences. One person used picture cards and others used basic sign language. However, for other people who had little or no verbal communication staff had not tried to find other ways for them to be involved in planning their care.
- For example, a staff member asked someone if we could look in their room to check a window, they asked this twice, but the person paid little attention to them, the staff member explained the person had limited communication and did not know how to proceed. We spoke to the person and made eye contact with them, we followed this with a sign for okay which they copied back to us. The staff member thought this was just mimicry. However, there was no evidence the persons understanding of different forms of communication had been sufficiently explored and documented to guide staff. Staff were attending to people's daily care needs but were not expanding opportunities to empower people to be more in control.
- Despite some people using Makaton (basic sign language) staff had not received Makaton training.
- People had key worker meetings, these were used to update people about changes at the service and to ask them if they were happy with their support.

Respecting and promoting people's privacy, dignity and independence

- The activities organiser showed enthusiasm for developing people's goals, but there was an absence of a wider vision to develop people's independence with a view to moving to less supported settings.
- After the inspection the provider sent us evidence of people's goals which had not been seen at the inspection. However, some of these were dated from 2018 and there was no evidence to show if progress

had been made or they had been achieved by people.

- The culture of the service led to staff doing things for people rather than with them.
- People's privacy and dignity was respected, for example screens were used in communal areas when people were being supported to move or had health checks completed.

Is the service responsive?

Our findings

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

RI: People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care plans varied in the level of guidance which was in place for staff. Guidance around how people needed to be supported to move and likes and dislikes were detailed and clear. However, guidance about how to support people when they were distressed was generic and did not support staff in meeting people's needs. The registered manager agreed this was an area for improvement.
- Some people could become distressed and staff were unsure how to support them or reassure them. The registered manager and care co-ordinator told us they had asked for support from medical professionals but had not discussed with the staff team what had been effective in calming people. As a result, people were not getting consistent support when they were upset.
- Staff told us they felt they would benefit from more training in supporting people when they were upset or agitated.
- When information was known about people's preferences this was not always recorded in the care plan. For example, one person preferred to have male staff to support them, no information relating to this preference was recorded in their care plan. Throughout the inspection they were supported by male and female staff. After the inspection the provider sent us an action plan recording the person's preferences. However, as it was not recorded in the care plan there was a risk that new or agency staff may be unaware.
- Some support was based around staff needs or routine rather than people's choices. For example, twice a day a drinks trolley was brought around to offer people drinks and a snack. In between these times apart from at meal times no other drinks were offered. After the inspection the provider told us people could access drinks at the kitchen and tuck shop, however inspectors did not observe anyone accessing these on the day of inspection.
- The service had made some progress on meeting the accessible information standard by providing complaints information in an easy read format. Menus were in a written format but photographs of items on the menu were also provided to enable people to make active choices about what they wanted to eat.
- Information about the date day and weather was written on a chalk board that was difficult to read and not in an easy read format that people could understand. A charter of rights was displayed in a corridor but not in an easy read version.
- An activities co-ordinator was in post and had worked with people to find out what they enjoyed. The co-ordinator also took people out on one to one trips such as to the local shop.
- There was a day centre on site which people could attend if they wished. Some people worked alongside the maintenance staff in the garden or around the service which they enjoyed.

End of life care and support

- People had end of life care plans, however these often contained information about how the person dealt with bereavement rather than their own wishes.
- Some work had been done to ask people's loved ones about their wishes for end of life. Much of this

information related to the arrangements for their funeral rather than end of life plans. The information received had not been recorded in people's care plans, therefore staff may be unaware of people's wishes. People who did not have loved ones did not have any information recorded.

- The registered manager told us that they did support people to stay at the service until the end of their life and worked with a local hospice to ensure people were comfortable. They did agree that work was needed on people's care plans to reflect their wishes and inform staff about what would make people feel comfortable at the end of their life.

Improving care quality in response to complaints or concerns

- The complaints procedure was kept under review, there was in an easy read version that was displayed for people.

- The complaints log showed a small number of complaints had been received some of which were from people in the service. This showed they felt confident of using the complaints procedure and that their concerns would be acted upon. Complaints viewed showed that these had been appropriately recorded, investigated and resolved. An improved log of complaints received was under development which would give the registered manager an 'at a glance' view of all complaints received and their status.

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

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- There was a lack of a clear vision for the service. Staff gave a range of answers when asked about the vision and these did not match the answer given by the registered manager.
- The registered manager had worked with a consultant to identify ways to improve the service and develop an action plan. The shortfalls identified matched many of those found at the inspection. However, staff were unaware of the plan.
- Staff told us the management team were supportive and approachable.

Continuous learning and improving care

- The registered manager conducted a series of audits to provide oversight of service quality. However, these had not identified some of the shortfalls found at the inspection such as the lack of suitable PRN protocols and people being left for long periods without any meaningful interaction. They told us they would address these as soon as possible.
- The registered manager with the provider had recognised there were areas of the service where further improvement was needed and had engaged the services of an external advisor to help write a development plan for the service. As such many of the shortfalls found within the inspection were highlighted within the improvement plan viewed.

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

- We were informed by the registered manager that the provider was supportive and met with the registered manager daily to discuss the service. The registered manager told us that the provider took their role seriously and undertook regular quality checks of the service but evidence of these was unavailable to view.
- The registered manager had taken care to ensure that any external professionals delivering a care service to people in the service such as chiropodists, podiatrists, optometrists have an appropriate criminal records check and public liability insurance cover
- A review of records showed that these were up to date, accurate and that the registered manager was proactive in ensuring any that required actions were acted upon and where relevant all staff notified.
- The provider and registered manager understood their responsibility to notify the Care Quality Commission (CQC) of notifiable events and had done so.
- The provider and registered manager understood their responsibility to openly display their last CQC inspection report rating for people and visitors to see, this was visibly displayed in the entrance hall of the service.

- All staff understood their roles and were held accountable for their performance where required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were surveyed for their views, their feedback was analysed and used to inform service development plans and improvements.
- Of the surveys sent out to relatives thirteen were returned and these all spoke positively about the service. Sixteen surveys were returned from professionals whose comments again were very positive and supportive of the staff team and the continued improvement of the service comments included: "Staff have been able to demonstrate safe manual handling. Staff have excellent knowledge of people's needs no concerns about advice guidelines being followed."
- Survey results were included in the weekly newsletter.
- The service involved people and their relatives in discussions about their care in a during reviews and meetings.
- Staff meetings were held monthly. Seniors also had a separate monthly meeting, minutes highlighted that new seniors did not always feel well supported and there were tensions arising within the staff team. Team building had been identified as an area for development.

Working in partnership with others

- The registered manager had developed good and effective working relationships with the local safeguarding team, community nurses, community learning disability team and other health professionals that visit the service to see people.
- Health professionals who visited had indicated in survey feedback that staff worked well with them and followed advice and guidance appropriately.