

HC-One Limited

Pytchley Court Nursing Home

Inspection report

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Date of inspection visit:
30 August 2016

Date of publication:
30 September 2016

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 2 February 2016. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Pytchley Court Nursing Home on our website at www.cqc.org.uk

This unannounced focused inspection took place on the 30 August 2016. Pytchley Court Nursing Home provides accommodation for up to 38 people who require nursing or residential care for a range of personal care needs. There were 37 people in residence during this inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

The provider had implemented a tool to calculate the staffing levels that were required in the home to provide people with safe care. Staffing levels had increased and people could be assured that they would be cared for by an appropriate number of staff.

People who summoned support using their call bell could be assured that this would be answered in a timely manner most of the time. There were enough staff to provide safe care and support to people who had been identified as being at risk of falls.

People received the support they need to have sufficient amounts to eat and drink. People at risk of not eating or drinking enough had been identified and staff provided additional support to these people to mitigate the risk of malnutrition.

A new registered manager was in post that was committed to improving the quality of care people living in the home experienced. The provider and registered manager had implemented a range of quality assurance audits that had been effective in addressing shortfalls in the home and implementing improvements.

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 ●

We found that action had been taken to improve safety

The provider had implemented a tool to calculate how many staff were required to be working at any one time.

Staffing levels had increased and there were sufficient numbers of staff to provide care and support to people safely.

We could not improve the rating for Safe from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service effective?

Requires Improvement ●

We found that action had been taken to improve safety

People were assessed for their risks of not eating and drinking enough and referred to health professionals where necessary.

People had access to adaptations to help promote their independence when eating and drinking and people who required it were supported to eat and drink.

We could not improve the rating for Effective from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service well-led?

Requires Improvement ●

We found that action had been taken to improve safety

A new registered manager was in place who was motivated to implement improvements in the home.

Quality assurance procedures had been implemented that successfully identified and addressed shortfalls in the service.

We improved the rating for Well Led from inadequate to Requires improvement because we found improvements in the systems

and processes to monitor the quality of the care provided and overall management. Further consistent good practice over time is required. We will check this during our next planned comprehensive inspection.

Pytchley Court Nursing Home

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of Pytchley Court Nursing Home on 30 August 2016. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 2 February 2016 inspection had been made. The team inspected the service against three of the five questions we ask about services: is the service safe, effective and well led? This is because the service was not meeting some legal requirements.

The inspection was undertaken by one inspector. During this inspection we spoke with four people who used the service and two families. We looked at the care records of three people. We spoke with the registered manager, and five staff including care and support staff. We looked at records related to quality monitoring of the service by the provider and registered manager. We undertook general observations in the communal areas of the home, including interactions between staff and people.

We reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law. We contacted the health and social care commissioners that help place and monitor the care of people living in the home that have information about the quality of the service.

Is the service safe?

Our findings

During our inspection on 2 February 2016 we found that there was a breach of Regulation 18 (Staffing). We had found that people's assessed needs were not always safely met by sufficient numbers of experienced staff on duty.

During this inspection we found that the provider used a system to calculate staffing levels and the manager ensured that staff were allocated to provide the required levels of staff to meet people's needs. At night staffing levels had been increased to four members of staff providing care over two floors. The manager was actively recruiting staff to attain the levels of permanent staff required to cover all shifts; the numbers of agency staff had reduced. Staff told us that the levels of staffing were now consistent and they usually had enough staff to meet people's needs; the staff rotas demonstrated this was the case.

We observed people having lunch and relaxing in the communal areas. There were enough staff to assist people to have their meal and receive their personal care when they needed it. At times people were left unsupervised for short periods in communal areas whilst staff attended to people in their rooms. We brought this to the attention of the manager who told us that they would address this immediately.

One relative told us that "Staff are nice, they have time to talk and are always helpful." Staff had recorded on people's charts when they had provided care and made observations, these were regularly spaced

Where people required support from two staff to provide their care there were sufficient numbers of staff available to enable this care to be provided. One person told us "staff can get me into bed when I need to without waiting too long." Staff told us "things have improved, we can get round to everyone now."

There were sufficient numbers of staff working to enable people to partake in meaningful activities and we observed positive interaction between staff and people in the home. Staff had time to engage with people in conversation and had developed positive relationships with people living in the home. People told us they had the opportunity to use the garden because staff had been available.

Is the service effective?

Our findings

During our inspection on 2 February 2016 we found that there was a breach of Regulation 14 (Meeting nutritional and hydration needs). We had found that people were not being provided with the opportunities to drink sufficient amounts of fluids to help prevent urinary tract infections, or maintain their health and well-being. People were not receiving timely assistance to eat their meals and there were no adapted cutlery to promote independence.

During this inspection we found that people at risk of not eating and drinking enough had been identified and that the risks to these people had been managed by staff. People had been referred to the GP or dietitian where they had been identified as at risk. Staff monitored the amount of food and drink that people consumed when they were first admitted to identify if people were eating regularly and enough to maintain their weight. We observed that staff were vigilant in ensuring people had drinks in the communal areas and support where they required help to drink.

People had access to adapted cutlery and appropriate equipment to enable them to eat and drink independently. People had individual plans of care in place to guide staff in delivering appropriate support to people to enable them to eat and drink sufficient amounts to maintain good health.

We observed a mealtime within the home. There was a calm and relaxed atmosphere and people were provided with support to eat and drink if they needed it. Staff provided one to one support for people who required encouragement. One relative told us "[name] is reluctant to eat so a member of staff brings their packed lunch and sits with them and chats to encourage them to eat – it really works, they are so kind." Staff encouraged people to eat and drink sufficient amounts and offered people alternatives if they did not wish to have the planned meal. People who required a specialised or fortified diet had this made available for them.

Is the service well-led?

Our findings

During our inspection on 2 February 2016 we found that there was a breach of Regulation 17 (Good governance). We had found that there were no adequate systems and processes in place to ensure that there were enough staff to provide for peoples' needs; or monitoring of the service to identify areas for improvement.

During this inspection we found that there was a new registered manager in post, who had the skills and enthusiasm to use the provider's systems and processes to identify areas of concern and drive improvement.

The call bell system was regularly monitored for the length of time staff took to answer people's calls. Where the monitoring showed that where people had waited for too long, the manager analysed the data to establish whether there were specific times of the day where staff were unable to respond to call bells quickly. The manager told us "we found that the worst time was after lunch when everyone was returning to their rooms and receiving care or first thing in the morning before the day staff came on." The manager was exploring ways to provide more care staff at these busy periods.

The quality monitoring of the medicines administration records had identified issues which had been followed up with training and supervision for staff that required it. Where other audits identified areas for improvement, we found that actions had been carried out to resolve the identified issues. The actions taken by the registered manager and provider were successful in addressing the issues highlighted in quality assurance audits.

The provider had implemented a tool to calculate the staffing levels that were required in the home. This tool had been utilised effectively to ensure that safe levels of staffing had been provided to people living in the home. The provider had acknowledged that more permanent staff were required and had implemented a recruitment plan to ensure that more permanent staff were recruited.