

# Parkcare Homes Limited

# Preston Private

## Inspection report

Midgery Lane  
Fulwood  
Preston  
Lancashire  
PR2 9SX

Tel: 01772796801  
Website: [www.priorygroup.com](http://www.priorygroup.com)

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This comprehensive inspection took place on 11 and 12 September 2018 the visit on the first day was unannounced. At our last inspection of the service in March 2017 we found a breach of Regulation 12 safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also made a number of recommendations to the provider about improving the quality and safety of the service.

Following the last inspection, we asked the provider to complete an action plan to show what they would do, and by when, to improve the key questions of safe and well-led to at least good. At this inspection although we found that the provider had made improvements and completed those actions and recommendations we found a new breach of Regulation 17 good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because records we viewed on the dementia care unit (Ferryhalgh) were not always current, accurate, properly analysed and reviewed.

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

Accommodation is provided on the ground floor level and the building is set in its own grounds with parking and an easily accessible, private and secure garden with seating areas. Accommodation and nursing care is provided for up to 106 people. On the day of the inspection there were 92 people accommodated across four units. Ferryhalgh dementia care unit, Durton residential care unit, and two nursing units Longsands and Ladywell.

There was a registered manager in post. 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.

We saw significant improvements had been made to the overall management of risks in the service since the last inspection and that the registered provider had acted on recommendations that we made on a number of areas.

People received their medications as they had been prescribed. Appropriate arrangements were in place in relation to the storage, care planning and records for the administration of medicines. However, we have made a recommendation about reviewing the time taken to dispense medications in the morning on the nursing units. Ensuring there is a consistency across all the units for the written protocols used for 'as and when required' (PRN) medication and the implementation of a pain assessment tool for people who have communication difficulties.

There were sufficient numbers of suitable staff to meet people's needs. However, we noted that the use of

agency staff used for night time cover in comparison to day time was much higher. The registered provider was actively recruiting for staff and we saw how this was an ongoing process. We also noted at times during the inspection that the deployment of staff on the dementia unit left the communal areas unsupervised for short periods of times.

Staff employed had received sufficient training to safely support and care for people and the provider had a training delivery plan in place which covered refresher training in a variety of topics. However, we noted that the agency staff used in the home were not all trained in the same subject areas. The registered manager took action during the inspection and consulted with the supplier of the agency staff to address this.

Staff were also supported through regular staff meetings, supervision and appraisals.

We saw that the service worked with a variety of external agencies and health professionals to provide appropriate care and support to meet people's physical and emotional health needs.

Where safeguarding concerns or incidents had occurred, these had been reported by the registered manager to the appropriate authorities. We could see records of the actions that had been taken by the home to protect people and the identified lessons that had been learned.

People's rights were protected. The registered manager was knowledgeable about their responsibilities under the Mental Capacity Act 2005. People were only deprived of their liberty if this had been authorised by the appropriate body or where applications had been made to do so.

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

People living in the home were supported to access activities that were made available to them and pass times of their choice.

Auditing and quality monitoring systems were in place that allowed the service to demonstrate effectively the safety and quality of the home.

We observed people's dignity and privacy were actively promoted by the staff supporting them.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Medicines were managed safely and people received their medicines as prescribed. However, the time taken to dispense medicines was excessively long in the morning on the nursing units. PRN protocols were not consistent and pain assessment tools would benefit those with limited communication.

All the required checks of suitability had been completed when staff had been employed.

There were sufficient staff to meet people's needs although they were not always visibly present where some people required a level of supervision.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Staff had received training suitable to their role and responsibilities.

People said they enjoyed the meals provided and appropriate assessments relating to nutritional requirements had been made.

Care plans and records showed that people were seen by appropriate professionals, when required, to meet their physical and mental health needs.

The registered manager was knowledgeable about how to ensure individuals' rights were protected.

**Good** ●

### Is the service caring?

The service was caring.

People told us they were being well cared for and we saw that the staff were respectful and friendly in their approaches.

People were supported to maintain their independence.

**Good** ●

We saw that staff maintained people's personal dignity when assisting them.

### **Is the service responsive?**

The service was responsive.

People's needs were reviewed regularly and any changes were responded to in a timely manner.

There was an appropriate complaints process in place. People knew who to speak to if they had any concerns.

We saw there were meaningful activities which people took part in regularly.

**Good** ●

### **Is the service well-led?**

The service was not always well-led

There had been a lack of quality oversight on the dementia unit and we found some records were not always current and accurate in detail.

There were improved processes in place to monitor the risks, quality and safety of the service.

Staff told us they felt supported and listened to by the registered manager.

People living at the service and their relatives were able to give their views and take part in meetings and discussions about the service

**Requires Improvement** ●

# Preston Private

## 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 and 12 September 2018 and was unannounced on the first day. The inspection team consisted of three adult social care inspectors, a primary medical services inspector, a pharmacy specialist advisor and two experts-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before we carried out our inspection we looked at information we held about the service. We looked at the information we held about the service and information from the local commissioners of the service. We also looked at any statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We also looked at the Provider Information Return (PIR) we had asked the provider to submit to us prior to the inspection. This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with the registered manager, support service manager, operations manager, a company director, the company's quality lead for the region, 15 people who used the service, seven relatives/visitors and 12 members of staff. We also observed how staff supported people who used the service and looked at the care records and medication records for 10 people living at the home.

We looked at the staff files for four new staff that had been employed. These included details of recruitment, induction, training and personal development. We were given copies of the training records for the whole team. We also looked at records of maintenance and repair, the fire safety records, equipment safety records and quality monitoring documents. We also used a planning tool to collate all this evidence and information prior to visiting the home.

# Is the service safe?

## Our findings

At the last inspection we found a breach of Regulation 12 safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because risks had not always been identified and assessed. We also found that satisfactory professional testing of gas and electrical installations had not been completed and that the plans for the emergency evacuation of people required developing.

At this inspection we found that the emergency plans for the evacuation of people were satisfactory and that they were being regularly reviewed and updated where necessary. We also saw that professional testing had taken place and this too was under regular review by the provider. However, we found on the dementia unit that some records for the risk management of people needs were not reflective of their current needs and had not been reviewed in a timely way. We have addressed this under the domain of well-led.

Care plans and risk assessments made were not always accurate about the needs of people's health and the support that they required. Because of the inaccuracies found between what was recorded and what people's current needs were, during the first day of the inspection, we asked the registered manager to refer two people who lived on the dementia unit to the adult social care team.

During our inspection we spoke to 15 people who lived in Preston Private and asked them if they had any concerns about their safety. All the people we spoke with confirmed they felt safe. We received lots of positive comments such as, "I feel perfectly safe" and "I feel safe and cared for." One relative told us, "People are safe and if there was something wrong I would speak to the staff."

We looked at the staffing rotas for the two weeks before the inspection, the week of the inspection and for the following week. We saw that there was a structured team of staff and a designated nurse or senior staff member on every unit for every shift. The numbers of staff on duty was determined by the dependency needs of people living in the home. The registered manager collated information about people's needs and that indicated the numbers of staff required on each shift. However, we observed at times on the dementia unit that people were left in the communal area for short periods of time without any staff supervision.

We noted that the use of agency staff had reduced since our last inspection especially during the daytime but several regular agency staff were still being used at night time. The registered manager told us that this was due to the difficulties in recruiting suitable staff. We saw that the provider was actively recruiting and the process of recruiting was ongoing.

We received mixed comments from people about there being sufficient staff. One person told us, "In the morning they seem to struggle. It's hard work for them." Another person said, "There is plenty of staff." A relative we spoke with said, "More staff are needed." Another relative said, "Staff are always about. You keep seeing them walking up and down the corridors." We discussed our observations and the comments people had made about the differences of experience about staffing with the registered manager.

We looked at how medicines were being managed. The recording of medicines administration and stock

control was being managed safely. Medicines were stored appropriately and administered by people who had received the appropriate training to do so. We also looked at the handling of medicines liable to misuse, called controlled drugs. We observed that the administration of medicines on the nursing units in the morning was extensive and meant that the nurses were unavailable for other tasks during that time. Although we saw there were some plans in place that outlined when to administer extra, or as required, medication (PRN) these were not consistently completed across all the units. We also noted that where people had communication difficulties there was no observations made about their management of pain.

We recommend the use of a pain assessment tool, improving the consistency of PRN protocols and that the registered provider reviews the morning administration of medicines on the nursing units.

We checked the recruitment files for four members of staff including some who had recently been appointed. We saw application forms had been completed, references had been taken up and a formal interview arranged. The files evidenced that a Disclosure and Barring Service (DBS) check had been completed before the staff started working in the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This ensured only suitable people were employed.

We found the home to be clean and well maintained. There was sufficient, suitable equipment to assist people who may have limited mobility and we observed staff using appropriate protective wear to prevent cross infection. We saw systems were in place to monitor the environment and were effective in identifying any shortfalls and what actions had been taken to address any problems within the environment to ensure it was kept clean. We also saw infection control audits had been completed.

Staff we spoke with confirmed they had received training in the safeguarding of vulnerable adults and had a good understanding of how to protect people from harm. They understood their responsibilities to report any safeguarding concerns to the relevant authorities.

We looked at records of the accidents and incidents that had occurred. We saw that where necessary appropriate treatment had been sought and actions had been taken to prevent reoccurrence and that any lessons that had been learned had been recorded.



## Is the service effective?

### Our findings

People we spoke with told us the food served was good. One person said, "At breakfast I can have what I want. There is always a choice for lunch but if you don't want what's on offer they will make something else for you." Another person said, "The food is wonderful and they are not stingy." We observed the dining experience was unrushed and enjoyable for people. Staff displayed a good understanding of the needs of the people they cared for. However, a relative told us they found, during mealtimes, there were not always sufficient staff to ensure those who could not access the dining room, and required support in their bedrooms always received timely support. We discussed this with the registered manager during the feedback about our observations of staffing on the dementia unit.

People were asked about meal preferences and we saw that the meals prepared catered for a variety of preferences and different dietary needs. We saw that people had nutritional assessments completed to identify their needs and any risks they had when eating. Where necessary people had been referred to their GP or to a dietician.

We saw that people and their relatives had been involved, consulted with and had agreed with the level of care and treatment provided. We also saw that consent to care and treatment in the care records had been signed by people with the appropriate legal authority. This meant that people's rights were being protected. However, we also found that completion of records by other health professionals for Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) had not always been completed accurately and the registered manager took action to address this during the inspection.

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 and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw appropriate applications had been made and authorisations were in place.

We looked at the staff training records which showed what training had been done and what refreshers were required. We saw staff had completed a programme of induction training when they started working at the home. We noted that not all the agency staff had completed the element of MCA training. We discussed this with the registered manager who assured us that the company supplying the agency staff were arranging this.

We saw that each member of staff had an induction programme, regular supervision, appraisal and ongoing

training. Staff we spoke with told us they felt they could discuss their needs in an open manner and would be listened to and action taken to help them to develop. Staff also told us they attended regular staff meetings that supported them in their work. We saw minutes of the meetings held with staff and saw how through the meetings they could share their ideas about improving the service.

We saw from people's records that there was effective working with other health care professionals and support agencies such as local GPs, community nurses, physiotherapists, occupational therapists, mental health teams and social services. People were also supported in managing their health and wellbeing needs by appropriate referrals being made to external services. One person told us, "Once when I was ill they told me to stay in bed and they called the doctor." Another person told us, "They [the staff] sort out all my visits to the hospital, they do a good job."

We saw that people had been able to bring some personal items into the home with them to help them feel more comfortable with familiar items and photographs around them. Bedrooms we saw had been personalised to help people to feel at home and people were able to spend time in private if they wished to. Adaptations had been made to the dementia unit that supported the needs of the people who lived there.

## Is the service caring?

### Our findings

We observed staff took appropriate actions to maintain people's privacy and dignity. Staff were, in the main, polite and well-mannered when offering assistance to people. People were generally spoken to in a pleasant and unrushed manner and when undertaking tasks with people we observed staff were respectful. However, we saw that this was not consistently applied on all of the units we spent time on. This was discussed with the registered manager who took immediate action to address our observations.

Everyone we spoke with said the staff were kind and caring. One person told us, "Staff always knock before they enter my room." Another person said, "The staff are all lovely." People also told us staff were willing to listen if they had a problem and always did what they asked them to. A relative told us they thought the staff were, "Very caring" and they were happy because their relative was happy living at Preston Private.

We looked at the arrangements in place to ensure equality and diversity and that support was provided for people in maintaining important relationships. People told us they had been supported to maintain relationships that were important to them. One person said, "My family come when they are available and at any hour of the day." Relatives we spoke with said, "Staff make us feel welcomed and they make us a cup of tea."

During our inspection a vicar from the local community, who conducted a weekly service for those who wished to attend, visited the home. He told us, "This is a lovely spot, people living here always appear cheerful and I get a great welcome when I arrive."

The registered manager provided a variety of information to ensure that people living in the home were communicated with. This included meetings with residents and their families. Information was also posted in the home about that also advertised forthcoming activities and events.

We saw that people's care records were written in a positive way and included information about the tasks that they could carry out themselves as well as detailing the level of support they required. This helped people to maintain their skills and independence. One person told us, "They [staff] let you do things for yourself but they are there if you need them to be." Another person told us, "I like to be independent as much as I can but if I can't manage I just have to buzz for staff to help."

Independent advocacy could be arranged for people who did not have relevant others to help them in making important decisions. Advocates are people who are independent of the service and who can support people to make important decisions and to express their wishes.

## Is the service responsive?

### Our findings

People told us they had been asked about their care needs and been involved in regular discussions and reviews. One person told us, "I have been involved in deciding my care plan." A relative told us, "I agreed [relatives] care plan about two weeks after they came in." We noted that each person had a brief summary or 'pen picture' of their care needs, likes, dislikes and a brief history about their life posted on their wardrobes doors.

People we spoke with said they knew how to make a complaint and would feel comfortable doing so and believed that their concerns would be acted upon. One person told us, "The staff are very caring and I have no complaints." Another person said, "If I had any complaints I would speak to the staff." We were also told, "I did complain about a member of staff and they no longer work here."

One relative told us they were not happy with the management of their complaints. We looked at how the provider had managed these complaints and we saw that the registered manager had taken them seriously and followed the company policy. However, we noted that further work maybe need to be done in resolving all the concerns raised. We discussed this with the registered manager who told us they would take further advice and provide guidance to the complainant about contacting the local ombudsman.

The home employed activity coordinators who provided and supported people in a variety of activities over the whole week. We saw people could engage in activities of their choice. People were also supported in attending their own social events in the local community or with visiting friends and relatives. The home held regular activity sessions and social events. We saw how staff were supportive and encouraged people to maintain healthy relationships with their family and friends.

We observed there were various activities made available throughout the day. One person told us, "We had bingo yesterday and I like to go out to church and sometimes go out for a meal." Another person told us, "I don't like the exercises they do but they have a concert in the afternoon and the hairdresser is in everyday." Activities planned were advertised in advance. We noted on the dementia unit a few people were cared for in bed and we discussed with the registered manager how their needs were met in preventing social isolation. The registered manager identified that the activities coordinators would log time spent with individuals in their rooms to ensure this did not happen.

The registered manager told us how they supported people to keep in touch with relatives and friends via the use of the internet allowing people to access different methods of technology.

Staff had received specific training in caring for people at the end of their lives. We saw that people's treatment wishes had been made clear in their records about what their end of life preferences were. The records we looked at contained information about the care people would like to receive at the end of their lives and who they would like to be involved in their care.

# Is the service well-led?

## Our findings

At our last inspection in March 2017 the home was rated overall as requiring improvement and we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and we made some recommendations. That was because the registered provider had not always identified and assessed risks or obtained satisfactory professional testing of gas and electrical installations. Along with ensuring there were safe evacuations plans in place for emergencies.

At this inspection we found that the registered provider and manager had acted on that breach and the recommendations. However, we also found during this inspection that some records were not consistently maintained and were not always current, accurate, properly analysed and reviewed. This was a breach of Regulation 17 good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The auditing and quality monitoring systems that were in place had been improved and we saw were now identifying any concerns relating to the safety and quality of the home. The oversight of quality and safety in the home was also being monitored regularly by the operational manager that visited on behalf of the registered provider. Where actions had been required to improve these had been noted and addressed by the registered manager. Maintenance and environment checks were being done regularly and we could see that any repairs or faults had been highlighted and acted upon.

Staff we spoke with told us that the registered manager was approachable and led the home well. Staff we spoke with told us, "The home has improved" and "This is a much better place to work." We were also told if staff had any concerns they would be happy to raise them with the registered manager. One person living at Preston Private told us they thought the registered manager was "grand" and "You always know when she is in because you can hear her laughing." A relative told us, "The manager sometimes comes in and says hello."

We saw that resident's meetings were held where people and their relatives were regularly involved in consultation about the provision of the service and its quality. We saw that regular reviews of people's care needs were held with relevant others. This meant that people and or their representatives could make suggestions or comment about the service they received and the environment they lived in.

There was regular monitoring of any accidents and incidents and these were reviewed by the registered manager to identify any patterns that needed to be addressed or lessons to be learned. Providers of health and social care services are required to inform us of significant events that happen such as serious injuries and allegations of abuse. Where required we had been notified of any incidents and accidents and appropriate referrals had been made to the local authority. This meant we could check that appropriate actions had been taken.

People told us they had been asked their views of the service via questionnaires and that there was a suggestion box available in the reception area.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	Records we viewed on the dementia care unit (Ferryhalgh) were not always current, accurate, properly analysed and reviewed.
Treatment of disease, disorder or injury	