Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Parkhills Nursing Home

199 Chamber Road, Coppice, Oldham, OL8 4DJ

Tel: 01616246671

Date of Inspection: 10 April 2014

Date of Publication: May 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Mrs Barbara Rogers
Registered Manager	Mrs Barbara Rogers
Overview of the service	Parkhills Nursing Home is a Victorian house that has been extended to the rear of the building. The home provides nursing and personal care for up to 17 people. At this visit, the majority of people living at the home had complex health care or palliative care needs. Facilities include 17 single bedrooms on the ground and first floor, a choice of communal areas, a passenger lift and ramped entry into the home.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 10 April 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We considered all the evidence we had gathered under the outcomes we inspected. We used the information to answer the five questions we always ask;
Is the service safe?
Is the service effective?
Is the service caring?
Is the service responsive?
Is the service well led?
This is a summary of what we found-

Is the service safe?
We found that the people who lived in the home were cared for in a clean, safe environment.
People told us that they felt they were well looked after and relatives were also pleased with the standard of care. There were safeguarding procedures in place and a programme to ensure all staff had received safeguarding training. CQC monitors the operation of the Deprivation of Liberty Safeguards which applies to care homes. An application had been in the process of being submitted which showed that staff had been trained to understand when an application should be made.

The people living at the home had a comprehensive care plan with risk assessments in place for people with particular needs. Staff understood where these were stored what their purpose was.

There was a staffing rota in place and everyone we spoke to including staff, visitors and people living in the home all felt there was enough staff on duty at any time. All staff felt they received plenty of training and felt competent to do their job.
Through audit and reviewing of complaints, incidents, and resident and relative engagement this meant the provider is able to regularly monitor and assess the quality of the service provided.

Is the service effective?
Everyone living at the home had a care plan identifying individual's needs. Training such as six steps for end of life care had been undertaken by staff to enable them to deliver care effectively.
People told us that they like living at the home. One said "It is my home and I like it" and another said "of all the places I have been to this is the best." One relative told us that it was "Absolutely fantastic here."
People who had experienced care at the home for their relatives commented "We were so lucky finding such a special place for my dad." And another "There was care, compassion and dignity shown to him."

Is the service caring?
Everybody we spoke to thought the staff were kind and caring. We observed staff caring for people and they were polite and unhurried. One person told us "When I use my call bell they answer promptly." Another told us "The staff are happy and friendly and there are plenty of people around."
One relative told us "As soon as I come in people are saying hello, they don't just walk past you." Another relative told us "When I come in it is just like home and people always have time to speak to me."
The management undertake a satisfaction survey including staff, relatives and people living at the home. The results were very positive.

Is the service responsive?
People's needs had been assessed before they moved to the home. People's records identified personal preferences and choices and the support that needed to be provided. The home worked with other services to ensure all care needs were met for the person such as a speech and language therapist or social care.
People who lived at the home, and relatives that we spoke to all felt that they could approach staff and the manager about anything and that they would be listened to and acted upon. Staff felt the manager was very supportive of both work and personal circumstances.

Is the service well-led?
The service had a quality assurance system in place. Staff had a good understanding of the philosophy of the home particularly with end of life care. Staff had job descriptions and appropriate checks in place. Staff felt listened to and supported by the manager.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

We spent time with people living in the home and three visitors, who told us about their views and experiences of Parkhills nursing home. People told us they were satisfied with the care and support provided to them. One said "I like it here it's my home, everyone's lovely and couldn't be nicer." Another said "I can choose what I want and when I want to go to bed."

Information was available to residents and their relatives about the home which set out the basis on which care was provided and explained what to do in the event of any complaint. This meant that residents and their relatives could be fully involved in the care process. In the reception area was a display of quality assurance audits and the management produced a newsletter for service users and visitors about events that were taking place in the home.

In the entrance to the home there was a board with staff photographs identifying who they were and their role.

We talked with the manager and members of staff who explained that they understood and supported people in making their own decisions about their care. Staff said they received training on promoting people's dignity. Dignity and care was promoted in the communal areas within the home. The home had identified members of staff to be dignity champions. We observed that people's doors were always open unless care was being given. We discussed this with the manager as there was no formal record that this had been discussed with the person living in the home and/or their relative. The manager decided that she would introduce this in the initial assessment so that it identified people's wishes are taken into account.

Staff also told us they had received training on end of life care and the importance of people to be able to have their choices listened to and respected. We were told that all admissions to the home were given the opportunity to complete an Advanced Care Plan with a senior member of staff and family input. The plans that we saw had consent

obtained from the service user or member of family on how they would like to be treated should they become ill and require medical intervention.

We observed staff talking to people who use the service in a polite and respectful manner. One person told us "The staff tell me what they are going to do before they do it which is what I like." We saw staff gently encouraging people with the activities of daily living which promoted their independence.

Staff were able to tell us how they could maintain a person's dignity .One person told us "We close doors, keep people covered and talk to people and ask them what they would like."

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People who used the service looked comfortable and we heard staff speak to people in a respectful way. We saw staff gently encouraging people to do things for themselves where they were able to. This showed staff understood the importance of supporting people's needs whilst encouraging them to maintain their independence and offering them choice.

Staff were able to discuss the importance of maintaining a person's dignity and could describe the type of actions they took such as always knocking on a person's door before entering.

A plan of care was in place for each person living at the home. We looked at a sample of care plans. The care plans included a photograph of the person using the service. The care plans held information relating to people's care needs. A range of risk assessments were in place to identify areas of care where people may be vulnerable to the risk of harm or require additional support such as for falls, nutritional status, manual handling or for the use of bedrails.

A daily record of the care provided was kept for each person so that staff could monitor and adapt people's care provision as needed. The records also identified that people had access to a range of healthcare professionals depending on their needs such as a speech and language therapist or podiatrist. This meant people received appropriate care that met their needs which could be adapted as required.

Each resident and/or family member was offered the opportunity to complete a 'My life story'. This enabled each person to show others where they were from, what had happened in their life and their likes and dislikes. There had also been introduced 'meaningful moments'. This was to ensure that each person living in the home had contact in a meaningful way (such as having a chat, doing an activity) with a member of staff every hour.

We observed a shift handover. Each person who used the service was discussed individually with the staff on the next shift.

The home has invested time in training their staff in the Six Steps programme. The six steps is a programme to support the delivery of end of life care in care homes. Some of the people who used the service had an advanced care plan in place produced with a senior member of staff and family input. The plans that we saw had consent obtained from the service user or member of family on how they would like to be treated should they become ill and require medical intervention.

Staff told us that "The best part of my job is looking after people and it is rewarding being able to put training into practice such as the six steps."

Senior staff were able to tell us how they would deal with an emergency such as failure of electricity which could impact on the use of electric mattresses. And there was a business continuity plan in place that staff had access to. Each person living in the home had an individual evacuation plan which identified each person's needs required to help them leave the building in an emergency.

One relative told us "I am one hundred percent confident in the care my mum receives heer. I only wish I had found them earlier." Another relative told us "They (the staff)tell me what is going on and when I go home I know she is safe here."

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

The service had the Safeguarding Adults policy in place for Oldham Metropolitan Borough Council. This is the local safeguarding guidance and standard that the home has to comply with.

An action from last year's CQC inspection identified that staff needed to attend safeguarding training. Most staff had now attended this training and the remaining staff were waiting for places on the training to be allocated to them by the local authority.. Safeguarding and whistleblowing policies were available to the staff.

When we spoke with staff they demonstrated a good understanding of different types of abuse and what to do in the event of noting or receiving an allegation of abuse. The service also provided a contact number for anyone to use in the event of wanting to report or discuss allegations of abuse or any other concerns if they did not wish to report it to the manager. There was guidance for staff and visitors on the information board on safeguarding vulnerable adults.

Some of the staff had received training on the Mental Capacity Act (2005) and Deprivation of Liberty safeguards (DoLs). The process for identifying a best interests meeting and to decide if a Deprivation of Liberty safeguard needed to be put in place for a service user was being set up with social care. This demonstrated that the provider understood when safeguards needed to be put in place to protect someone.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff told us that they received an appraisal and regular supervision and this was supported by the staff records. Appraisals used a strength, weakness, opportunities and threats self-assessment to promote thought and discussion. The model of supervision included observation of care given to people including how the member of communicated with the person and infection prevention measures such as appropriate use of gloves and/or aprons. Each member had a contract of employment and there were job descriptions available for each role.

It was evident from observations made during this visit that the manager operated an 'open door policy'. Staff, relatives and people living in the home seemed to be comfortable in approaching the manager throughout the course of the day. Staff told us that they could approach the manager at any time with their concerns or if they had any queries. Staff commented that "I feel very much supported by the manager "and another said "The manager is very flexible due to my carers needs."

All the staff we spoke with confirmed that they felt they were trained appropriately to do their job and that there was always plenty of training available. The staff training matrix (this is a record of all the training completed by staff) confirmed that training was up to date and prioritised by the service. This included manual handling, fire safety, and medication and safeguarding vulnerable adults. Staff were being supported with the six steps programme for end of life care. Staff we spoke to were enthusiastic and proud of the training they had undertaken be it in care or food management.

We were told staff meetings take place on a regular basis and there are informal meetings at handover time. Such meetings and supervision sessions provide important opportunities to discuss with the employee any issues relevant to the jobs they do and to identify any training needs. We reviewed minutes from staff meetings which are held monthly and read some issues which were raised during the meeting. We discussed these with staff who told us that that was their opportunity for open discussion and that they felt there was a strong team ethos. One member of staff told us "Staff morale is good here" and another said "We work well together and will cover shifts for each other if we need to."

All the staff, visitors and people living in the home that we spoke to told us that they felt there was always enough staff on duty to give the care required by the service users.

A relative told us "The staff here are friendly, approachable and it shows that they care about people."

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.
And/or

Reasons for our judgement

We found a range of audits had been undertaken such as an annual internal audit, falls audit. This meant the provider had systems in place to assess and monitor key aspects of the service in order to identify and manage any potential risks.

There was a system for managing complaints and staff were able to tell us what they would do in the event of someone making a complaint to them. Incidents were recorded and these were monitored by the manager. This meant the provider had systems in place to gather information about the safety and quality of their service from all relevant sources. Official notification forms were used to appropriate agencies.

There was a business continuity plan in place identifying how to manage an interruption of business from any source such as a failure of power or bad weather.

There was an environmental plan in place identifying maintenance of building and refurbishment that was to be undertaken in the throughout year.

There was a monthly electrical maintenance inspection system in place and valid PAT (portable appliance testing) had been carried out.

A health and safety risk assessment had been undertaken identifying potential hazards such as slip and trips by staff, visitors and service users.

There had been a satisfaction survey carried out with staff, people who use the service and their relatives. The results of this were positive with comments from relatives such as "Very pleased with the care and attention that my mum received," and "Care has been first class and everyone involved have been very professional, compassionate and caring." One person who lived at the home said "I am so pleased to be here receiving such excellent care and attention….I couldn't be in a better place." Staff comments included "I am happy and content in my job and get all the training I need."

Through audit and reviewing of complaints, incidents, and resident and relative engagement this meant the provider is able to regularly monitor and assess the quality of the service provided.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk

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