

Parkfields Nursing Home Limited

Parkfields Nursing Home

Inspection report

556-558 Wolverhampton Road East
Wolverhampton
West Midlands
WV4 6AA

Tel: 01902621721

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Parkfields Nursing Home is registered to provide accommodation and nursing care for up to 49 people. At the time of our inspection 33 people were living there. The inspection took place on 27 April and 4 May 2017 and was unannounced.

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 provider, 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 previously inspected Parkfields Nursing Home on 28 and 29 June 2016. At the time of our previous inspection we found improvement had been made and two breaches of legal requirement highlighted in the earlier report were met and we rated the service as requires improvement.

People and their relatives we spoke with were confident improvements had taken place within the home which had resulted in the delivery of better care and support. Staff told us how they would recognise concerns to people's safety and were aware of the action they would need to take if people were at risk of harm or abuse. People were supported to remain as independent as possible. Staff were mindful to support people in a way which maintained their dignity and upheld their right to privacy.

Staff had undertaken training relevant to their role and in order to meet the needs of people. Staff were confident they had the skills needed and felt supported by the management team. There were sufficient staff on duty to meet the needs of people who lived at the home.

Risks associated to the care and support of people were assessed and staff were aware of these risks. The registered manager had introduced new systems to ensure accurate records were maintained and was aware further improvement was needed with these

Improvements had been made in the recruitment of staff and the measures taken to ensure staff were suitable to work with people living at the home. We found improvement to the systems in place for the safe management of medicines. The registered manager introduced additional systems to ensure people always received their medicines as prescribed during the inspection process.

People were supported by staff in a kind and caring way. People were involved in planning their care and how they spent their day. Staff were aware of people's interests and sought to engage people in these to stimulate them. The cultural needs of people were respected and met. Staff sought permission from people before care and support was provided. The registered manager and staff were aware of the importance of gaining consent and were aware of the need to involve other relevant people if looking at people's best interests. People were confident they could raise concerns if they had any with the management team. Staff

spoke highly of the management and of the changes they had brought about.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff knew how to recognise and report concerns about people's safety.

Staff were aware of the risks to people's health and welfare and of how these could be reduced.

The registered manager introduced additional audits to ensure people received their medicines as prescribed.

People care needs were met by sufficient numbers of staff.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were suitably skilled and supported to provide effective care.

Staff sought people's consent before supporting them and people were assisted to make their own decisions wherever possible.

People were offered choice of food and drink and were supported to eat and drink sufficient amounts.

Staff monitored people's health and supported people to access health services when required.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were caring and respected their individuality including cultural needs.

People were supported to make choices about the care and support they received which respected and had their independence promoted.

People's privacy and dignity was respected.

Is the service responsive?

The service was responsive.

People were supported by staff who knew their needs and preferences well.

People had opportunities to engage in a range of activities which supported their individual hobbies and interests.

People knew how to raise concerns or complaints and the provider had a complaints policy to ensure they were managed.

Good ●

Is the service well-led?

The service was well led.

Staff and relative spoke positively about the management and acknowledged improvements had been made in the home.

The registered manager had checks in place and introduced additional ones to monitor the quality of the service so continual improvements were made.

Good ●

Parkfields Nursing Home

Detailed findings

Background to this inspection

The inspection took place on 27 April and 4 May 2017 and was unannounced. The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is someone who has personal experience of using or caring for someone who uses this type of service.

We looked at the information we held about the service provided. This included statutory notifications. Statutory notifications include important events and occurrences such as accidents and serious injury which the provider is required to send us by law. We used this information to help plan the inspection.

We spent time with people who lived at the home and observed the care provided by staff. We spoke with six people who lived at the home. We also spoke with four relatives who were visiting the home at the time of the inspection and one healthcare professional. In addition we also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We spoke with the registered manager, the deputy manager, two nurses, eight members of staff including team leaders and an activities coordinator. We spoke with the registered provider who was at the home during our first visit.

We looked at the records relating to three people's care records including their medicine records. We also looked at staff records including training and recruitment records and the records relating to the management of the service including accident and incident reports and quality audits.

Is the service safe?

Our findings

At our last inspection in June 2016 we found concerns with people's risk assessments and staff recruitment. During this inspection we found the registered manager had taken action.

People we spoke with told us they felt safe living at the home. One person told us, "It's safe. That's why I am here. That's why I like it." Another person told us, "I have no concerns about living here." A further person told us, "I have always felt safe." A relative told us they believed their family member was safe living at the home and as a result, "I can leave here [the care home] without worrying now."

Staff we spoke with understood how to recognise and report potential abuse or concerns about the safety of people living at the home or about potential or actual abuse. Staff were confident people were safe at the home. A nurse told us they would alert the local authority of any safeguarding incidents by completing an alert on the computer. They were also aware of other agencies such as the police and the Care Quality Commission and of the involvement of these agencies. One member of staff told us they would speak with the registered manager if they had any concerns. Another member of staff told us, "I haven't seen anything worrying or concerning."

The provider had systems in place to record, monitor and analyse accidents which had occurred involving people who lived at the home. The registered manager analysed these and had used this information to prevent a reoccurrence of the accident happening. This meant there were systems in place to keep people safe from harm or abuse.

People's risks were documented and regularly reviewed to ensure staff had up to date information on people's changing risks. For example after a person had sustained a fall. Staff were aware of the need to review risks and confirmed these were done as people's needs changed. Staff knew of the people who were at risk and confirmed these were discussed during handovers between shifts. For example they were able to tell us about people who required specific action to prevent sore skin. Staff knew what action they needed to take if they were concerned about people's skin and we saw they had been appropriately trained to reduce the risks to people.

One person told us their skin had got better and confirmed staff had given them every attention and were gentle with them. The registered manager told us one person had wounds which were, "Improving" and "Healing very well". The registered manager told us they had purchased new equipment such as pressure relieving mattresses and cushions since the last inspection to help prevent people developing sores. We saw this equipment being used during the inspection and saw staff knew how to use equipment such as the use of different coloured straps on hoisting slings depending upon the individual.

Records regarding people's care were not always maintained to evidence staff had provided the care and support people were identified as requiring. However, we saw no evidence of people sustaining further deterioration in their skin condition. We brought to the attention of the registered manager an observation made whereby one person was not repositioned in line with the advice recorded within their care records.

People we spoke with told us they received their medicines as prescribed. One person told us, "They [staff] give me my tablets." Another person told us, "I get my medicines every day now. I am on antibiotics and they [staff] tell me what medicines I am having." A relative told us their family member received their medicines as prescribed. We saw nursing staff administer medicines to people and saw this was carried out in a safe way.

We saw one person was prescribed a patch through which medicine was absorbed through the skin to help with their daily living. This patch had not been applied as prescribed the day before our inspection and no one had noticed this error. The nurse on duty at the time of our inspection was unable to tell us how this had occurred. We brought this to the attention of the manager who put into place additional monitoring systems to ensure any further occurrences were soon identified.

The registered manager had identified staff were not always applying creams to assist in the prevention of people developing sore skin. They had reviewed their systems in order to make improvements to reduce the risks to people.

People we spoke with told us they felt there were sufficient numbers of staff. One person told us, "There are ample staff. They get agency workers or the day workers come in." Another person told us, "There are plenty of staff." A relative told us, "Staffing levels have got better."

Staff told us there were sufficient numbers on duty to be able to meet the care needs of people who lived at the home. We saw there was a member of staff available to people who were in the lounge areas and people were supported when they needed assistance. The provider had suitable arrangements in place to cover staff absences such as asking staff to work additional hours or the use of agency staff.

The provider had made improvements in their recruitment processes to ensure people were supported by staff who were safe to provide care for them. The provider completed pre-employment checks on staff before they began work. Staff confirmed references had been obtained and Disclosure and Barring Service (DBS) checks had been carried out. The DBS checks ensured the provider had employed people who were suitable to work with people who lived at the home. We saw the file of a recently appointed member of staff and found their application form did not contain a full employment history. We highlighted this shortfall to the registered manager.

Is the service effective?

Our findings

At our last inspection in June 2016 we found capacity assessment were not always in place where people lacked capacity to make decisions for themselves.

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 were supported by staff who understood the importance of obtaining consent before providing care or support. We saw staff seeking permission from people before they supported them with care or before they engaged in any activity. For example we heard staff seek permission from people before assisting them to reposition themselves. One person was heard agreeing to staff requests and told them they knew the routine.

The registered manager understood the principals of the MCA and how this should be applied in practice. For example they understood capacity assessments and we saw records which supported this. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We found appropriate applications had been made to the required local authorities where it was deemed they were restricting people of their liberties. Staff were aware of people who had an application in place which meant people's rights were protected as the provider was appropriately applying the principles of the MCA.

Staff we spoke with told us they received training to enable them gain the skills and knowledge to provide the care and support people required. Staff told us they had attended an induction programme when they first started work for the provider. This included training as well as time shadowing experienced members of staff.

The registered manager was aware of staff who required certain aspects of training and told us they were arranging for this training to be provided. Staff had recently received training regarding the prevention of sore skin. Some staff members had not attended this training. In the majority of cases the registered manager was aware of the reason why staff had not attended one of these sessions and undertook to look at why some others had not. The registered manager told us they had attended additional training in moving and handling along with the deputy manager so they had the knowledge to be able to monitor staff while they assisted people transfer. During the inspection we saw staff transfer people using specialist equipment safely.

Staff told us they felt well supported and received guidance from the nursing staff and management when required. One nurse told us they were allocated a number of care staff to provide supervision and anything else they could do to support staff. A member of staff told us they received regular supervision and felt able to seek guidance at any time.

People we spoke with told us they liked the food provided and they had noticed improvements in the quality of the food. One person told us, "I've got no grumbles about the food." Another person told us, "The food is great" and "I get plenty to drink, tea and juice". A further person told us, "The food is excellent. They [staff] make a special effort to cook and provide what I want. There is always a choice" and "There is plenty to drink. They are always filling the glasses with juice." People were provided with choice as to where they ate their meals. We saw staff encouraged and supported people to eat, where required and specialist equipment was in place to encourage independence such as plate guards. Throughout our inspection we heard staff asking people if they wanted a drink and providing encouragement to people to drink where there was a known risk of dehydration. Staff recorded people's fluid intake so they could provide information to healthcare professionals if needed.

People and relatives confirmed staff at the home had contacted healthcare professionals as needed. One relative told us their family member needed attention due to an infection and an appropriate professional was called and attended. A visiting professional told us staff recognised when people were not well and made appropriate referrals to healthcare professionals when required. Records we looked at confirmed a range of healthcare professionals and specialist advisors were involved in maintaining people's health and welfare such as GP's, advanced nurse practitioners, the rapid response team, tissue viability nurses, speech and language as well as dentists opticians and chiropodists. This meant people were supported to maintain their health.

Is the service caring?

Our findings

Throughout our inspection people spoke highly of the staff. People responded to staff in a friendly way and we saw occasions where people engaged in banter. We saw staff frequently check with people they were alright and whether they needed anything.

People we spoke with told us they were happy with the care they received and liked the staff team. One person told us, "They [staff] are very nice. They look after me. If I want anything they get it for me." The same person told us they liked having somebody caring for them. Another person told us, "The carers [care staff] are great, really great. Nothing is too much trouble. They always have a smile on their face, all the time. The night staff are the same. They are excellent." A further person described the staff as, "Exemplary" as well as, "Attentive, kind and caring." A relative described the care provided as, "Brilliant" and "It's like a hotel in here."

Staff told us they believed the care and support provided to be good. One nurse told us, "I think the care they give is excellent" and "The care is second to none." Staff told us they provided care for people in a way they would want for their own grandparents.

Throughout the time at the home we saw staff demonstrate a kind and caring approach to their work. We heard staff check people were comfortable and not in need of anything. One person slipped over in their chair and looked uncomfortable. This was seen by a member of staff who responded without delay. We saw they assisted the person back to a more comfortable position checking throughout they were happy with the support they were providing.

People were involved in choices about their care. For example we heard staff ask people what they wanted to drink and where they wanted to spend their time and when they wanted to go to bed. Staff were seen spending time with people either supporting them such as with a drink or engaging in conversation. Staff were comfortable spending time with people and told us they did not feel rushed. Staff told us they believed it was important they promoted independence and encouragement rather than de-skilling people. For example people were able to mobilise around the home with the assistance of staff or independently.

Some people who lived at the home did not have English as their first language. Staff were aware of who these people were and assured us they had a member of staff on duty who could communicate with these people. We observed this during our inspection. One person showed signs of anxiety and distress. We heard and saw a member of staff able to reassure them in their own language.

People told us they enjoyed seeing their relatives and friends and that they were able to visit them at any time they wished. The registered manager told us they had tried to get an independent advocate for one person who did not have any family involvement.

We saw cards containing compliments on display in the reception area of the home. It was not always possible to tell when the card had been received by the registered manager. Comments included, 'kindness

and friendship' and 'thank you for all the years you looked after x (person).' One card thanked everyone for organising a recent birthday party for one person who lived at the home showing staff provided individualised care.

Staff had regard for people's privacy and dignity. Relatives we spoke with had no concerns about their family member's right to have their privacy and dignity upheld. Staff were able to tell us about how they ensured privacy and dignity was maintained. Staff told us they would make sure personal care was provided in people's own bedrooms with their door shut. Throughout the inspection we saw staff closing bedroom doors while they provided care. One member of staff was seen asking a person if they wanted to 'put their feet up' as they were sitting on a recliner chair. The person agreed they would like to do this. The member of staff made sure the person's legs were covered by a blanket to protect their privacy and dignity.

Is the service responsive?

Our findings

People we spoke with felt the staff at the home knew them well and had the ability to meet their care and support needs. One person told us staff knew how to use the hoist which they needed and told us they felt safe with the staff because they knew what to do. Another person told us, "My needs have been taken into consideration" and "I have my freedom and independence." A relative told us their family member received the care they needed to meet their needs. Staff we spoke with demonstrated they understood people's care needs and preferences.

People told us staff responded promptly to them when they needed assistance. One person told us, "They [staff] come quickly if I press the buzzer."

People's care plans were available for staff to refer to regarding people's care needs. The registered manager told us they were working through each of these to ensure they were an accurate reflection of people's needs. Care plans were seen to include a personal history which helped staff get to know each person as an individual. Staff told us they were made aware of any changing care and support needs during the handover sessions between shifts. One relative told us, "I am involved as much as I can possibly be." Other relatives told us staff kept them up to date with their family members care.

We saw staff respond to people and their individual needs. For example the provider had ensured staff were on duty to be able to communicate with people who did not have English as their first language. We saw people were dressed in line with their cultural needs and had their cultural needs met throughout the day. Staff had been provided with some simple phrases in people's first language to enable them to communicate with people who did not have English as their first language available to them. These terms included phrases such as 'Do you want a drink? Can you stand up please? Do you want to go to bed? and Are you hungry? Staff told us they celebrated different religious events as well as special days such as patron saint days and black history month. This meant people's cultural needs were respected.

People were able to engage in activities as well as meaningful hobbies and interests. People we spoke with told us about some of the events they had been involved in. One person told us, "I join in the activities like Jamaican Day and the Indian Days." The same person added, "On special days like Mother's Day they had a coffee morning, at Easter they have coffee and a raffle. On birthdays you get a card and presents." Another person told us, "I love doing cross words and watching the telly". A relative told us they were kept informed of events happening at the home."

Staff told us about a variety of activities people had been involved with including arts and crafts, games and watching films while eating popcorn. An activity coordinator told us they had undertaken research into meaningful activities for older people who lived with a dementia and were looking at how they could implement more of these good practice ideas. During our inspection we saw staff engaged in one to one person centred activities with people such as playing cards and looking at books as well as activities with groups of people such as ball games.

People told us they were aware of who they could speak with if they were unhappy about the care they received. One person told us, "I would probably speak to the matron if I was concerned about anything." Another person told us, "If I have something to say I am going to say it. They know that." A relative told us their family member "Doesn't have a bad word about anything" and told us they were confident they could raise any concerns about the home. The provider had a complaints procedure to ensure complaints were appropriately investigated and managed. Records we looked at showed complaints were investigated and responded to. For example where needed an apology was offered.

Is the service well-led?

Our findings

At our last inspection in June 2016 we rated the provider 'requires improvement' in the well led question. This was because improvements were required to systems to ensure they were robust and people received safe care. During this inspection we found improvements had been made. The registered manager was aware of areas where they needed to continually review systems they introduced. This was to ensure they were providing quality care and support for the people who lived at the home.

People we spoke with felt there had been significant improvement since the last inspection. One person told us, "It's getting better. It's going in the right direction" and related these changes to the management of the home. Another person told us, "As a home goes it is good." One relative told us, "I can ring the office at any time. They will always answer me." The same relative told us they regularly spoke with the registered manager and added, "It has improved in my eyes." A relative also told us, "It has improved" and "The management team has improved."

We found the registered manager had used the findings of the last inspection to make the necessary improvements to the service. For example improved training for staff and the purchase of new mattresses designed to prevent people developing sore skin. The registered manager told us the home had, "Come a long way" and saw the improvements needed to be, "Continual work in progress." Audits were undertaken by the registered manager and others. These included medicines and the environment. Following our findings as part of the first day of this inspection the registered manager introduced additional checks and audit of the medicine records and systems to ensure any shortfalls were identified sooner. The registered manager acknowledged the findings of our inspection and recognised the need to make additional improvements including the monitoring of the daily records.

The registered manager was aware of two recent incidents whereby people did not always receive suitable care to prevent their skin from becoming sore. Following the first incident the local NHS Clinical Commissioning Group (CCG) carried out an investigation. The registered manager completed an action plan setting timescales for action including providing staff training, improvement in care planning and escalation of concerns to the management. Shortly after this a second incident took place requiring a similar action plan to be submitted. We saw the registered manager was taking positive steps to ensure the concerns raised were not repeated in the future. The registered manager was aware further improvement was needed regarding record keeping and was keeping systems they had introduced under review.

Providers of care services are required by law to display their Care Quality Commission rating conspicuously and legibly. We saw the last inspection rating was displayed in the reception area of the home at the time of this inspection and was clearly visible to people visiting the home. This showed us the provider was meeting their legal requirements.

Staff were involved in the development of the service. Staff we spoke with told us they felt confident in their ability to raise concerns and suggest improvements. Staff were allocated lead roles to enable them to have involvement in these areas. We were shown the introduction of the 'safety cross'. This document showed the

number of days without any person developing sore skin within the home and demonstrated a commitment to make improvement in areas where concerns had been expressed in the past.

We found the registered manager was aware of their responsibility to report certain events and incident which may occur in the home to the Care Quality Commission as a notification. The registered manager told us they were not aware of one issue regarding a person who was transferred to hospital had needed to be notified to us.

The registered manager and the deputy manager were engaged in a local care home improvement programme entitled Safer Provision and Care Excellence (SPACE). This showed a further commitment to make improvements and share best practice within the home.

The registered manager spoke of their determination to make improvements at Parkfields and engage with external agencies to bring about improvements.