TLC Homes Limited

Park House Nursing Home

Inspection report

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Peterborough
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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**

Overall summary

Park House Nursing Home is registered to provide accommodation, nursing care and personal care for up to 52 older people and people living with dementia. At the time of our inspection there were 45 people living in the home.

This unannounced inspection took place on 9 & 19 December 2014. The previous inspection was in May 2013 and the provider was meeting the regulations that we assessed.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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.

There were poor arrangements for the management of medicines which meant that people were put at risk of not receiving their medicines as prescribed.

People were not protected against the risk of acquiring an infection because staff had not followed the Department of Health guidelines for the prevention and control of infection in care homes.

Summary of findings

The risk of abuse for people was reduced because staff knew how to recognise and report abuse.

Staff understood the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and were aware of what they meant for people in the home. They followed guidance and submitted applications to the appropriate agencies. People who lacked capacity had best interest assessments completed.

Staff received a comprehensive induction and were supported in their roles through regular supervision, annual appraisals and training to ensure they understood their roles and responsibilities.

People's health and care needs were assessed and reviewed so that staff knew how to care for and support people in the home. People had access to a wide variety of health professionals who were requested appropriately and who provided information and plans to maintain people's health and wellbeing.

People and their relatives were confident raising any concerns or complaints with the management and that action would be taken. If people wanted, independent advocates could be sourced for them by the staff or management.

Staff supported people with activities that they enjoyed.

People in the home and their relatives were very happy with the staff and management. People were involved in meetings, and action was taken on requests or comments raised.

The provider had an effective quality assurance system in place which it used to help drive improvements to people's care and the home they lived in.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not consistently safe.

We could not be confident that people always received their medicines as prescribed.

People were not protected against identifiable risks of acquiring an infection because there was no system to assess the risk or spread of infection.

People said they felt safe because there were enough staff to look after them.

Requires Improvement

Is the service effective?
The service was effective.

Staff had received training and understood about the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards so that people were not unlawfully restricted or deprived of their liberty.

Staff received supervision and appraisals and had completed the training specific to their role.

People were supported to have enough food and drink to make sure their health was maintained.

Good

Is the service caring?
The service was caring.

Staff knew the care and support needs of people in the home and treated people with kindness and respect.

People had access to advocates who could speak on their behalf.

Good

Is the service responsive?
The service was responsive.

People had their needs assessed and staff knew how to meet their needs whilst maintaining people's independence.

People who lived in the home and their relatives knew how to complain if they needed to.

People were supported and encouraged to take part in a range of individual interests in the home and in the community.

Good

Is the service well-led?
The service was well led

Good

Summary of findings

The provider had undertaken a number of audits to check on the quality of the service provided to people so that improvements were identified and made where possible.

People and their relatives felt involved to help improve the service.

Park House 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 took place on 9 December and 19 December 2014 by two inspectors.

We looked at information that we held about the service including notifications, which are about events that happen in the service that the provider is required to inform us about by law.

We spoke with ten people who lived in the home, eight relatives or visitors, one visiting health professional, two nurses, clinical lead, deputy manager, two ancillary staff, head carer, three care staff, two staff who provided activities and interests for people, the provider and the registered manager. We spoke with an independent lay advocate and a professional carrying out a mental health assessment.

We looked at the care records for three people and medication administration records for six people in the home. We also looked at the staffing rota and records in relation to the management of the service such as audits, safety checks and policies.

On the days of our visit we observed how staff interacted with people who lived in the home. We used observations as a way of viewing the care and support provided by staff to help us understand the experience of people who were not able to speak with us.

Requires Improvement

Is the service safe?

Our findings

People were not safe from the risk of infection because there were only fabric towels in the communal areas such as toilets. The registered manager said that there was no risk assessment written in relation to potential cross contamination and the use of fabric towels. The provider said that paper towels were available but would only be used in a person's bedroom and only if they had an infection such as MRSA. An in house infection control audit had been completed on 24 November 2014 which showed that "paper towels were not readily available in sluices and communal wash areas (toilets) as per DoH (Department of Health) guidelines".

We noted that the sluice rooms in the home were not lockable, which meant people could enter and touch items that could be infected. The infection control audit completed on 24 November 2014 stated "separate hand washing facilities are not available in sluices as per DoH guidelines". However, the provider told us that the sluice room was due to be upgraded.

Although there had been no outbreaks of infection staff had not followed the current and relevant national guidance, for example they were using fabric towels instead of paper towels.

We could not be assured that an effective system was in place to protect people from an identifiable risk of infection. This meant there had been a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) 2010.

We asked three people in the home if their medicines were managed safely. People's responses indicated that they placed their trust in the nursing staff to manage this safely. For example one person said, "I expect it is [managed safely]", and another said "The nurse always does my eye drops."

We checked and found that safe systems were in place for the management of controlled medicines.

Medication administration record (MAR) charts included photographs of people with their details and information about any allergies. We observed a member of staff administering a number of medicines. The staff member checked details of each prescribed medicine on the label and then after administration the staff member signed the record to confirm that the medication had been administered. However on two occasions on the first day, and one on the second day of inspection we saw staff sign the record before the medication was taken by the person. The staff member told us that they put the tablets in a pot and leave it with the person so that they can take them when they want. They said they returned later to check if the person had taken the tablets, although they were unable to say how they evidenced that the tablets had actually been taken. This meant we were not assured that the staff were following the provider's procedure in medicine administration and recording. People could be at risk of inaccurate records of medicines taken if staff had not observed that they had taken the medicines. This had been brought to the attention of the provider and senior managers on the first day of the inspection

We saw a member of staff administer medication to someone who was eating their lunch. The MAR showed the medicine was to be given 'as directed'. The member of staff told us they didn't know what the specific directions were and whether the particular medicine should be given before, with or after meals. Review of the manufacturer's guidance for taking this medicine showed that eating or drinking after taking it reduced its effectiveness. We asked another member of staff about an instruction on a MAR chart which stated 'reducing' for one medicine. The member of staff told us that the GP's intention was that this medicine should be gradually reduced. However the member of staff did not know how and when the medication was to be reduced and there was no evidence in the MAR chart to indicate the changes needed.

We could not be assured that appropriate arrangements for the recording and administering of medicines were in place. This meant there had been a breach of Regulation 13 of the Health and Social Care Act (Regulated Activities) 2010.

Comments from relatives showed they felt their family members were safe. One relative said, "I have no concerns and feel that [family member] is safe here." We asked three people in the home if they felt safe. Two people told us that they did and confirmed that no-one treated them unkindly, and one of them said, "There is no bullying".

People who lived in the home said that they thought there were enough staff to meet their needs and staff we spoke with agreed. People said that they didn't have to wait long for staff to respond to call bells, one person said, "They

Requires Improvement

Is the service safe?

come very quickly if I press the alarm." Another person commented that there were, "A lot of staff here." A relative told us that there were dedicated staff covering all areas including the laundry, saying, "There are a number of staff covering all bases." We saw that people had their alarms answered quickly and that staff had the time to provide people with their care in an unhurried way. Levels were determined through discussions with the nurses to ensure they had the level of staffing to meet people's changing needs as well as the use of specific guidance on staffing levels. Where there were unplanned staff absences the registered manager tried to cover them using the staff in the home, however there were times when agency staff were used.

There was information available in the home such as the agencies to contact and their telephone numbers, so that people and staff could raise concerns about abuse. All staff were trained and understood their roles and responsibilities in relation to safeguarding people from harm. They knew the correct reporting procedures and where to find phone numbers of agencies outside the home where safeguarding concerns could be reported. Staff confirmed they knew about the provider's whistleblowing policy and would have no hesitation in reporting any issues. This showed that people could be confident that staff would report any concerns if they identified them.

There were recruitment procedures in place and staff were only employed in the home once all appropriate and required checks were satisfactorily completed. Staff confirmed that they had only started work in the home after the checks had been confirmed.

Health and risk assessments had been completed for some people. The deputy manager said that an audit which had taken place showed that there were gaps in information but these were being addressed and they were confident that staff were aware of individual people's risks. We spoke with staff who were able to give examples of risks such as people hiding medicines or people who required assistance with food to prevent choking and what they would do to minimise the risk to keep people safe.

Good

Is the service effective?

Our findings

Staff told us that they had the training and support they needed to do their job. We saw how staff used their training and skills in practice when they communicated effectively with the people including those who were living with dementia or people who had a hearing loss. We saw how people's sense of wellbeing was promoted because staff talked and involved them in conversations, laughed with them and encouraged them where necessary.

Staff told us they had been provided with an induction, regular supervision and yearly appraisals. They said they received training, which included the safe use of medication and safeguarding people from abuse. There had been some training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), which staff understood. Staff told us that they had requested additional training in MCA as a result of the new guidance and said that this had been arranged to take place during December 2014.

We looked at care records which showed that the principles of the MCA Code of Practice had been used when assessing an individual's ability to make a particular decision. For example, some people who lived in the home were not able to make important decisions about their care due to them living with dementia. Records showed that peoples' ability to make specific decisions were assessed each time in line with best interest decisions for those people who lacked capacity.

The CQC monitors the operation of DoLS which applies to care services. We saw evidence that the registered manager had made appropriate applications. One application had been authorised and six had been submitted to the authorising agencies and were awaiting authorisation, which meant people would not have unlawful restrictions imposed on them.

Most people made positive comments about the food in the home. One person said that there was enough food and the, "Food is not too bad, and if you want a cup of tea they bring it". One person said they didn't enjoy all the meals but had enjoyed the gammon that they had for lunch that day. A third described the meals as, "Beautiful. Good dinners and they're always hot". One relative thought the vegetables were overcooked, however the provider told us that people had said they preferred vegetables well cooked.

We saw that service of lunch was well organised. Staff started serving lunch to people who chose to eat in their rooms at 12:00 noon. Meals were served in the dining room at 12:30. This meant that staff were available to assist people where needed.

Three people we spoke with were unable to recall needing a doctor, however they were satisfied that a doctor would be called if they were unwell. A representative of one person told us that advice had been sought from a dietician and another that appointments were made with a chiropodist as and when needed. An independent advocate said they were aware that one person had been referred to the mental health services through the GP. Evidence showed that appropriate referrals were made to other health and social care professionals.

Records showed that one person's wishes had been taken into consideration when a 'Do not attempt resuscitation' had been drawn up. A copy of a declaration expressing the person's views about resuscitation, witnessed by a solicitor, was held on file supporting the decision.

The premises provided a range of communal sitting room areas where people could sit on their own or with other people if they wished. There were other rooms that could be used to allow confidential family visits or meetings. The decoration in the home showed that relevant guidance had been used to provide a homely and positive experience for people. The corridors looked like streets and each person had a door that looked like a front door. The staff told us that people had their own address within the home, which helped promote their quality of life and continued independence. As one member of staff said, "It looks like they have their own front door, in their own street. It really doesn't look like it's a home". Doors had been painted different colours to indicate what was behind them. For example all toilet doors were painted the same colour. This helped people remain as independent as possible because once they knew a toilet door was painted red, every red door indicated a toilet. There were also symbols and words that showed what was behind the door.

Good

Is the service caring?

Our findings

People told us that staff were caring and treated them with respect. One person said, “Staff help me with washing and dressing. If I am not ready, I say please give me another half hour, and they do.” It was evident when speaking with staff that they understood and knew what mattered to people. Staff knew people’s preferred name, which had been written in each person’s care plan.

A visitor spoke about staff and said, “Everyone speaks in a friendly way”. One person said, “If I want anything, I just have to ring my call bell and they [staff] come”. Throughout the two days of the inspection we saw and heard staff speak to and treat people with respect. One staff member said, “Nice staff and atmosphere in the home”. Staff treated people in a kindly way and encouraged people to express their views and often checked that people were well and had everything they needed. One relative said, “[Family member] is a private person and says he feels safe and content here. He thinks the world of the staff. I think they are really kind and inform me of how things are.”

People told us that they had been able to bring some of their own furniture and ornaments into the home. We were invited into three people’s rooms and saw that they contained personal items such as pictures and ornaments, giving the rooms a homely feel. One person told us that staff took time and care when dusting their collection of ornaments.

One person told us they had an independent advocate who acted on their behalf and was happy that was in place. Most people told us their relatives were the people who would speak up for them if they ever needed to do so. The registered manager told us that other independent advocates had been found for people when and if they wanted them and there was evidence to support that. This meant people could access other independent people to speak up on their behalf.

People’s privacy and dignity were maintained because all bedrooms were single occupancy and baths and toilets, where shared, were lockable. We saw that staff knocked on people’s bedroom doors. Most of the time staff waited for an answer, but on some occasions it was evident the person was not able to respond. Staff ensured the person whose room they entered was happy for them to go in by popping their head round the door and asking.

People and their relatives told us they were listened to and involved in their decisions. People could make decisions about how they wanted to spend their day. One relative said, “I have heard the staff try and encourage [my family member] and give him choices, but he just says no. However he went with staff to see the Christmas tree at the church, which was such an achievement”.

Good

Is the service responsive?

Our findings

We spoke with a health professional who had carried out an assessment of one person's needs. They described staff as helpful and attentive and said that they were able to give them relevant information about the person's needs. They told us that they had read this person's care records and found that there was no social or family history. Their records showed the reason an assessment had been requested but there was no historical information to help with the assessment. The deputy manager, who had been in post only recently, had completed a small audit of the care plans and risk assessments. They were aware that improvements were needed and an action plan would be put in place. We were confident that this would be done.

People's care and support needs had been assessed and recorded before they moved into the home. Details in their care plans included their interests, likes and dislikes. People and/or their relatives had been part of discussions about the care to be provided. One relative said, "[My family member] had input into his care plan. Before he came here he was seen at [his own] home and he spoke about his needs and around his problems". There were reviews undertaken regularly to ensure people's needs continued to be met. Relatives told us they were made aware of the reviews and invited to attend if they wished to.

Relatives said they were encouraged to discuss the care and support with their family member and staff. Staff communicated with relatives when there were any changes in the health and wellbeing of the family member. One relative said, "I get told if [family member] is unwell or when [other health professionals] have been out." Staff told us they were informed of any changes to people's care when they came on duty at the handover. There was evidence that this had been done and this meant that staff had up to date information about each person.

We saw people had opportunities to socialise, take part in activities and pursue interests. During the morning we saw seven people taking part in an exercise session and other people taking part in an art class. The member of staff running the exercise session told us that they had received training to make sure they were able to deliver the sessions safely. One relative told us they knew the home could arrange chiropody and hairdresser appointments, but whilst their family member could do so they would take them out into the community.

Staff told us that information was in people's care plans about their hobbies and interests. One staff member told us of one person's love of gardening and they had been encouraged to help water plants in the home. We saw the person's room and they showed us their plants and were very proud of them. During the afternoon we saw groups of people in the home and relatives playing scrabble or dominos. During the activities the atmosphere was relaxed and we heard lots of conversation, laughter and friendly banter. A relative told us that there were a lot of activities and that their family member particularly enjoyed the singers. Another relative told us that when they arrived to visit their family member there was often a member of staff having a chat with them. One person told us that staff took them in their wheelchair to the park, which they enjoyed.

A member of staff told us that some people did not like to join in some of the organised activities but had individual interests. They told us that they had a range of activities to try and appeal to a range of tastes which included a session called 'what the papers say'. Sixteen people were supported to attend Church on a Sunday and time set aside for one to one sessions for people who did not like group activities. A visitor told us about one person who liked to paint and showed us their paintings which were on display.

We saw that areas in the home had street names and there were numbers on people's bedroom doors. Staff told us that when people came into the home they were told the street name and door number so that all post could be delivered to them directly and to maintain those areas of independence. We saw that people had letters addressed to their room and this meant they had the privacy to open the letters if they wished.

People in the home knew they could complain if they needed to. Three people confirmed that they had someone they could talk to that would listen if they had any concerns. One person told us that when they had made a complaint they had been able to talk with the registered manager. This was discussed with the registered manager who was able to confirm and provide evidence to show that the complaint had been dealt with appropriately. Relatives knew how and to whom they would complain. One relative told us, "We have a booklet that is about the establishment including who to contact if we have any concerns or complaints." We saw that complaints had been dealt with using the providers' procedure and the

Good

Is the service responsive?

outcomes agreed by the complainant. A senior member of staff told us that there was a complaint and compliments log. Complaints were dealt with by the registered manager but if no other managers were on duty, senior staff ensured that a record was made and any complaints passed to the registered manager.

Good

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager at the home.

A relative commented, "I can't fault the home" and a visitor told us that the home had a very good reputation locally. People in the home told us that they knew who the registered manager was and one person described her as "nice". Another person spoke of the registered manager as someone they could speak to if they had any concerns. Staff told us that the registered manager and the management team could always be approached and found they were supportive. One staff member said, "I can talk to the managers, they're always available".

There were a number of meetings held in the home. For example there were minutes seen of the last 'resident', domestics, registered nurses, ground floor 'carers' and first floor 'carers' meetings. They all showed that where comments had been made action had been taken where necessary. For example because call bells had not been answered quickly enough on the ground floor, extra staff had been employed so that people were attended to more quickly. Staff confirmed there had been extra hours put in place after the meeting. An example from the resident's meeting was a discussion about the sausages. A tasting test was in the process of being arranged, by the staff who provided activities, so that people were involved and could decide on the best sausages for them. This showed that people were valued and their views responded to.

Two senior staff told us that they attended head of department meetings led by the provider each Monday morning where they were updated on any changes which they then passed on to their teams. They told us that they were kept well informed and one member of staff said that the provider listened to staff. A member of staff told us that the provider was very involved in the service and knows what goes on. They said that the provider, "Keeps his finger on the pulse". Another member of staff said, "[The provider] is very fair. He knows what he likes – good standards".

We saw documents titled 'drugs audit'. Discussion with staff identified that it had been recognised that the current system needed to be improved to provide an effective audit of the management of medication. We saw that a new document had been prepared ready for use and would be used immediately to ensure the audit was fit for purpose.

Handover on one unit was in the dining area where people were sat after lunch. The staff member said that this was done to ensure staff were available for people on the unit. The staff member said that nothing confidential was discussed and if it were necessary then staff would be informed outside the room.

Quality assurance questionnaires for the home had been sent out to people in the home and their relatives in February 2014. The information was sent to the provider who had not yet given the registered manager any report. The registered manager said that anything negative would have been highlighted, but if there were any emerging themes or trends from the surveys these would be addressed.

Relatives confirmed that they or their family member had completed a questionnaire but were unable to say when this was. However, they told us that they felt able to make any suggestions to improve their family members' support, if this was ever needed. One relative said, "I have been asked about the care given to [my family member]. They [the staff] ask him as well; ask if there are any concerns".

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 did not take formal enforcement action at this stage. 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 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control People who use services and others were not protected against the identifiable risks of acquiring an infection. Regulation 12 (1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines The registered person did not have appropriate arrangements in place for the obtaining, recording, and safe administration of people's medication. Regulation 13