Belmont Parkhill Limited

Parkhill Nursing Home

Inspection report

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Date of inspection visit:
03 April 2023
04 April 2023

Date of publication:
19 May 2023

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Parkhill Nursing Home is a residential care home providing care and support for up to 38 people in one adapted building. The home is an extended Victorian property with bedrooms on three floors. At the time of our inspection there were 28 people using the service.

People's experience of using this service and what we found
There was not always sufficient, trained staff deployed to meet people's needs. People did not receive the support they needed in a timely manner. Improvements had been made to the building, furnishings, and decoration but some improvements to the décor and infection prevention practices needed improving. Various risks related to health and safety and accidents and incidents were not always well managed and people were at risk of harm. Recruitment processes were not always safe, and we found concerns in this area. There was a system in place for staff when they commenced their role. However, not all staff had the relevant training such as safeguarding and MCA and DoLS. Care records were person centred but did not always contain the relevant information to guide staff on how to safely care for people and some records were not accurate. We made a recommendation about this .

People were not always treated with dignity and respect. Not all staff knew people well which led to undue distress. Although we witnessed some choices being offered, this was limited, and we witnessed task focused interactions rather than person focused care. Feedback from people that use the service, and their relatives was mixed and whilst some people described the staff as caring, others did not.

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

End of life discussions were taking place when appropriate and documented. People's communication needs were identified, and information was made available to people in accessible formats .

Activities were not always taking place and there was no schedule to guide staff. We made a recommendation about this. There was a system in place for responding to complaints but there was no log of previous concerns and limited evidence of lessons learnt.

Audits were in place. However, they did not always identify risk and there was little evidence of learning lessons when things go wrong. Where risk was identified, this was not actioned in a timely manner. There was evidence of people and their relative's taking part in meetings to discuss on-going improvements at the service. Staff, people, and their relatives spoke highly of the manager.

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

Rating at last inspection
The last rating for this service was good (published 26 January 2018)

Why we inspected
This inspection was prompted by a review of the information we held about this service.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations
We have identified breaches in relation to risk management, staffing, staff recruitment, dignity and respect and good governance. We have also made recommendations in relation to care plans and activities.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Parkhill Nursing Home

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by 2 inspectors and 1 Expert 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.

Service and service type
Parkhill Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Parkhill is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post for 2 weeks and was in the process of applying for their registration.

Notice of inspection

This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with 4 people who used the service and 13 relatives about their experience of the care provided. We spoke with 9 staff including the manager, area manager, director of clinical governance, the cook, domestic and care workers. We also spent time in communal areas observing how staff supported people.

We reviewed a range of records. These included care records, records relating to medicines, staff recruitment, training, and supervision, building maintenance, cleaning and equipment checks, accidents and incidents and safeguarding logs. We also looked at a variety of records relating to the management of the service, including audits and policies and procedures.

Requires Improvement

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
- The provider had not taken the necessary action to monitor and reduce risks as needed.
- We found several windows above ground level that did not have window restrictors in place. This meant the window could be opened wide enough for people to climb out.
- Accident and Incident forms were completed following an accident. However, there was no audit or analysis completed to look for trends and themes to prevent such accidents from re-occurring.
- People were left unattended in wheelchairs for long periods of time and people who were known to be a high falls risk were left unsupervised in communal areas.

The provider had failed to assess the risks to the health and safety of people receiving care and treatment. This was a breach of Regulation 12 (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The area manager responded immediately during the inspection and ensured all windows were fitted with restrictors. The area manager had discussions with staff to ensure people who are at risk of falls are not left unsupervised in communal areas.

- Equipment was maintained, and the required health and safety checks had been completed.
- Emergency evacuation plans were in place which included the level of support each person needed in the event of a fire. Staff had knowledge of what to do in the event of a fire.

Staffing and recruitment
- There was not always sufficient, trained staff deployed to meet people's needs. People did not always receive the care they required as staff were unfamiliar to them and did not always understand their needs. One relative said, "It is now working and surviving off agency staff."
- Staff told us it is difficult as most of the staff are agency staff and are unfamiliar with the routine. One relative said, "New staff don't recognise the visitors when they let us in or know who they are visiting, and they don't know the residents needs as staff are not there long enough"
- Concerns were also raised about the inability to communicate with staff members. One relative said, "I could not find staff when [relatives] pad needed changing, staff cannot communicate, they don't speak to [relative] when they are feeding [relative], they are silent, last night [relative] was slumped down in the chair, [relative] needs to be sitting up"
- Staff were constantly busy, and task focused. People advised that there were no activities taking place and

staff told us they had no time to provide social stimulation and emotional support.

There were not enough suitably qualified, competent, skilled, and experienced staff in place across the service to meet people's needs. This was a breach of regulation 18 (1) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had recently recruited an activity co-ordinator and we did witness positive interactions between them and people that use the service. There were several staff interviews being conducted during the inspection process and the manager will review the staff rotas to ensure there is a good skill mix on each shift.

● The provider was not always following robust recruitment processes in line with their own policies.
● Although we saw evidence of references being obtained, this was not always sought from the staff member's most recent employer. We also noted gaps in employment history that had not been explored or risk assessed prior or during the staff member's employment. We discussed this with the manager who ensured us the relevant checks will be carried out.

Staff were not robustly recruited. This was a breach of regulation 19 (2) (Fit and proper person employed) of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse
● Systems and processes were in place to safeguard people from the risk of harm, abuse, and discrimination.
● There were policies and procedures to guide staff on safeguarding people from abuse. However, not all staff had received training in safeguarding people from abuse. This was addressed with the manager who will ensure all staff have undertaken training in this area.
● Staff were aware of whistleblowing and their responsibilities.
● People's thoughts on the service were mixed. One person told us, "I do feel safe here, the carers are really nice, the only problem is at the moment they're quite short staffed."

Using medicines safely
● Medicines were managed and administered safely.
● Medicines administration records (MAR) reviewed were accurate and fully completed.
● Staff received training in medicines administration and managers completed regular competency checks.
● Protocols were available to guide staff when to administer 'as required' medicines. However, variable dose medicines were not always clearly recorded to guide staff on how much to administer. This was rectified during the inspection process.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were mostly assured that the provider was supporting people living at the service to minimise the spread of infection.

● We were assured that the provider was admitting people safely to the service.

● We were mostly assured that the provider was using PPE effectively and safely.

● We were assured that the provider was responding effectively to risks and signs of infection.

● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes
● There were no restrictions on relatives visiting their loved ones. We observed visits taking place during the inspection.

Requires Improvement

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience
- Staff did not have the training required to ensure they could carry out their roles effectively.
- The provider's training matrix showed that staff had not completed all the training the provider had identified as mandatory. This included, safeguarding, MCA, DoLS, dementia awareness, basic life support, falls prevention and oral care.
- Although staff had attended group meeting's, most staff had not had an individual supervision. Following on from the inspection, the area manager began undertaking staff supervisions.

We found no evidence that people had been harmed, however the provider had failed to ensure staff had received the training necessary to enable them to carry out the duties they were employed to perform. This was a breach of regulation 18 (2) (a) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The area manager made assurances after the inspection that staff were in the process of completing their mandatory training.

- Newly recruited staff had a thorough induction on commencing employment.

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 MCA 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 when this is in their best interests and legally authorised under the MCA. 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● The provider was not always meeting the requirements of the MCA.
● Care records included capacity assessments and best interest's decisions. However, these were not always accurate and the system for the monitoring of DoLS applications and authorisations was not up to date.
● Not all staff had received training in this area and their knowledge was poor.

Following the inspection, all staff completed training on MCA and DoLS.

Adapting service, design, decoration to meet people's needs
● Improvements had been made to the building, furnishings, and decorations, but this work was still ongoing and further improvements were needed.
● There was limited signage around the home to aid people's orientation, the area manager told us they were looking to improve signage throughout.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People had their needs assessed before they started to live at the home.
● Care records included oral health assessments. These identified support people needed to maintain good oral hygiene and promoted independence by identifying what people could do for themselves.
● Records showed that people were supported to access a range of health care professionals.

Supporting people to eat and drink enough to maintain a balanced diet
● People's nutritional needs were met. People were generally positive about the food. One person said, "The food is brilliant."
● During the inspection we witnessed a staff member offering a choice of meals to people.
● We observed lunchtime and the food looked appetising and well-presented.

Requires Improvement

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

- People's dignity was not always respected or promoted.
- On both days of the inspection we witnessed the lunchtime meal service. It was clear that the staff supporting people did not know them well and one person had to shout repeatedly for assistance until we alerted a staff member of their distress.
- People were assisted to the dining area with very little interaction by staff and without being offered a choice of where they would like to sit. Some people were left in their wheelchairs for long periods of time with no option of being sat at a dining chair.
- We witnessed staff assisting people with their meals. This appeared to be very task focused and impersonal. One staff member stood over a person whilst assisting with their meal with little communication. One relative said, "The other day [relative's] face was covered in food as though it was thrown at [relative]"
- People's voices were not always heard. The dining area is now located on the 1st floor of the building, and we witnessed people eating their lunch time meal on their lap in the lounge located on the ground floor. People told us they preferred it when the dining room was located downstairs. One person said, "It is terrible, I go upstairs for breakfast, then I come down, I can't see the point in moving up and down."
- Relatives raised concerned about the lack of personal care being offered. One relative said of a recent visit, "[relative] was not shaven and looked like [relative] had not shaven for a week."

People's dignity was not always respected or promoted. This was a breach of Regulation 10 (1) (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following on from the inspection, the area manager advised that more frequent observations would be carried out to ensure dignity is promoted.

- We did observe positive interactions during the inspection, and it was clear that staff that had been employed at the service longer knew people well. One person described the staff as caring.

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

- Care records showed that people and their relatives were not always involved in the care planning process. The service was in the process of moving to electronic care records and the area manager advised people will be involved in this process.

● Regular meetings took place between people and the management team to share any concerns and discuss the improvement of the service.

Requires Improvement

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care records were person centred but did not always include accurate information on how to safely care for people.
- We found information was missing to help guide staff on how to transfer people safely and records relating to risk where not always up to date.
- An activity Coordinator had recently been employed. However, there was limited evidence of activities taking place when the activity coordinator was not working and there was no activity planner to guide staff. Staff informed us that they had no time to carry out activities.

We recommended that all care records are reviewed to ensure they're accurate and can guide staff effectively. We also recommended that the provider considers developing a person-centred activity plan for older people and people living with dementia.

Improving care quality in response to complaints or concerns

- There was a system in place for managing complaints. However, there was no record log of the complaints that had been raised.
- We saw evidence that complaints had been responded to in a timely manner but there was limited evidence of lesson's learnt following a complaint.

The area manager rectified this during the inspection and all complaints were logged in a designated file alongside the provider's complaints policy.

End of life care and support

- People's wishes for end of life care and support were identified and recorded if they wished.
- Records identified advanced decisions about resuscitation. However, staff were not always aware who had advanced decisions in place and there was limited knowledge in this area.

This was rectified during the inspection and the area manager ensured this was discussed during handovers and meetings.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have

to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was following the Accessible information standard.
- People's communication needs were assessed and met. Care records included information for staff about how best to communicate with people.
- Information was made available to people in accessible formats as required.

Requires Improvement

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Governance processes were not always effective at improving the quality and safety of the service.
- There was a lack of management oversight of care records to ensure relevant regulations were met.
- Auditing tools were in place. However, they did not always identify concerns found during the inspection. When an audit had been completed, there was little evidence of learning lessons from concerns found meaning risk had not been mitigated.
- Audits of the environment found that not all windows had restrictors in place. Although this was found, no action was taken until we identified this during the inspection process. This placed people at risk of harm due to ineffective governance procedures.
- Records relating to DoLS were not accurate and there was little oversight on this area.
- Complaints were not always recorded to ensure lessons had been learnt.

The provider had failed to operate effective systems to assess, monitor and improve the quality of the service. This was a breach of regulation 17 (2) (a) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The provider responded to these concerns and will be undertaking a full review of the governance systems and undertaking regular service audits.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong, Working in partnership with others

- We found evidence that learning was shared through handover documents. However, we did find that significant incidents were not always shared with the relevant people.
- Statutory notifications are reports of certain changes, events and incidents that the registered providers must notify us about that affect their service or the people who use it. CQC had not always received notifications as required. This was rectified during the inspection process.
- The manager was able to explain their responsibilities under the duty of candour and spoke about being open and honest when something goes wrong.
- The manager worked in partnership with local authorities and health teams.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering

their equality characteristics

● People told us the manager was approachable. Staff said, "All the managers are lovely and approachable."

● People who lived at the home told us they felt comfortable raising concerns and felt listened to. Relatives said, "The manager is welcoming and takes my comments on board."

● Regular meetings were in place for people that use the service and their relatives to attend where discussions were held about the on-going improvements of the service.

● Staff meetings took place which one staff member described as helpful.

● We saw evidence of group supervisions taking place. However, there was limited evidence of individual supervision and staff we spoke to confirmed they had not had a supervision or appraisal since they started employment at the service.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to assess the risks to the health and safety of people receiving care and treatment. Regulation 12 (2) (b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Staff were not robustly recruited. Regulation 19 (2)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect People's dignity was not always respected or promoted. Regulation 10 (1)

The enforcement action we took:

A warning notice was issued.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to operate effective systems to assess, monitor and improve the quality of the service. Regulation 17 (2) (a) (b) (c)

The enforcement action we took:

A warning notice was issued.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There were not enough suitably qualified, competent, skilled and experienced staff in place across the service to meet people's needs. The provider had failed to ensure staff had received training necessary to enable them to carry out the duties they were employed to perform. Regulation 18 (1) (2) (a)

The enforcement action we took:

A warning notice was issued.