

Park Homes (UK) Limited

Pemberton Fold

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Pemberton Fold is a residential care home providing personal care for up to 60 people aged 65 and over. At the time of the inspection the service was supporting 41 people, some living with a diagnosis of dementia.

The home has 4 separate units, or households, all with ensuite facilities. Each household operates as a self-contained unit with 15 bedrooms, communal areas such as a lounge, dining area and bathrooms, and a small satellite kitchen. The home also benefits from a hairdresser's salon, a large activities room and external gardens.

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

People's medicines were not managed safely. We identified issues with staff training and competency checks, gaps in recording and stock balance errors. The monitoring of temperatures of the rooms and fridges where medicines were stored was not consistent.

Not all risks associated with people's care were documented and managed in a way which kept them safe. There were enough staff to keep people safe and meet their needs. There were occasions when staffing levels might be lower, for example during instances of short notice unplanned staff absences, however, people we spoke with told us they felt safe.

Premises checks and all maintenance records were up to date. Required test and safety certificates were in place. Systems were in place to protect people from abuse and people told us they felt safe living at the home. The environment was spacious and dementia-friendly, although some outside garden areas were overgrown and potentially unsafe. A new contract was in place to address this.

Staff training was documented on a matrix, although some elements of refresher training were not up to date for all staff. Staff received relevant training to perform their roles and help meet people's needs. People's dietary needs were communicated to catering staff on admission into the home. People had mixed views on the food. Three people complained to us that the food wasn't always hot. As people's needs changed, referrals were made to relevant professionals for assessment and advice to ensure they could eat and drink safely.

Care plans were now electronic and did not always contain enough detail or reflect people's care preferences. People and their relatives were involved in care planning, but we were not assured this was reflected on electronic systems.

The team of activity co-ordinators had increased to 3. Activities had improved and the team encouraged people to become involved in both group and individual activities. The home benefited from a large activity room and grounds outside the home. End-of-life care provision was supportive and compassionate.

Since the last inspection there had been limited involvement and oversight from the provider. Audits had not been undertaken in line with company policy, nor had they been effective in identifying and resolving areas for improvement to ensure compliance with the regulations. The provider had not ensured staff were adequately trained and competent in using new electronic systems, and support with this had been delayed.

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.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 23 February 2023) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

The inspection was prompted in part by notification of an incident following which a person using the service died. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk of falls. This inspection examined those risks.

You can see what action we have asked the provider to take at the end of this full report.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe sections of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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.

We carried out an unannounced comprehensive inspection of this service on 14 and 15 December 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report covers our findings in relation to the Key Questions of Safe, Effective, Responsive and Well-led.

The overall rating for the service has remained requires improvement based on the findings at this inspection. We have found evidence that the provider needs to make improvements. Please see the Safe, Responsive and Well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Pemberton Fold on our 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Pemberton Fold

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

The inspection was carried out by 2 inspectors and 1 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

Pemberton Fold is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Pemberton Fold is a care home without 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 not a registered manager in post. A manager was in post at the time of this inspection but later left. The provider appointed a new manager to the role.

Notice of inspection

This inspection was unannounced. Inspection activity started on 27 July 2023 and ended on 25 August 2023. We visited the location's service on 2 and 8 August 2023.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with 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 9 people about the care they received, and 4 relatives about their experience of the service provided. We spoke to 20 members of staff during the 2 days of inspection. These included the Director of Operations, 3 members of the improvement team, the manager, 6 care staff, 3 team leaders, 1 activity co-ordinator, 2 housekeepers, maintenance staff and 2 cooks.

We reviewed 3 staff files in relation to recruitment. We looked at 4 people's care plans in detail and other care records on the electronic system. We reviewed records relating to medicines management and a variety of records relating to the management and quality monitoring of the service. We spoke with a visiting health professional on site and another professional involved with the home after the inspection. We continued to liaise with management around the secure supply of evidence.

We spoke with the nominated individual, on site on the second day of our inspection. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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 requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection the provider's systems, processes and record keeping relating to the management of medicines were not robust. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider remained in breach of regulation 12.

Using medicines safely

- We did not see evidence that all staff responsible for administering medicines had received training or had their competency checked to be able to do this safely.
- Temperatures of rooms and fridges where medicines were stored were not always being monitored in line with recommendations and the services own medicines policy.
- We found gaps in the recording of medicines administration. There were also discrepancies in the stock levels held by the service and balances recorded. We could not be assured that people had received their medicines as prescribed.

Systems, processes and record keeping relating to the management of medicines were not robust. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Breach

Assessing risk, safety monitoring and management

- Risk assessments based on the individual risks posed to people, for examples due to health conditions or lifestyle, were not in place.
- Two people had managed to leave the households on which they lived, bypassing locked internal doors. One person had left the home and had accessed the community when it wasn't safe to do so. Another person liked to access a satellite kitchen and wash their own pots up.
- Electronic care plans did not reflect these risks and others; staff were not provided with formal guidance on how to mitigate individual risks.

Risk assessments on electronic systems were generic; individual risks and measures to mitigate these risks were not documented. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Breach

- Generic risk assessments, for example in relation to falls, malnutrition and pressure sores were completed, and control measures in place to reduce the risk. Staff understood where people required support to reduce

the risk of avoidable harm.

- People had personal emergency evacuation plans (PEEPs) in place to guide staff on how to evacuate them safely. The plans included the staff support required and any use of aids.
- Service checks in relation to utilities, moving and handling equipment and portable firefighting appliances had been undertaken by contractors to ensure these remained safe. A review of records and certificates confirmed these checks had taken place within required timescales.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and understood the importance of keeping people safe.
- Staff were able to identify the potential signs and indicators of abuse and knew how to escalate concerns should they need to.
- There were systems and processes in place to safeguard people from the risk of abuse. Safeguarding and whistleblowing policies to guide staff in keeping people safe were in place.

Staffing and recruitment

- Staffing levels were determined based on people's needs and dependency levels. These were adjusted based on the occupancy levels in the home. Rotas showed that the home employed a 'floating' member of staff who worked between units, assisting when required.
- Feedback regarding staffing levels was mixed. People told us, "I'd say at times there aren't enough staff. I still feel safe, but it can be frustrating", "the staff are nice, but we could do with more of them" and "the staff are lovely; they are quick when I need them."
- During our observations of care, we noticed people did not have to wait long for support. The use of call bells was minimal during this inspection, and requests for assistance were answered in a timely manner. People we spoke with told us they felt safe.
- Staff were recruited to the service safely. Application and interview forms were completed in full, and the provider had sought references and completed pre-employment checks such as Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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.
- The service was supporting people with visitation in line with government guidance. At the time of the inspection there were no restrictions on visiting.

Learning lessons when things go wrong

- The administration of medicines had changed from paper format to electronic records 2 days before our inspection.

- The service had judged that oversight of medicines would be better managed and therefore, people would be safer with electronic systems in place.

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 requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Initial assessments were carried out by appropriate staff to ensure people's needs could be met prior to them coming to Pemberton Fold.
- People's care needs were assessed and reviewed regularly to ensure their care needs were relevant to them.
- Care plans outlined what support people needed from staff. Staff knew people well and gave examples of how they best supported people.

Staff support: induction, training, skills and experience

- Staff training was documented on a matrix, although elements of refresher training were not up to date for all staff.
- Staff completed elements of mandatory training via a mixture of on-line courses and face to face training sessions.
- Staff received relevant training to perform their roles and help meet people's needs. Staff told us it enabled them to carry out their roles safely and effectively.

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

- People's dietary needs were communicated to catering staff on admission into Pemberton Fold. The home had recently returned to prepping and home-cooking all meals on site.
- Staff understood the importance of providing modified food and fluids to people who required them. One member of staff told us, "I'm keen on the risk of choking; I watch what people are eating." The use of thickener was not always documented correctly; this is covered in the well-led section of this report.
- People had mixed views on the food. Three people complained that the food wasn't always hot when it was served up. One person told us, "There is enough food and I get offered seconds quite often." People were offered alternatives if they didn't like what was on the menu.
- As people's needs changed, referrals were made to relevant professionals for assessment and advice to ensure they could eat and drink safely.

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

- Staff worked alongside various health professionals in meeting people's needs. The service had good working relationships with GP's, community nurses and other health professionals.

- Staff were proactive in raising concerns around people's health.
- Senior staff took timely action in consulting with and making referrals to external health professionals. Referrals were made to ensure people had the right equipment, such as profiling beds, airflow mattresses or specialist seating.

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

- The four households in Pemberton Fold were spacious, self-contained areas, each with its own satellite kitchen. The design and layout of the home supported people's individual needs.
- There was some signage to help people with dementia orientate around the households, although not all bedrooms contained identifiers for people, such as names on doors or photographs.
- People had access to secure outside areas, and this was used when the weather permitted. An enclosed courtyard space was overgrown and potentially unsafe for people. The provider told us a new gardening contract had been secured.

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.

- People were supported in accordance with the mental capacity act and their rights were respected. Where people lacked capacity relatives were consulted. One relative said, "We do see [their] care plan a lot and they will add things to it if we ask."
- DoLS applications to deprive people of their liberty had been properly made and authorised by the appropriate body. Electronic care plans however, did not always reflect when a DoLS authorisation was in place. We discussed this with the manager and records were updated.
- Staff encouraged people to make their own decisions. Staff understood the importance of obtaining consent before providing care and we observed this during the inspection.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant people's needs were not always met.

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

- An electronic care planning system was in place and had replaced paper records. This had been introduced before staff were confident in using the system.
- Care plans were not fully developed, and the recording of care interventions had been inconsistent. People's care preferences were not always recorded, nor when people declined care.
- Electronic risk assessments were generic. Individual risks relating to people's health and lifestyle choices were not in place.

Care plans lacked detail, particularly regarding people's individual preferences for care. We were not assured that care provided was person-centred. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the home provided evidence that reviews of and updates to electronic care plans were in progress.
- Staff we spoke with knew people and how they preferred to be supported.

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

- Provision of activities and stimulation for people living at the home had improved. Feedback from people, relatives and staff supported this. One person said, "The activities are pretty good. We play skittles in the garden when the weather is okay; there are reminiscence sessions, bingo, coffee mornings. They [staff] take me out for walks and to the cafe."
- The home employed a team of 3 activities co-ordinator. They were enthusiastic and tried to encourage people where possible to join in with a range of activities. One person told us they usually didn't choose to join in with activities then added, "Although yesterday I went to the tea morning, and I chatted with people. I really liked it and will definitely go again."
- People told us they took part in activities which were relevant to them. Other people had individual interests that the home helped to encourage and promote. A summer fayre was planned for September and monies raised was being used for a trip to Blackpool Illuminations.
- People were supported to maintain relationships which were important to them. Visitors were welcomed to the home and some people visited on a regular basis.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the

Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care plans outlined their individual communication needs.
- People were wearing their communication aids, such as glasses and hearing aids.
- We observed staff interacting with people in a friendly and considerate way, bending down and getting on the same level when talking with them. Staff communicated well with people.

Improving care quality in response to complaints or concerns

- There was a policy and system in place to support the complaints process.
- People told us they would feel comfortable raising a complaint should they need to, although they would speak to care staff to do this. One person told us, "Nothing is bothering me. I haven't had to complain about anything."
- Relatives we spoke to told us any concerns they had raised had been dealt with or they had not felt the need to complain. One relative considered the care provided was better and told us, "Overall, the last couple of months has seen improvement."

End of life care and support

- The provider followed a recognised end of life programme, which ensured care provided at this time of a person's life met their needs and wishes.
- The home had an end-of-life lead member of staff. They recognised the importance of good, quality end of life care and promoted this to all staff.
- An en-suite room, Dove Cottage, was always available for relatives if they wished to stay in the home. It meant they could spend quality time with loved ones approaching the end of their lives.
- The home had received thank you cards and messages for the compassionate end of life care provided to people. A memory book was in place in the home so that people were remembered; tributes and messages were left by relatives, staff and friends of people who had passed away.

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 remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection effective systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider remained in breach of regulation 17.

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

- The registered manager had recently left the service. A manager had been appointed and had started in post the day before this inspection.
- Oversight of the service from the provider had been minimal. Following the previous inspection report published on 23 February 2023 there had been limited support extended to the home to ensure appropriate action was taken to address the breaches in regulations.
- A provider audit had taken place on 23 March 2023. The audit indicated medication stocks balanced, the CQC action plan was up-to-date, and a training planner was in place to achieve 90% compliance. This was not the case at the time of our inspection.
- The provider had a Sustainability Improvement Plan in place (SIP), but this had last been updated in June 2023. The SIP indicated on 23 May 2023 that all electronic care plans required completing and urgent review. This was still outstanding at the time of our inspection.
- Quality and audit records prior to July 2023 were incomplete. Record keeping in relation to accident and incident logs, electronic care plans, assessment of risk and administration of medicines had been inconsistent.

Audit processes were poor, record keeping was inconsistent, and the provider had failed to address the shortfalls in a timely way. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since July 2023 a team of senior staff had been on site in the home. Their roles were to provide training and mentoring for staff, and management support to the home.
- Following the departure of the manager shortly after this inspection a member of the senior support team was appointed as the new manager.

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

- We saw no evidence of any formal engagement with people or their relatives, such as surveys about the quality of care. A relatives meeting took place on the first day of inspection but wasn't well attended.
- People's views were sought during the recently re-introduced Resident of the Day chats, along with their care preferences.
- Staff were engaged during handovers and daily 'huddles', where people and aspects of the service were discussed. Staff felt more confident with the new systems having recently received one to one training.
- People we spoke with told us they were consulted about the service. People had recently been asked their preferences with regards to new floor coverings on the households; people on one household had opted for an area to remain carpeted.

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

- The provider was working hard at establishing a consistent senior management team to stabilise the home going forward.
- Staff told us they worked as a team and that morale amongst staff members was better, however some staff did express concerns around low staffing levels at times.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood the concept of the duty of candour. This is a set of requirements that providers of services must follow when things go wrong with care and treatment.
- The new manager was aware of the legal requirement to notify the Commission of any authorised DoLs, safeguards or significant injuries to people using the service

Continuous learning and improving care; Working in partnership with others

- The provider was moving the service forward with the introduction of electronic care planning and medication administration systems.
- Staff had not been consistent in using the care planning system. A member of the management team had been supporting staff with training on site since July 2023. Staff told us they now felt more confident in how to record care interventions.
- The home worked in partnership with commissioners and stakeholders to try and improve the quality of the service for people living in the home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Care plans lacked detail, particularly regarding people's individual preferences for care. We were not assured that care provided was person-centred.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems, processes and record keeping relating to the management of medicines were not robust. Risk assessments on electronic systems were generic; individual risks and measures to mitigate these risks were not documented.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Audit processes were poor, record keeping was inconsistent, and the provider had failed to address the shortfalls in a timely way.