Parkcare Homes Limited

# Preston Private

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |

| | |
|---|---|
| Is the service safe? | **Requires Improvement** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

About the service
Preston Private is a nursing home providing personal and nursing care to 58 people aged 65 and over at the time of the inspection. The service can support up to 109 people across four units. One of the units specialises in providing care to people living with dementia.

People's experience of using this service and what we found
People and their relatives told us they felt safe living at the home. However, our observations in two parts of the home showed people could not be assured of their safety because there were times when there were not adequate numbers of staff to supervise them safely. The system for deploying staff did not robustly consider people's presenting risks and needs. There had been an increase in unwitnessed falls resulting in fractures. Risks to were assessed and in some cases, actions had been taken to reduce the risk however, this was not always consistent.

Staff were recruited safely. Medicines were managed and administered safely. Infection prevention protocols were in place and we were assured by measures in place including measures to reduce the risks associated with COVID-19. Safeguarding procedures were in place to protect people from the risk of abuse, and to educate staff on how to recognise and respond to concerns.

We found on this inspection some inconsistencies in applying audits and quality monitoring tools, such as those that determined staffing levels and those that acted on staff feedback. The provider's systems and processes for ensuring the deployment of adequate numbers of staff were not robust to effectively monitor, respond to people's needs and reduce known risks. We received mixed feedback from staff regarding management support and the impact of staffing levels in the home. Staff told us,"People are having to wait longer for help and for their medicines some nights, we have shared this with management we are told there is enough staff."

The registered manager used a variety of methods to assess and monitor the quality of the service. They worked in partnership with a variety of agencies to ensure people's health and social needs were met.

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

Rating at last inspection and update:

The last rating for this service was good (published 18 December 2019)

Why we inspected
The inspection was prompted in part due to concerns received about people experiencing falls and sustaining serious injuries and staffing levels in the home. A decision was made for us to inspect and examine those risks.

We undertook a focused inspection to review the key questions of safe and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Preston Private Nursing Home on our website at www.cqc.org.uk

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

Enforcement:
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold register providers to account where it is necessary for us to do so.

We have identified breaches in relation to keeping people safe from risks and deploying suitably qualified staff at this inspection.

Follow up
We will request an action plan from the registered provider to understand what they will do to improve the standards of quality and safety. We will work alongside the registered provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 well-led?**

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

# Preston Private

**Detailed findings**

## Background to this inspection

The inspection
We carried out this focused 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 Care Act 2014.

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
Three inspectors and one Expert by Experience carried out the inspection. 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
Preston Private is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. This means that they and the registered provider was legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service, including information from the registered provider about important events that had taken place at the service, which they are required to send us. We sought feedback from the local authority. The registered provider was not asked to complete a registered provider information return prior to this inspection. This is information we require providers to send us to

give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection
We spoke with four people who lived at the home about their experiences of the care provided. We spoke with 11 members of staff including the registered manager, deputy manager and the regional director on the inspection. We spoke with nine relatives over the phone. We reviewed a range of records. This included 11 people's care records, multiple medication records, accident and incident records, two staff recruitment records, rotas and staffing records and we looked at a variety of records relating to the management of the service.

After the inspection
We continued to seek clarification from the registered manager, the regional director and two other directors to validate evidence found. We spoke to 17 staff members via telephone. We looked at training data and quality assurance records and sought feedback from health and social care professionals.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and needed to be improved to provide assurance about safety. There was a risk that people could be harmed.

Staffing and recruitment;

● The registered manager and the provider did not always ensure there were adequate numbers of suitably qualified staff deployed in the home to meet people's needs. While the provider had a system to determine staffing levels, we found the system was not up to date to accurately reflect the number of staff required to safely monitor people. The provider's representatives informed us that the registered manager submitted weekly records of people's needs and the number of staff required, however our review of the records showed people's needs were higher than what had been submitted to the senior managers. This meant decisions made by the senior managers were not based on accurate information about people's needs and risks. Before the inspection we had received notifications of incidents involving unwitnessed falls and people sustaining fractures as a result, particularly from one part of the service. The provider's review of incidents did not robustly consider whether the level of staff deployed were appropriate to monitor the identified risks.

● We received mixed responses from staff regarding the staffing levels. There were overwhelming concerns from staff on the impact of staffing levels to monitor people at risk and to provide timely care and support.

● Comments included,"It's not safe at all, we cannot monitor people because there are only two of us and a lot of people need support from two staff. Incidents are happening because we cannot monitor people,", "People's needs have increased and there are times when we cannot respond timely because we are helping other people." We shared our concerns with the registered manager and the directors during the inspection.

● In one unit there were 18 people, nine of which required support from two staff, the unit was staffed with two staff at night. Another unit had 15 people and seven of the people needed assistance from two staff. Two staff were deployed at night on each of the units. This meant people could not be assured their needs could be responded to timely in the event the two staff were supporting other people. We shared the concerns with the registered manager and the provider's representatives.

We found evidence that people's experiences had been affected as a result of lack of adequate numbers of staff in parts of the home. This placed people at risk of harm. There was a failure to deploy adequate numbers of suitably qualified staff. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

● The registered manager and their staff assessed risks to people and, in some cases, risks were reviewed and correct action was taken to reduce the risk. However, we found shortfalls in the risk monitoring process. For example, a person was identified to have lost weight on two consecutive months however action had

not been taken to ensure they were referred to relevant external professionals or to demonstrate what support they were receiving to reduce the risk.
● Risk assessment had not always been updated when people's risks had increased. For example, where a person had experienced a fall and a fracture they had not been reviewed to assess if the support was still appropriate, or if changes were required or if a referral was needed for external healthcare input to mitigate future risk. This also included the records of dependency which showed the level of support the person required. The arrangements for monitoring risk and safety was not always robust as a result of staff deployment on two units.

We found evidence that people had been exposed to harm and systems were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong
● People and their relatives told us they were safe from abuse and their human rights were respected and upheld. Staff had received relevant training and knew how to recognise potential abuse and report any concerns. Staff said they felt able to challenge poor practice and report their concerns. One relative told us, "The staff do the best that they can. [Relative] is well looked after and in good health, they look after [relative] well."
● The registered manager had followed safeguarding procedures and reported concerns and shared relevant information to safeguard people from abuse and avoidable harm.
● The provider had systems to record and review and investigate accidents and incidents. However, improvements were required to ensure lessons learnt were robust in exploring the impact of staffing levels. Our review of the process showed this had not been fully explored following an investigation into unwitnessed falls which had resulted in people sustaining fractures.

Using medicines safely

At our last inspection we recommended the provider consider current guidance on administering medicines and act to update their practice. The provider had made improvements.

● Medicines were received, stored, administered and disposed of safely. In one part of the home, staff had not consistently supervised people to ensure they had taken their medicines. We noticed guidance for managing thickening powders in one part of the home was not consistently followed. After the inspection, the provider took appropriate action to address the concerns.
● Staff asked people who had 'as required' pain relief medicine prescribed if they wanted these medicines and acted upon their wishes. When people could not say if they were in pain, documentation gave staff indicators on how they displayed pain so medicines could be administered.
● We randomly selected several medicines and controlled drugs and checked their stock against the provider's documentation and found it to be correct. Controlled drugs are drugs or other substances that are tightly controlled by the government because they may be abused or cause addiction.

Preventing and controlling infection
● The registered provider and the registered manager had systems to protect people, staff and visitors against the risk of infection. They carried out regular infection prevention audits and cleaning schedules were in place. There was adequate signage to inform people about the risks of infection, social distancing and hand hygiene. Staff were observed wearing personal protective equipment (PPE) and the home was

visibly clean.
● We were assured that the provider was accessing testing for people using the service and staff.
● 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 was preventing visitors from catching and spreading infections.
● We were assured that the provider was meeting shielding and social distancing rules.
● We were assured that the provider was admitting people safely to the service.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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.

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

- Staff and management understood their roles. However, we identified shortfalls in the decision-making processes in relation to the deployment of suitably qualified staff in the two parts of the home in line with people's changing needs and risks.
- While the governance systems and management team were established, the system for determining people's dependencies and staffing levels needed to be improved to accurately reflect people's risk and needs. This had a potential impact on the effective monitoring of people's risks, safety and responding to their needs in a timely manner.
- The registered manager had established formal audits to check the quality of care and people's experiences of receiving care and to continuously improve. However, they needed to be effectively implemented to maintain compliance with regulations.
- Staff confirmed they were clear about their roles and relatives told us they were informed of changes in their family members health and wellbeing.

There had been a failure to assess, monitor and improve the quality, safety and welfare of service users and others who may be at risk. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Before the inspection we had received concerns regarding management and the culture in the service. We raised the concerns with the provider's representatives who carried out investigations and informed us they had resolved the issues with their staff. However, at this inspection we continued to receive mixed responses from staff. A significant number of the responses we received from staff indicated staff were concerned they could not safely monitor people due to the staffing arrangements in two parts of the home. Staff told us they had raised this with management.
- People's relatives told us they were involved in the planning of their family member's care. Comments included, "The manager is very good; I can always raise issues with her" and "Since COVID-19, I phone her twice a day on her tablet and I do a window visit under a veranda every Saturday."
- The registered manager had developed close links and working relationships with a variety of professionals within the local area.

Planning and promoting person-centred, high-quality care and support; 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

● The provider had systems for prompting person-centred care however, improvements were required in the way that staffing levels were managed to support high-quality, person-centred care.

● The registered manager knew how to share information with relevant parties, when appropriate. They understood their role in terms of regulatory requirements. For example, the provider notified CQC of events, such as safeguarding concerns and serious incidents as required by law.

● People and their relatives told us the staff team shared information with them when changes occurred, or incidents occurred. One relative commented, "The home is very good and they notify us of anything. They tell us when the GP is going. We feel the staff are open and honest." Another relative said, "There is very good communication. They phone us for consent to carry out COVID-19 tests, there have been at least three. We are well informed and happy with the care."

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<br><br>Treatment of disease, disorder or injury | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>There was a failure to ensure care and treatment was provided in a safe way for service users and failure to assess the risks to the health and safety of service users of receiving the care or treatment; including doing all that is reasonably practicable to mitigate any such risks; |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br><br>Treatment of disease, disorder or injury | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>There was a failure to implement effective systems to assess, monitor and improve the quality and safety of the services provided and to respond appropriately and without delay. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br><br>Treatment of disease, disorder or injury | Regulation 18 HSCA RA Regulations 2014 Staffing<br><br>The registered provider had failed to deploy adequate numbers of suitably qualified and competent staff to make sure that they can meet people's care and treatment needs. |