

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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Parkmanor Care Home is a residential care home providing personal and nursing care to up to 40 people aged 65 and over. At the time of our inspection there were 34 people using the service.

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

Infection prevention and control (IPC) procedures were not always effective. We saw the environment was not always clean and some equipment was not fit for purpose. However, these issues were rectified immediately following our inspection.

Quality control systems were not always effective in identifying issues within the service. However, when issues were identified during audits, the provider developed effective action plans to improve care and drive continuous learning.

People's individual risks were managed in a safe way and environmental risk assessments were completed appropriately.

People were supported by a staff group who had been trained in safeguarding and understood how to safeguard vulnerable adults from abuse and neglect.

The provider had enough staff with the right skills deployed to provide people with their commissioned care.

Medicines were safely managed. Medicines administration record (MAR) charts were accurately completed, medicines were safely administered and when people received their medicines 'as and when required' the correct protocols were in place.

The provider demonstrated they learnt lessons when things went wrong and they encouraged continuous improvements.

Care records were person-centred and contained sufficient information about people's preferences, specific routines, their life history and interests.

People and their relatives were involved in developing and reviewing their care plans and risk assessments. People's relatives and staff felt they were able to contribute to the development of the service.

The provider and management team had good links with the local communities within which people lived.

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 31 December 2019).

Why we inspected

We undertook a targeted infection prevention and control inspection in line with our current regulatory approach.

We inspected and found there was a concern with the cleanliness of the service, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe and well-led.

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. This included checking the provider was meeting COVID-19 vaccination requirements.

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?

Good ●

The service was safe.

Details are in our safe 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. 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 two inspectors. One inspector visited the service on 28 January 2022 and the other inspector visited the service on 4 February 2022. An Expert by Experience then contacted relatives of people who use the service via telephone on 7 February 2022. 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 a 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

For the targeted infection prevention and control inspection on 28 January 2022 we gave the service 24 hours' notice of the inspection in line with our current regulatory approach. The focused inspection on 4 February 2022 was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and sought feedback from the local authority. 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 six relatives of people who use the service about their experience of the care provided. We spoke with ten members of staff including the registered manager, the director of compliance, the clinical lead, two nurses, two care workers, the maintenance person, the chef and the administration assistant.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found and reviewed further evidence the provider submitted, including cleaning schedules and action plans.

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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

- During inspection on 28 January 2022 we saw the premises were not always clean. We saw communal areas, including bathrooms and lounges, had not been cleaned thoroughly. We saw equipment and furnishings were not always clean. We saw some elements of the environment, including a skirting board and a sink, were damaged to an extent where infection prevention and control (IPC) standards could not be maintained. This placed people at increased risk of contracting and transmitting infections.

However, during inspection on 4 February 2022 we saw the service had responded immediately and had taken measures to ensure these issues were no longer present. Communal areas and furnishings were clean, equipment had been replaced and arrangements had been made to repair damaged items.

- Cleaning schedules were in place and were completed regularly. Enhanced cleaning was in place daily for high touch points such as keypads, doors and handrails. The registered manager had introduced an additional night cleaning schedule to support the housekeeping staff.
- People's relatives told us the service was clean when they visited. One relative told us, "The cleanliness is good. [Name]'s room is well cleaned and kept nice". Another relative said, "It is always clean, no smells at all. [Name] is well presented and is always in clean clothes".
- People were supported by staff who had undergone training in infection prevention and undertook safe practices when providing care. Staff demonstrated good knowledge of infection prevention and control practices.
- We observed staff using personal protective equipment (PPE) appropriately when providing care for people. There was enough of the right kind of PPE available to staff throughout the home.
- The service had clear visiting protocols in place and information was provided to all visitors to ensure they were familiar with the service's IPC procedures and PPE policy. The service was meeting the government guidelines in relation to visiting.

Systems and processes to safeguard people from the risk of abuse

- Staff had completed training in safeguarding procedures and knew what action to take to protect people from harm and abuse. Staff had access to guidance in the provider's safeguarding policy and knew where this was kept. There was information on posters throughout the service advising people, relatives and staff about safeguarding. One staff member told us, "I have had safeguarding training. I would report any incidents to the registered manager or the nurse in charge".
- People's relatives told us they felt people who used the service were safe. One relative told us, "I feel [name] is very safe at Parkmanor. Staff make [name] feel safe and at home. I cannot praise them enough". Another relative said, "I think [name] is safe and staff look after [name] well. Staff always make sure they are

doing things to keep [name] safe".

- The manager understood their role and responsibility in relation to safeguarding and had managed safeguarding concerns appropriately and promptly. The provider had employed a safeguarding social worker who could support the service with advice and information if they required it.

Assessing risk, safety monitoring and management

- Risk was managed effectively and the safety of the service was monitored and managed. We saw comprehensive risk assessments which had been reviewed regularly and contained a good level of information on the type of risks presented, the severity of the risk and ways in which staff could manage those risks in order to mitigate them.
- People's individual risks were appropriately identified and assessed. We saw risk assessments contained a good level of personalised information, were reviewed regularly and guided staff on how to mitigate risks to people. Staff we spoke with knew about people's individual risks and could tell us how these were monitored and managed.
- Systems were in place to monitor the safety of the service. We saw audits had been completed in line with the provider's policies and best practice guidelines. For example, medicines, first aid, mattress and clinical audits were completed weekly. Environmental safety checks were up to date and audits had been recently completed. We saw gas, electricity and legionella test certificates were within date. We saw water temperature audits and fire safety audits had been completed in line with the provider's policies.

Staffing and recruitment

- Staff were recruited safely. For example, Disclosure and Barring Service (DBS) checks and previous employer references were obtained. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough experienced and qualified staff deployed to safely meet people's needs. We saw rotas which showed there were enough staff on shift to meet the service's dependency tool requirements. We saw all compulsory and optional staff training was up to date and refresher training was scheduled appropriately.

Using medicines safely

- Medicines were managed safely. We saw medicine administration record (MAR) charts were in place and had been completed accurately, showing people had received their medicines as prescribed. Medicine stock was checked in to the service, stored and disposed of appropriately.
- When people were prescribed medicines 'as and when required' (PRN), the correct PRN protocols were in place to guide staff on when to administer these medicines. Staff recorded when and why they had administered PRN medicines in good detail and this information helped to inform people's risk assessments and care plans.
- Staff had received training in safe handling of medicines and their competencies were tested regularly. We observed a medicines round and saw medicines were administered in a safe way, maintaining people's dignity and respect.
- Regular audits were carried out to ensure correct procedures were followed by staff and any action required was identified promptly.

Learning lessons when things go wrong

- Accidents and incidents were recorded and measures were taken to reduce the risk of incidents reoccurring. Themes and trends were identified, lessons were learnt when things went wrong and actions were taken to drive improvements in this area.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being met.

- The service was meeting the requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

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 good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Systems and processes were in place to maintain oversight of the service. However, these were not always effective. We saw the infection prevention and control audit had been regularly completed, however had not identified issues found on the infection prevention and control inspection on 28 January 2022. This meant registered persons did not have sufficient oversight of the cleanliness of the service.
- We saw all other audits had been completed in line with the provider's policies and best practice guidelines. There were regular audits of care plans, medicines, equipment, and accidents and incidents. When issues were identified, effective action plans with clearly set ownership and timescales were developed to drive improvement within the service. We saw issues were resolved in a timely manner as a result of these action plans.
- The provider and manager had implemented effective strategies to keep people safe. Risk assessments were completed appropriately and there was clear guidance for staff on how to manage people's risks. The manager regularly audited and reviewed these documents to ensure they were accurate and up to date.
- Staff performance was monitored by supervisions and competency assessments. Staff felt supported and told us the management team were approachable and fair. One staff member said, "The registered manager is really good. All of the staff are really supportive".
- The provider demonstrated they were continuously learning and striving to improve care. The provider had developed a trends and themes analysis where issues had been identified at other services under the provider's registration as a result of CQC inspections. This information was shared with all registered managers across the provider's services and, where necessary, added to audits to ensure the same issues did not arise during subsequent inspections.
- The provider had implemented a home action plan whereby the registered manager recorded the outcome of audits on a system the provider could access. This allowed the provider to maintain oversight of the areas of the service which required improvement and ensure actions were completed in a timely manner.

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

- People's relatives and staff said the management team was approachable and they felt supported by them. One relative said, "The manager is very professional and very nice. She always knows what is going on and I would say the home is well managed". One staff member told us, "I feel really supported in my role all of the time".

- Information within care plans and risk assessments was person-centred and included relevant information around people's needs, their likes and dislikes, their life history and family relationships. People's relatives told us they were involved in the development and reviews of people's care plans. One relative told us, "They asked me things like what [name] likes and dislikes, what their job had been and whether they had brothers or sisters when they first moved into the home". Another relative said, "I am presently reviewing [name]'s care plan. They ask me to do that on an annual basis".
- Staff demonstrated they were knowledgeable about people who used the service and took a person-centred approach to providing care.

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

- People's relatives and staff said they felt engaged and involved with the service. One relative told us, "I received a questionnaire in the last couple of months. I am very happy about that. It allows me to express my views". Another relative said, "They do listen to [name]. They always ask [name] their views on the care they are receiving". One staff member told us, "The registered manager is really good and I feel comfortable approaching her with any issues I might have".
- The management team regularly met with staff to identify improvements and address any issues they may have. The management team also implemented an open-door policy whereby staff could raise issues with them as and when required. One member of staff told us, "We have regular staff meetings. I feel comfortable raising issues and changes do happen as a result."
- The registered manager developed alternative methods of communicating with people's relatives when they were unable to visit. We saw people had kept in touch with their relatives via video calls. One relative told us, "[Name] regularly video calls us. Staff make sure this happens and support [name] to keep in touch with us".
- People's equality characteristics were considered when sharing information, accessing care and activities. We saw that picture cards were used at mealtimes to allow people to make choices. The manager was able to tell us how they would cater to people of different cultures and religions.

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 and registered manager were aware of their responsibilities under the duty of candour, which is a regulation all providers must adhere to. Under the duty of candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment
- The registered manager had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.
- The provider had implemented a complaints policy and had made all people, relatives and staff aware of it. There were posters in the communal areas advising people of who to contact if they had concerns. People's relatives and staff were able to tell us about the complaint process and who they should contact if they had concerns.

Working in partnership with others

- The management team had established and maintained good links with local partners that would be of benefit to people who use the service, such as general practitioners, district nurses, physiotherapists, social workers, dieticians, opticians and chiropodists.