

Care UK Community Partnerships Ltd

Parsons Grange

Inspection report

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Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Requires Improvement	
Is the service well-led?	Good	

Summary of findings

Overall summary

About the service

Parsons Grange is a residential care home providing personal and nursing care to up to 68 people. The service provides support to older people, younger adults who may also have a physical disability or people living with dementia. The care home includes 4 separate units split into residential and nursing care with two units designed to support people living with dementia. Each bedroom has its own en-suite bathroom, with wet room style shower. There are communal areas such as a reception café, dining rooms, cinema, activities room and gym. At the time of our inspection there were 54 people using the service.

People's experience of using this service and what we found

We found some concerns regarding people not always receiving their medicines when required and staff training in relation to learning disability and autism and the Mental Capacity Act. We have made recommendations in relation to the providers' reviews of medicines management and staff training.

People reported they felt safe living at the service. The registered manager ensured infection prevention and control guidance was followed to keep people and staff safe.

Care plans were person centred and included the input from relevant people. The environment in the home included decoration and signage around the service to support people living with dementia.

The registered manager and staff had an open and transparent way of working to ensure the safety of the people living at the service. The registered manager was able to demonstrate quality assurance systems were used effectively to monitor and improve quality and safety in the service. There was a positive culture amongst staff at the service. Staff knew people they supported well and cared about their wellbeing. The provider demonstrated their compliance with legal obligations and any learning from incidents or accidents was undertaken effectively.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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 15 December 2021)

Why we inspected

We received concerns in relation to wound management, staffing and mental capacity assessments. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

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 COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good.

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

Recommendations

We have made recommendations regarding time specific medicines and staff training in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards and learning disability and Autism.

Follow up

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?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

Requires Improvement 

The service was not always effective.

Details are in our effective findings below.

Is the service well-led?

Good 

The service was well-led.

Details are in our well-led findings below.

Parsons Grange

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

This inspection was carried out by two inspectors and an 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

Parsons Grange is a 'care home'. People in care homes receive accommodation, nursing and personal care as a single package under one contractual agreement dependent on their registration with us. Parsons Grange is a care home with 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 a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We contacted the Local Authority safeguarding and compliance teams. We reviewed information we held about the service. We checked online reviews of the service. 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 15 people who use the service and 4 relatives about their experience of the care provided. We spoke with 7 members of staff including the registered manager, clinical, care workers, nurses and activity coordinator.

We reviewed a range of records. This included six people's care records and multiple medicines records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

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 remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Two people required time specific medicines. We asked them if they received their medicines on time to which they replied, "It is on time, or on time-ish 50% of the time but it can be up to an hour and a half late... there have also been many incidences of my medicines not being administered correctly or in a timely fashion...", "Last night for instance was half an hour late and I have known one and a half hours late". This can cause the person to have adverse outcomes due to the effect of receiving their medicine late.
- We reviewed the medicine administration records and identified at times, the time specific medicine had been given up to 3 and a half hours late.
- This was raised to the registered manager who stated they would look into this.

We recommend the provider reviews the timeliness of administering time specific medicines to ensure best outcomes for people.

- Where people had 'when required' (PRN) medicines, there was an appropriate protocol in place.
- Staff told us the local pharmacy provided support and advice as needed. The community pharmacist completed an annual audit of medicines safety.
- Practical medicines competencies for staff were completed on an annual basis or more often if required.
- Anticipatory medicines were in place for people reaching end of life care. These were reviewed by a GP on a regular basis.

Systems and processes to safeguard people from the risk of abuse

- People felt safe in the home and liked the staff who supported them. One person said, "Yes I always feel safe- we are all very well looked after- it is cosy and warm and there are lots of activities we can join in". Relatives also agreed and felt their family members were safe. One relative said, "Yes, she is safe – absolutely- she is always well looked after, she is looked after appropriately and if there is ever any incident or issue then the Home respond and keep me updated".
- All staff had received safeguarding training. Staff were aware of what actions to take if they felt people were at risk of harm including how to contact organisations such as the local authority safeguarding team.
- Staff knew how to recognise abuse and protect people from the risk of abuse.
- When safeguarding concerns were raised, the registered manager had dealt with them appropriately and recorded all actions taken.

Assessing risk, safety monitoring and management

- There were risk assessments and care plans in place for areas such as falls, pressure sores and nutrition

and hydration. We observed staff following the guidance detailed within people's risk assessments, especially when supporting people to mobilise.

- Risk assessments were consistent and clear and the guidance that staff should take to mitigate risks was accurately recorded and had improved since the last inspection.
- Risk assessment and equipment checks were in place to ensure a safe environment was maintained for people to receive safe care. The maintenance team, along with staff, monitored other general environmental risks, such as water temperatures, fire exits and slip and trip hazards. Any concerns found by staff were brought to the maintenance team and the registered manager.

Staffing and recruitment

- We reviewed four staff recruitment records. They contained all the necessary evidence including employment history and relevant qualifications and were in line with legal requirements.
- A dependency tool was in place to monitor the needs of people and ensure staffing levels were appropriate to meet their needs. This was reviewed monthly or when people's needs changed.
- Both people and staff felt that there were enough staff on a day to day basis to support people's needs. Staffing numbers were also regularly reviewed by the management team and the registered manager and adjusted according to people's needs.
- We saw staff responded to people's request in a timely manner for support during the day of the inspection.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were 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 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

- We were assured the provider was facilitating visits for people living in the home in accordance with current guidance.

Learning lessons when things go wrong

- An effective system was in place to record individual incidents and accidents.
- Accidents and incidents were recorded and reported to ensure that harm to people was appropriately documented and reviewed.
- There was evidence that the management team investigated incidents and accidents appropriately. The registered manager analysed themes and trends in the accident and incident reports to ensure measures were in place to reduce the likelihood of repeat events.
- Evidence of learning, action taken to improve the service and learning lessons when things go wrong had been documented within the providers audits of the service

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. The rating for this key question 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.

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 service followed the requirements set out in the MCA and associated codes of practice. Some improvements are required to ensure all processes and documents are aligned with the Act.
- Consent was sought for various aspects of care. This included consent to reside at the service, financial agreements, digital photography, vaccinations and nursing and medical procedures.
- When people had capacity, their consent was correctly obtained and recorded.
- Some people did not have capacity to make simple decisions, such as what they wanted to eat or drink. We observed staff kindly and patiently spoke with people, and selected options for them based on their known preferences.
- Where people lacked capacity to consent, mental capacity assessments were completed. The correct process was followed, and information recorded in the relevant document.
- Where a decision was required, best interest decisions were made and documented. However, in some documentation the decisions were not specific. In one example, the person's medical information was documented instead of the decision being considered.
- Staff were able to explain basic principles of MCA and DoLS. They did not mention that the purpose of the MCA is to determine consent before any other steps. There was some confusion regarding capacity assessments and best interest decision making. However, the registered manager confirmed further training

about the MCA was already booked for staff.

We recommend the service reviews the staff training requirements for MCA and DoLS.

Staff support: induction, training, skills and experience

- All new staff were placed on an induction which includes shadowing senior staff and completing all practical training required including manual handling.
- People felt that staff had enough training and experience to support for them.
- Staff felt they received the training they needed to enable them to meet people's needs, choices and preferences.
- The service provided training in topics they considered mandatory, such as fire awareness, manual handling and food hygiene. We found staff received additional training in specialist areas, such as dementia. This meant staff could provide better care to people who use the service.
- Staff confirmed they received regular supervisions with their line managers and were offered and completed performance appraisals. Staff also said they completed regular statutory and mandatory training to enable them with the knowledge to perform their roles competently.
- However, the service's mandatory training was not in line with best practice for social care staff. For example, the service's mandatory training regarding the Mental Capacity Act was scheduled every three years. Best practice recommends this should be yearly.
- Staff had not received training in how to care for people living with a learning disability or autism.
- In July 2022, a requirement under the Health and Care Act 2022 for all CQC registered service providers to ensure their employees receive learning disability and autism training appropriate to their role. This is to ensure the workforce have the right skills and knowledge to provide safe, compassionate and informed care to autistic people and people with a learning disability. This was raised with the registered manager who agreed training would be provided in the coming weeks.

We recommend the provider review their staff training provision in line with current best practice guidance for social care staff.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager and nominated individual had implemented trackers to monitor people's pressure sores and weight loss. Staff documented updates within their care plans.
- Medicine protocols were in place in order for staff to be aware of how people would verbalise their pain.
- People's care plans were reviewed on a monthly basis or sooner as needed.
- Any changes required had been clearly documented and this was shared with staff through the service's online system.
- Plans were person centred and contained information covering people's likes and dislikes and a summary of daily routines, including how the person would like the care to be carried out.
- Plans were based on evidence based assessment, were well written and clear. Information seen in plans indicated that people were supported to access healthcare services and professionals when required.

Supporting people to eat and drink enough to maintain a balanced diet

- There was a set menu with plentiful choices. People could also order items not on the menu when they did not want the main meal. Menus were clearly visible and included pictures and symbols. Food served was appetising and appealing. People were asked their preferences of meals. Explanations were given to people if they did not understand what the meal was. We observed a staff member showing people two plates of food at lunchtime and asking which one they preferred.
- Morning and afternoon tea were available every day. Small snacks such as fruit, biscuits and bakery items

were available in between main meals. A café in the reception area encouraged relatives to have hot drinks and pastries with people who used the service. We observed multiple visitors and people enjoying the café area during our site visit. Drinks stations were available on display throughout the units. This encouraged people to stay hydrated and reminded staff to offer regular fluids to people who may not ask.

- Condiments such as salt, pepper and sauces were not always on display and not always offered to people during meals. Research demonstrates taste decreases with age and seasonings are purposeful for encouraging eating, especially for people living with dementia. This was raised to the registered manager who stated this would be offered at every meal.
- People in communal areas always had drinks with them and were offered fluids regularly throughout the day. People in their bedrooms all had fluids available to them, and they were either within reach or staff assisted them to take drinks. Food and fluid intake were appropriately recorded in the care notes.
- All staff were aware of people's food allergies and care staff and kitchen staff had a detailed knowledge of people's dietary requirements. Kitchen staff had a list of people's food and drink likes and dislikes.
- People who had been identified as requiring fluid monitoring had been placed on daily charts. These were discussed at the services daily meeting to identify if there were any further concerns in relation to dehydration.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with professionals from health and social care to support people's health and wellbeing needs.
- The registered manager was in regular contact with Local Authorities who support with funding for people using the service. The registered manager provided evidence of regular correspondence to discuss the changing needs of people and how they will support the person.
- The registered manager and staff also had regular involvement with other professionals such as GPs to ensure that the person had the correct level of support.
- The registered manager supported and promoted people's physical abilities and independence. They worked with a private physiotherapist who attended the home weekly to support people with mobility and rehabilitation.
- People had access to items to ensure good oral hygiene. This included toothbrushes, toothpaste, mouthwash and denture cleaning equipment. These were stored safely in people's rooms and bathrooms.

Adapting service, design, decoration to meet people's needs

- The provider had decorated 2 units of the home, to support the needs of people living with dementia.
- Signage placed at chest height was seen around the home to enable people to find their way around the home.
- Individual pictures of people's likes were within memory boxes next to people's rooms.
- Sensory age appropriate objects including pictures and games had been attached to walls so they were easily accessible to people.
- The home was light and was at an appropriate temperature for people living there.
- Contrasting colours were used in bathrooms and around the doorways to support people living with dementia to know where they were.

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 requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management team were welcoming and demonstrated an open and transparent approach.
- People told us, "I personally think it is great they [the management team] are so caring and on the ball at all times." Another person told us, "They recognise how undignified old age can be and they all promote dignity and respect towards residents."
- Evidence of team meetings was reviewed and identified that staff had the opportunity to raise concerns.
- There was a diverse workforce at the service. Staff were observed to work well together, respecting each other's differences in sometimes challenging situations.
- Staff were complimentary of each other and of the managers. They had positive comments to make of other workers, which demonstrated an open culture and positive workplace morale.
- Staff clearly explained the aims of objectives of the care. For example, one worker stated, "[It's about] the safety of the residents, a good working environment, compassion, dignity and respect." Another commented, "[The service is] making a difference to people's lives...being the only [support] a people when a resident does not have any relatives."

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 management team worked to establish and maintain an open and transparent communication with people's families.
- The registered manager was aware of their responsibilities and understood the importance of transparency when investigating circumstances where something had gone wrong

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had quality assurance systems in place. The audit system had been reviewed and updated to identify shortfalls in service records. This included regular review of documents including Medicine Administration Records and care plans.
- The registered manager and clinical lead had continued to develop several trackers so they could monitor various key performance indicators monthly. This included weight loss, falls, accidents and pressure sores. A list of people's wounds, and their healing progress was maintained and regularly updated. This allowed the registered nurses to effectively monitor and manage wounds. The managers maintained good oversight of this as they reviewed the documentation regularly.

- The management team had a clear plan on additional areas they were planning to improve. An analysis of audits was completed on a monthly basis to identify themes and trends. This was shared with staff during team meetings or supervisions to ensure the service continued to improve.
- The registered manager was knowledgeable about the people and staff at the service. They were able to provide detailed information about the performance of the nursing home, people's medical and social histories, things that were going well and areas that required improvement.
- There was a clear management structure in place, and autonomy in overseeing units was delegated to registered nurses and team leaders. This fostered a workplace where staff were empowered to ensure the best care and support for people.
- There were comprehensive handovers each shift to ensure important information about people including changes, appointments with health professionals was handed over between different staff to ensure continuity of care and support for people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff were observed to communicate with people in a person-centred manner. They asked for their involvement in the day-to-day activities that took place at the service and encouraged them to take part.
- Staff commented, "We are a family, we are very supportive of each other from the chef, to care workers. The kitchen is just as important, as are the cleaners." Another staff member stated, "Yes, [I like working here], otherwise I would not stay here. It's a nice place, and all my colleagues are like my home and the residents love me...they clap when they see me! They love to see me".
- Staff meetings were held regularly. Staff said they were able to raise any issues and they felt listened to by managers. They confirmed they received feedback from leaders when they offered suggestions for changes or improvements.

Continuous learning and improving care

- Staff confirmed they knew what do when things went wrong. They were able to explain they would ensure a person's safety, take relevant notes, report to the managers and make external referrals to healthcare professionals.

Working in partnership with others

- The service worked in active partnership with professionals such as GPs, social workers, community nurses and the local authority. One professional said, " Any issues with patients or sudden deterioration there is always a call to us. They respond very well "
- Any actions to be taken following contact with a professional were clearly documented within the person's care plan.