Rushcliffe Care Limited

Parkmanor Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
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

About the service
Parkmanor Care Home is a registered care service providing personal and nursing care to 35 people aged 65 and over at the time of the inspection. The service can support up to 40 people. Parkmanor is purpose-built and provides care over two floors. The ground floor is for general nursing care and the first floor specialises in providing nursing care to people living with dementia. There are dining rooms and lounges on both floors and all rooms are single accommodation.

People's experience of using this service and what we found
People were protected from the risk of abuse and avoidable harm by trained staff who understood how to identify and report concerns. People felt safe living at the service. Risks to people were identified and were well managed. Processes were in place to manage the administration of medicines safely. People were protected from the risk of infection as preventative measures were in place.

People's needs were holistically assessed. Care and support plans were developed with people and their families to include their histories, preferences and routines. People had nutritious food and options at every meal. Staff received an induction, competency checks and supervision with managers. 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.

People told us staff were caring and treated them with kindness. People were treated with dignity and respect. People's privacy was respected by staff. People were supported to maintain relationships important to them. People were encouraged to express their views, be involved in their care and to maintain their independence where possible. Advocacy information and services were made available to people who required them.

People's care was person-centred and responsive to their individual needs. People's communication needs were assessed and included in care plans. This meant staff knew how best to communicate with people in a meaningful way. People had choice in the activities on offer at the service and suggestions for activities were acted upon. People and their families were aware of how to complain and complaints were handled promptly by the management team.

The registered manager was committed to providing a high quality of care. Staff told us the service had good leadership, good practical support and had a positive culture. The registered manager was aware of their regulatory responsibilities. The registered manager conducted regular audits and checks which ensured the safety and quality of the service. People, their families and staff had opportunities to give feedback and offer suggestions. The management team worked closely with medical professionals and others to ensure good outcomes for people.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Parkmanor Care Home

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 Care Act 2014.

Inspection team
The inspection team consisted of one Inspector 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
Parkmanor Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are 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 since the last inspection. We sought feedback from the local and health authorities who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with five people who used the service and four relatives about their experience of the care

provided. We spoke with 10 members of staff including the registered manager, clinical compliance manager, a clinical lead nurse, senior care assistants, care assistants and an activities coordinator.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care plans, medication records and dementia care mapping reports. We reviewed three staff files in relation to recruitment and selection, training and supervision. A variety of other records relating to the management of the service, including audits, accidents and incidents file, complaints and compliments file and policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We reviewed additional training information and documents we requested from the provider.

Good

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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and avoidable harm. Staff knew how to identify, report and record suspected abuse and safeguarding systems were in place to keep people safe.
- People felt safe and protected from harm. One person said, "I do feel safe and happy. All the staff make me feel safe. The buzzer makes me feel safe. Also, staff check us night and day."
- Staff felt comfortable reporting concerns to management. A staff member said, "I witnessed a visitor mistreating [person] and reported it to management. They took immediate actions, plans were put in place and the person is now safe."

Assessing risk, safety monitoring and management

- Risk assessments were in place where required and were specific to individual needs. Detailed guidance for staff was included to minimise risks to people.
- Staff assigned as keyworkers reviewed people's risk assessments monthly and as people's needs changed
- Personal emergency evacuation plans (PEEPS) were in place should people need to be evacuated from the building. Regular drills were conducted to test the efficiency of plans.
- People's equipment was regularly checked to ensure it was safe and working properly. Communal and personal areas of the service were kept hazard-free.
- Where people were supported outside of the premises for activities or appointments risk assessments were in place to keep people safe.
- Where people expressed themselves through behaviours staff were trained to use positive behavioural support to reduce risk to themselves or others. Care plans contained risk assessments for people who required behavioural support and guidance for staff working with them.

Staffing and recruitment

- There were staff numbers in place to meet the needs of people in a person-centred way. Staff told us whilst there were busy days there were enough staff to provide good care.
- Several people told us there were enough staff and one said that there was no difference between shifts, that all shifts were staffed.
- The recruitment of staff followed established guidelines and all screening and pre-employment checks were made. This ensured applicants were suitable for the role prior to commencing work.

Using medicines safely

- Medicines policies and procedures were in place. Medicines were stored safely and correctly. Records indicated regular audits of MAR (Medication Administration Records) were undertaken

● People's care plans included guidance on how to support people to take their medicines. Where people were resistive to taking medicines, guidance was provided to support compliance.
● People felt their medicines were managed safely. One person said, "I get my medication at regular times. Staff make sure I have taken them."

Preventing and controlling infection
● The service had effective infection control policies and procedures in place. Staff were observed to wear personal protective equipment (PPE) such as aprons and disposable gloves when handling food and when preparing to provide personal care. This provided protection to people from potential infection during meals or when receiving care assistance.
● The registered manager conducted regular environmental checks such as cleaning and hygiene of the facilities, water temperature checks and laundry audits.
● Staff received relevant training in infection control and understood their responsibilities.
● We observed that the home was well-appointed and clean. People told us they felt the service was clean. A person told us, "Yes, it is clean and well-maintained. No question about cleanliness."

Learning lessons when things go wrong
● The service had systems in place to record, investigate and review their response to accidents and incidents. Where learning points were established, this information was shared with staff to minimise the risk of recurrence.

Good

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People received a holistic intake assessment that captured their individual histories, preferences, routines, abilities and activities of daily living where assistance was required.
- The management team had considered aspects of people's needs such as their identity. As an example, a person living with dementia had routines consistent with their previous profession. The management team included these routines into the person's care plan so staff would understand the relevance and support the person to maintain their routines.
- The management and staff were aware of best practice legislation and research-based practice and had developed aspects of their dementia care and end of life services in accordance with this.

Staff support: induction, training, skills and experience

- Staff received a formal induction and training relevant to their roles. Additional training was developed by the clinical lead in subjects relating to optimal hydration and end of life support.
- People told us they felt the staff were experienced and sufficiently trained to support them. One person said, "Yes they are well trained" and another told us, "They know what they are doing. They are quite good." Staff told us opportunities to refresh their training were available.
- The management team were undergoing additional end of life training offered by the local hospice charity in the area. They planned to share this knowledge with the staff team.

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

- People and their relatives complimented the food provided. One person said, "The food is very nice, the best meals. I have started eating better since being here. The food is fresh." A relative told us, "I have meals here. Fantastic cooks."
- Meal times were observed to be welcoming and sociable, with some people having meals in dining rooms and others opting to have meals in their rooms. Where people required assistance to eat or drink this was provided. Adapted cutlery, drink containers and plates were available.
- People were provided with hot and cold drinks and snacks throughout the day. A person said, "I get offered lots of drinks and snacks."
- Staff were aware of people's dietary needs, food allergies and preferences. One member of staff said, "I am aware of the dietary needs. I look on the care plans." The care plans had enough information to aid staff to meet people's nutrition and hydration needs.

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

- The building was purpose-built and featured single en-suite rooms with sufficient space for people, their personal possessions, any necessary equipment and for staff to provide care.

● The décor was bright and colourful in communal areas. People had choice in how their personal space was decorated.
● People living in the dementia unit had colour schemes throughout the dining room and lounge that promoted their wellbeing. Dining rooms had coloured plates and mugs to allow people with dementia to identify their food and drink easier.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People told us they were supported with minor medical needs by nursing staff, however when a GP was needed they were called right away. One person said, "I can see the doctor if I am unwell." A relative told us, "Staff call the doctor and call me if [person] is not well."
● The management team were working with a local dentist to arrange visits to the service, this was especially important for people with dementia who would benefit from a home visit.
● Staff and management spoke of their relationship with the GP assigned to the service as positive. Nurses and the GP worked together on ways to improve wellbeing of people.
● The service worked with other organisations such as health partners and local authorities when producing assessments and reviews of care plans using a multi-agency approach.

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 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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
● Care planning was discussed and agreed with people and their relatives. Where people lacked capacity for a particular decision regarding their care, a best interest decision was made.
● People said staff spoke to people about their care and asked for their consent before supporting them. One person said, "Staff know what care I need. I do talk to them about it." Another told us, "Yes they ask for my consent before doing anything for me."
● Care plans contained detailed information about how staff could assist people to make a choice, depending on the person's individual communication style. One person with dementia was offered a change of clothing at specific times of day by laying these on their bed which was consistent with their routines. This offered the person choice on whether to change clothes.
● Staff understood the principles of the MCA and how to support people to make choices wherever possible. One staff member told us, "When people lack capacity to make a decision, we act with managers and people's families to decide what is in their best interests."

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well-treated and supported with kindness. Staff treated them with respect and got to know them well. One person said, "They are kind, caring and they listen to us." Another said, "They know me better than I know them. I forget their names, but they always remember mine."
- We observed positive interactions between people and staff. Several members of staff told us they would be happy for a family member or friend to live at the service. One said, "I would feel quite comfortable for a member of my family to live here. The staff are friendly, they would take care of them."

Supporting people to express their views and be involved in making decisions about their care

- People felt comfortable expressing their views and making choices about their care and daily activities. One person said, "Yes [staff] listen to us and act on what we say." Another told us, "I make choices. I like to sit here next to my friend."
- An observation tool was used to support staff to understand the impact of living with dementia and how they could make changes to improve their emotional wellbeing.
- Advocacy information was available for people. An advocate is an independent person, who will support people in making decisions to ensure these are made in their best interests. Several people we spoke to said they would ask family to help with decisions.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect by staff and their privacy was maintained. A person said, "They don't say anything against me. They do treat me with dignity and respect. Yes, they respect my privacy." A relative told us, "[Staff] always treat [person] with dignity and respect. They respect people's privacy. If the door is shut, they always knock before entering."
- Staff provided care and support that encouraged people to be as independent as possible and promoted choice. A person said, "If you can do it, they let you do it." A member of staff told us, "There are people who like to clean up after themselves, we let them do it."
- Several staff expressed that the most difficult part of their profession is losing people they've cared for. One staff member told us, "We get attached to people, they become like our family. It is hard to lose them. We often go to funerals both to have closure and to support their family."

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care files were person-centred and reflected the person's histories, presenting needs and preferences. Care plans were sufficiently detailed to give staff clear guidance on how best to support people to meet their needs.
- Staff were aware of the concept of person-centred and individualised support. One member of staff told us, "Person centred means what works for one person may not work for another person."
- Staff had time to read people's plans and spoke to people about their preferences. One member of staff said, "I can ask the people themselves. Care plans have the information. I can also ask relatives what the person likes and dislikes." A person told us, "I think they [staff] do know my likes and dislikes."
- People were given choice and control over their care and felt free to express their views. A person said, "I make choices. There are no restrictions."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and recorded with guidance for staff in care plans. Where people had communication needs they were supported in a person-centred way.
- Picture cards for meals and electronic devices such as Ipads were used to assist people unable to communicate verbally to exercise choice in their daily lives. Large print and materials in languages other than English was available where required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain their important relationships. There were no restrictions on visiting and relatives were encouraged to be involved in people's daily lives where possible. A person told us, "The odd one or two of my family come and visit. They can come at any time."
- Activities were coordinated by two dedicated activities coordinators and people were encouraged to suggest activities and outings. One of the coordinators told us, "When I am here I provide five hours of activities a day, also activities are available at the weekends."
- Staff provided stimulating activities daily. The service had an arts and crafts decorating activity planned for the Christmas holidays and a music performance on the day we visited. We observed the positive impact music had on people attending.

● People appreciated the variety of activities available to them. One person told us about the activities they enjoyed, "Boat trips, shopping and the Remembrance Parade. I get magazines on Formula One and Leicester City football club. I like playing dominoes."

Improving care quality in response to complaints or concerns

● A complaints procedure was in place and information on how to file a complaint was visible in the service. People told us although they didn't have current complaints they were aware of how to make a complaint and said they would feel comfortable making a complaint to the manager.

● Records we reviewed indicated complaints were responded to in a timely manner, were investigated with outcomes recorded and these were shared with the complainant.

End of life care and support

● People's wishes around end of life care and support was recorded in their care plans. Advance care planning was discussed initially when people moved into the service and at any time their care plan was reviewed. Where people lacked capacity to discuss their preferences, families or friends' input on the person's preferred outcomes was sought and recorded.

● Several rooms were made into suites for people at the end of their lives. These combined soothing colours, sounds, music, aromatherapy and lighting to provide a peaceful setting. A staff member said, "I have had end of life training. I have looked at end of life research and how important sensory stimulation and companionship are needed at this time."

● Relatives were supported to stay with people and overnight accommodation was provided to allow them to remain close to people nearing the end of their lives.

● A relative told us, "I highly recommend the care [person] is receiving, and there is also good support for friends and family. The home has made a very difficult time a little easier."

Good

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 remained the same. 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 service planned and provided safe and effective person-centred care. The service followed relevant legislation and guidance to support people to achieve good outcomes.
- Staff were encouraged and supported in their roles. The culture of the service was open and transparent, promoting job satisfaction for staff resulting in a high standard of care for people.
- People felt the service was well-run. One said, "Seems managed OK. I know the manager. She is approachable."

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 registered manager and clinical leads understood their legal obligations and requirements of CQC and other organisations as it relates to the duty of candour.
- There were policies and procedures in place regarding accountability and responsibilities of the service to be forthcoming with people should something go wrong.

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

- The registered manager, management team and all staff understood their roles, were well-trained and understood the needs of people. People felt the service and staff were of a good standard. One person told us, "The home is nice. The staff are polite and helpful."
- The registered manager understood their regulatory responsibilities and properly and consistently notified CQC and other organisations with information where required. Where risks were identified these were appropriately escalated.
- The registered manager conducted regular audits of record-keeping, operations and the service environment and conducted competency checks of staff to ensure consistently good services were delivered to people. Where improvements could be made, action plans were put into place and progress monitored.

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

- The views of people and their relatives were sought in a variety of ways. Annual surveys and questionnaires were in place to collect feedback. Residents and relatives meetings were held where people were able to speak to the management team and staff, express their views and offer suggestions.

● People said management listened to their suggestions and acted upon them. One person said, "We have resident meetings. I complained about the lights in the dining room. They have been done now."
● People and their relatives contributed to care planning and reviews and felt involved and consulted in their care. A relative of a person told us, "I am involved in discussion about [person's] care. If things change they tell me. I have seen [person's] care plan from time to time."

Continuous learning and improving care
● The management team was committed to improving services. An example was a project which gave better insight into providing individualised support to people living with dementia.
● The management team were undergoing additional training through a local hospice charity for end of life care and were exploring research around 'doll therapy' for people living with dementia to develop their dementia care offer further.
● Staff praised the registered manager and said the standard of care had improved through their leadership. One long-term member of staff said, "The care on offer is much improved since the current registered manager has been here. I have no concerns, this service is brilliant."

Working in partnership with others
● The service worked in partnership with local authority, health authorities and hospitals, their local GP, advocacy services and community-based partners. At the time of our inspection people at the service were assisting with a community fundraising event.
● Guidance and training was developed by the clinical lead nurse at the service and the registered manager with input from the GP to ensure people were reaching optimal hydration.