HC-One Limited

Pytchley Court Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This unannounced inspection took place on the 3 November 2016. Pytchley Court Nursing Home provides accommodation for up to 37 people who require nursing or residential care for a range of personal care needs. There were 35 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.

People were not always suitably protected from the risks associated with medicines management because staff did not always follow the provider's policies and procedures.

People's care and support needs were continually monitored and reviewed to ensure that care was provided in the way that they needed. People had been involved in planning and reviewing their care when they wanted to.

There were sufficient numbers of experienced staff that were supported to carry out their roles to meet the assessed needs of people living at the home. Recruitment procedures protected people from receiving unsafe care from care staff unsuited to the job. Staff received training in areas that enabled them to understand and meet the care needs of each person.

People were supported to have sufficient to eat and drink to maintain a balanced diet. Staff monitored people's health and well-being and ensured people had access to healthcare professionals when required.

People were safeguarded from harm as the provider had systems in place to prevent, recognise and report any suspected signs of abuse. Staff knew their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) and Deprivation of Liberty Safeguards (DoLS) and had applied that knowledge appropriately.

Staff understood the importance of obtaining people's consent when supporting them with their daily living needs. People experienced caring relationships with the staff that provided good interaction by taking the time to listen and understand what people needed.

People's needs were met in line with their individual care plans and assessed needs. Staff took time to get to know people and ensured that people's care was tailored to their individual needs.

People were supported by a team of staff that had the managerial guidance and support they needed to do their job. The quality of the service was monitored by the audits regularly carried out by the manager and by the provider.

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.

People's medicines were not always appropriately managed as staff did not always ensure that they had all the required information to administer medicines safely.

People were safeguarded from harm as the provider had systems in place to prevent, recognise and report any suspected signs of abuse.

People received their care and support from sufficient numbers of staff that had been appropriately recruited and had the skills and experience to provide safe care.

Risks were regularly reviewed and, where appropriate, acted upon with the involvement of other professionals so that people were kept safe.

Is the service effective?

Good

The service was effective.

People received care from staff that had the supervision and support to carry out their roles.

People received care from care staff that had the training and acquired skills they needed to meet people's needs.

Care staff knew and acted upon their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) and in relation to Deprivation of Liberty Safeguards (DoLS).

People were supported to have sufficient to eat and drink to maintain a balanced diet.

People's healthcare needs were met.

Is the service caring?

Good

The service was caring.

People had positive relationships with staff that knew them well.

People's care and support took into account their individuality and their diverse needs.

People's privacy and dignity were respected.

People were supported to make choices about their care and staff respected people's preferences.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed prior to admission and subsequently reviewed regularly so that they received the timely care they needed.

People's needs were met in line with their individual care plans and assessed needs.

There was a suitable procedure in place to deal with people's complaints or dissatisfaction with the service provided.

Is the service well-led?

Good

The service was well-led.

The management promoted a positive culture that was open and inclusive.

People's quality of care was monitored by the systems in place and timely action was taken to make improvements when necessary.

People were supported by staff that received the managerial guidance they needed to do their job.

Pytchley Court Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection was carried out by an inspector 3 November 2016.

Before our inspection, 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.

During the inspection we spoke with five people who used the service, eight members of staff including one nursing staff, two nursing assistants, the activities co-ordinator, the chef, the area manager, the deputy manager and the registered manager. We reviewed the care records of three people who used the service and five staff recruitment files.

We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, maintenance schedules, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Requires Improvement

Is the service safe?

Our findings

There were inconsistencies in some of the arrangements in place for the management of medicines. Staff did not always have access to an up to date photograph of each person or details about their medical conditions or allergies; their policy for keeping this information with people's medicine administration records (MAR) charts had not been followed. The amount of tablets left in stock did not always tally with the records of the tablets that had been administered. We brought this to the attention of the manager; the deputy manager immediately put in place measures to accurately record the administration and stock levels to provide all the information including photographs. The provider needs to ensure that good practice is embedded by the new registered manager.

Staff had received training in the safe administration, storage and disposal of medicines. We observed staff administering medicines to people and heard them explain what the medicines were for. Staff had arranged for people to receive liquid medicines where they found swallowing tablets difficult. Staff followed guidelines for medicines that were only given at times when they were needed for example Paracetamol for when people were in pain.

Staff understood their responsibilities to safeguard people and knew how to raise any concerns with the right person if they suspected or witnessed ill treatment or poor practice. They had received training and were supported by up to date guidance and procedures. One person told us "I feel safe here." One member of staff told us "I report everything to the manager and I know how to contact the local safeguarding authority". Staff provided examples where they had identified concerns and records showed that staff had made timely referrals to the safeguarding authorities.

People's needs regularly reviewed and acted upon as their needs changed. People's risk assessments were included in their care plan and were updated to reflect changes and the resulting actions that needed to be taken by staff to ensure people's continued safety. For example, where people were identified as being at risk of falls staff had guidelines to follow to help prevent falls such as ensuring people had access to their walking aids or had devices that alerted staff when they stood up from a chair.

People were assured that regular maintenance safety checks were made on all areas of the home including safety equipment, water supplies and the fire alarm. Staff were mindful of the need to ensure that the premises were kept appropriately maintained to keep people safe. There was a system in place for ensuring that the front door was secure to minimise the likelihood of uninvited visitors entering the premises without staff knowledge or people's agreement.

People's assessed needs were safely met by sufficient numbers of experienced staff on duty. The manager calculated how many staff were required and ensured that enough staff were allocated on the rotas. One member of staff told us "The staffing is getting better slowly, we still use regular agency and bank staff." Another member of staff told us "we have enough staff on each shift, we are still recruiting." The manager was continuing their recruitment campaign for nursing and care staff; they relied on regular agency and bank staff to provide a full complement of staff on each shift. On the day of our inspection we saw that there

were enough staff to meet people's needs.

People could be assured that prior to commencing employment in the home, all staff applied and were interviewed through a recruitment process; records confirmed that this included checks for criminal convictions and relevant references. Nursing staff were registered through their professional body and there were systems in place to ensure that their registrations were
updated.

Good

Is the service effective?

Our findings

People received care and support from staff that had completed an induction that orientated staff to the service. The new deputy manager had a period of two weeks where they were supernumerary; they told us this had been useful as they were able to get to know the people using the service and the systems and processes to keep people safe.

Staff received training in areas that enabled them to understand and meet the care needs of each person they cared for and records showed that staff training was regularly updated and staff skills were refreshed. One member of staff told us "We get so much training, it helps." Some of the care staff had received additional training to be nursing assistants; they had additional skills such as administering medicines, taking clinical observations (blood pressure and temperature) and taking blood samples; staff had undergone competency checks and were supervised by nursing staff.

People were cared for by staff that received supervision to carry out their roles. Staff told us that they felt supported by the manager who was very approachable; one member of staff told us "[the manager] is there for everyone, she listens to us."

People and their representatives were involved in decisions about the way that care was delivered and staff understood the importance of obtaining people's consent when supporting them with their daily living needs. We observed staff communicating effectively with people using a variety of means to help them understand what people needed; for example where people could not communicate verbally, staff looked out for signs of agreement or disagreement with the care that was offered.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment 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).

People's care plans contained assessments of their capacity to make decisions for themselves and consent to their care. There was recorded evidence of how decisions had been reached through best interest meetings. Care staff had received the training and guidance they needed in caring for people that may lack capacity to make some decisions for themselves. The registered manager and care staff were aware of, and understood their responsibilities under the Mental Capacity Act 2005 (MCA 2005) and in relation to Deprivation of Liberty Safeguards (DoLS) and applied that knowledge appropriately.

Staff assessed people's risks of not eating and drinking enough by using a Malnutrition Universal Screening Tool (MUST). Staff referred people to their GP and dietitian when they had been assessed as being at risk. Staff followed guidance from health professionals to ensure that people

were able to have adequate food and drink safely, for example where people had difficulty in swallowing, staff followed the health professionals advice to provide food that had been pureed. We observed that people were provided with food that was suitable for their needs, for example thickened fluids or soft foods.

People were supported to have sufficient to eat and drink to maintain a balanced diet. People told us that they had a choice of meals and that there was always enough food. One person told us "the food is lovely, lots of choice." The chef had a good knowledge of people's dietary needs and had access to information at a glance which showed people's needs, likes and dislikes and were able to adjust meals accordingly. One person told us "I get to have my favourites. [Staff] know how I like my tea."

Where people had been identified at risk of losing weight, their meals were fortified with items such as cream. Staff described how they assisted people with their meals and gave examples of how they ensured people could maintain their independence to eat; such as the use of plate-guards or the provision of finger foods. We observed a lunch time dining experience and saw that people who were not able to eat independently were supported to do so in a way that met their needs for example: staff assisted people to eat.

People's healthcare needs were met. Staff maintained records of when healthcare appointments were due and carried out, such as GP review of medicines, eye tests, dentist and the chiropodist. Nursing staff monitored people's well-being by taking their clinical observations regularly, such as blood pressure.

Good

Is the service caring?

Our findings

People told us that they liked the staff, one person told us "they [staff] are very good" and another person told us "they have very nice staff."

Staff took into account people's individuality and their diverse needs. Staff took time to find out what people enjoyed and went out of their way to provide for people's preferences. For example one person had moved into the home less than a week ago and staff had established their music tastes and had provided this so they could listen on their headphones.

Staff took delight in finding the activity or interest that brought people joy. One member of staff brought her dog into the home. They told us, "people respond really well to animals, they're faces light up." Another member of staff described how people joined in with activities and became animated, they told us "[name] is new to the home, he played bingo yesterday and enjoyed it" and "[name] responds well to music that she used to dance to." The activities co-ordinator demonstrated how they had sourced cushions and mats for people living with dementia; these helped people become occupied by fiddling with the different materials such as buttons and laces.

Staff were skilled in communicating with people even when people were unable to communicate verbally or effectively. We saw that staff responded to people's body language and took care to ensure that people understood what they were communicating. For example during lunch one person began to show signs of agitation, we observed that the staff helping them with their meal provided reassurance and talked about things they enjoyed. This had the effect of calming the person enough for them to eat and appear to enjoy the rest of their meal.

People's dignity and right to privacy was protected by staff. One person told us "[staff] help me to get washed and dressed, they keep my dignity, they put a towel round me and make sure the curtains are shut." We observed that people were asked discreetly if they would like to use the bathroom and when people were assisted in moving from their chair the staff explained how they would be moved and encouraged them to assist themselves.

People told us they felt listened to. People had told the manager that meal times were being interrupted by other people's visitors. We saw that the manager had introduced a protected meal time, where visitors were asked to avoid visiting at mealtimes unless they were assisting their relative with their meal. One person told us 'it's much better now." We observed that the lunchtime meal was calm and free from interruptions. We observed relatives who had arrived during lunch waited until after the meal had finished to join their relative.

People's relatives and friends were made to feel welcome. One person told us "my daughter visits daily, she is made to feel most welcome."

Records showed that staff had collated information about people's previous life history and their current

likes and dislikes. Staff demonstrated that they knew people by the way they spoke with them by including items of interest such as their hobbies or family names and provided their drinks how they liked them without asking them every time.

Good

Is the service responsive?

Our findings

People's needs were assessed prior to their admission to the home. The manager visited people in their care setting to assess their needs and establish whether Pytchley Court Nursing Home could meet their needs. Initial risk assessments and care plans were put in place and updated within a week or sooner as their needs changed.

People's needs were met in line with their care plans and assessed needs. Staff carried out regular reviews of peoples' assessments and care plans and there was clear communication between staff to update them on any changes in care. People received care that corresponded to their detailed care plans. For example one person often got their words muddled; the care plans stated that staff should give them time to express themselves. We observed staff speaking with the person at lunch time, and saw that they allowed time for them to explain their choices and preferences.

Where people were at risk of falls, we observed that staff followed people's plans of care and were vigilant in observing them when they mobilised. One person had a device that alarmed when they stood up from their chair, we saw that staff were quick to respond to this alarm and ensure this person remained safe whilst they mobilised.

People had been involved in planning and reviewing their care when they wanted to. People's care and support needs were accurately recorded and their views of how they wished to be cared for were known, for example the time they wished to get up in the morning, their clothing and lighting in their rooms at night. People's care and treatment was planned and delivered in line with their individual preferences and choices.

People had their comments and complaints listened to and acted on, and felt assured that the registered manager would take appropriate action. People had the option to complain in person at care reviews or at residents meetings, or in writing. There had not been any complaints made since the new manager had started. A complaints procedure was available for people who used the service explaining how they could make a complaint; people said they were provided with the information they needed.

Good

Is the service well-led?

Our findings

People were supported by a team of staff that had the managerial guidance and support they needed to do their job. People benefited from receiving care from a team that worked well together and was enabled to provide consistent care they could rely upon. Staff told us that the registered manager was very supportive, one member of staff said "the manager is available to everyone, she comes and joins in with activities and sits in the lounge with service users, she has got to know all of us." Staff told us they were proud to work at the home as they believed they were providing good care.

There was a registered manager in post since August 2016; they had recently employed a deputy manager who was a registered nurse to provide additional managerial and clinical expertise. The registered manager had the knowledge and experience to motivate staff to do a good job and was supported by the provider on a daily basis. The provider ensured that the manager was supported in their role by being involved in shared learning with other nursing home managers with the same provider.

The management promoted a positive culture that was open and inclusive. Staff were encouraged and enabled to reflect on what constituted good practice in staff meetings and supervisions. The manager had allocated staff with key roles so that areas such as safeguarding, wound management and people's weight management had a responsible person overseeing them. Staff felt more confident to challenge each other if they observed poor care, one member of staff told us "If I see a carer not giving care to the required standard, I will pull them up on it."

People's care records were currently being updated to incorporate the provider's new systems for recording risk assessments, care plans and people's preferences. Although this was time consuming, the manager had allowed staff time to complete the transition to the new records and allow for a complete review of each person. Records relating to staff recruitment and training were fit for purpose. Records were securely stored to ensure confidentiality of information.

Policies and procedures to guide staff were in place and had been updated when required. We spoke with staff that were able to demonstrate a good understanding of policies which underpinned their job role such as safeguarding people, health and safety and confidentiality.

People's entitlement to a quality service was monitored by the audits regularly carried out by staff, the manager and by the provider. The manager used the audits to improve the service and feedback to staff where improvements were required. For example the call bell audits demonstrated where people had waited for care; the manager worked with staff to identify busy periods and challenged long waiting times in staff supervisions. People were able to rely upon timely repairs being made to the premises and scheduled servicing of equipment. Records were kept of maintenance issues and the action taken to rectify faults or effect repairs.