Review of compliance

Mrs Barbara Rogers Parkhills Nursing Home	
Region:	North West
Location address:	199 Chamber Road Coppice Oldham Lancashire OL8 4DJ
Type of service:	Care home service with nursing
Date of Publication:	August 2012
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.

Summary of our findings
for the essential standards of quality and safety

Our current overall judgement

Parkhills Nursing Home was meeting all the essential standards of quality and safety inspected.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 12 July 2012, checked the provider's records, observed how people were being cared for, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

At this visit, 17 people were living at Parkhills Nursing Home. Almost all had complex health care needs requiring palliative or end of life care.

We spoke with six people however, not all of them could tell us about their views of living in the home. People told us about the things that were important to them like their health problems. Three people told us about the care home. We heard "They are very good, you only have to ask and they are there"; "They are very considerate and helpful. They respect your wishes" and "It's great. They [the staff] are looking after me too well. They are really good".

We spoke with a health care professional who visited the home. They said the home was like a "real home", "everyone [living there] always looked comfortable and cared for" and "the home is always spotlessly clean".

We saw that people living in the home and their relatives had been asked to complete a feedback questionnaire in May 2012. Almost all of the returned questionnaires contained positive responses. Every one of the 14 returned relative questionnaires also included positive comments such as, "It is comforting to know mum is so well cared for"; "I have no complaints and I think Parkhills is wonderful"; "My mother feels secure and part of the family" and "In the short time my mum has been here I have been really impressed with everything".

What we found about the standards we reviewed and how well Parkhills Nursing Home was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

The provider was meeting the standard.

People who used the service were able to be involved, as far as possible in decisions about their care and support. Their privacy, dignity and independence were respected.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

The provider was meeting the standard.

People experienced care, treatment and support that met their needs and protected their rights.

Outcome 07: People should be protected from abuse and staff should respect their human rights

The provider was meeting the standard.

People who used 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.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

The provider was meeting the standard.

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

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The provider was meeting the standard.

The provider had an effective system in place to regularly assess and monitor the quality of service that people receive.

Other information

Please see previous reports for more information about previous reviews.

What we found for each essential standard of quality and safety we reviewed

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01:
Respecting and involving people who use services

What the outcome says

This is what people who use services should expect. People who use services: * Understand the care, treatment and support choices available to them. * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support. * Have their privacy, dignity and independence respected. * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us
People living in the home who were able, told us that they were happy with the care they received. We heard "They are very good, you only have to ask and they are there"; "They are very considerate and helpful. They respect your wishes" and "It's great. They [the staff] are looking after me too well. They are really good".

People told us that the food was very good. One person said "The food is out of this world" and another person told us that they struggled with some foods and staff asked them for their preferences.

Two people told us that they preferred to spend their time in their bedrooms and they said they did not like joining in activities. We saw that people had access to their own mobile phones and TV.

One person told us that they went out everyday to visit a relative.

Other evidence
When we arrived at the home in the morning, we saw that the majority of people living in the home were either still in bed or sitting in their bedrooms. We saw that people's complex health care needs meant they were more comfortable being cared for in bed.

We viewed a sample of care records, kept in people's bedrooms. These detailed the care, diet and fluids and activities people were involved in. These were kept up to date

and checks were made to monitor this.

We saw an activity planner for each day. Many of the activities involved providing individual time with the person, chatting or providing manicures. We spoke with care staff and they told us that they were involved in providing planned activities twice a day. The manager told us that a person from Age Concern had visited and attempted to work with the people living in the home but following assessment by the person from Age Concern this was stopped. It was felt the advanced care needs of the people living in the home prevented their participation in planned group activities.

We saw that care staff were warm and friendly with people and provided support in a respectful way. Staff took the time to explain to people what they were doing when they were providing assistance. We interviewed two care staff and they were able to tell us how they ensured people's care needs were met whilst promoting privacy and dignity.

We looked at some care records and care plans. These showed that new people were assessed before admission to the home and that health and social care assessments were obtained. This helped to ensure that the service was appropriate, and was able to meet the identified needs of a new person. The care records we looked at showed that people or their relatives were consulted about their personal preferences and this information was included in the care plans.

Our judgement
The provider was meeting the standard.

People who used the service were able to be involved, as far as possible in decisions about their care and support. Their privacy, dignity and independence were respected.

Outcome 04:
Care and welfare of people who use services

What the outcome says

This is what people who use services should expect. People who use services: * Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us
People who were able, told us that they received good care and that they felt looked after.

We spoke with a health care professional who visited the home. They confirmed t us that the home provided a service to people with complex health care and palliative [end of life] care needs. They said "everyone [living there] always looked comfortable and cared for".

All of the 14 returned relative feedback questionnaires from May 2012, which were returned to te home, included positive comments such as, "I am more than happy with all aspects of care at Parkhills" and "It is comforting to know mum is so well cared for".

Other evidence
We saw care staff were attentive and caring when providing assistance and support. They explained what they were doing in a patient and unhurried manner and they waited for people's consent to the support [where this was possible]. We saw that people were clean, tidy and were comfortably positioned either in bed or in an easy chair.

We saw evidence that people's needs were assessed and care was planned and delivered in line with their individual care plan. We looked at a sample of two files relating to people who lived at Parkhills Nursing Home. Each contained a written care plan detailing the appropriate risk assessments, assessments of needs and care plan for each person. We saw that the care planning records were reviewed regularly

We interviewed two care staff. Both demonstrated a good understanding of caring for people with different needs. The care staff were able to tell us the different strategies they used with people who had complex health care needs such as end of life care and dementia.

Our judgement
The provider was meeting the standard.

People experienced care, treatment and support that met their needs and protected their rights.

Outcome 07:
Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect. People who use services: * Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us
We spoke to people using the services but their feedback did not relate specifically to this outcome. However, people told us that they were happy with the service and care they received. One relative's feedback questionnaire stated that their relative felt 'secure' in the home.

Other evidence
Our records showed that we had not received any safeguarding referrals about this service.

We saw that safeguarding policies were available and accessible to staff. Information leaflets about abuse were available to people living in the home and visitors. These were located at the main entrance to the home.

We spoke with two care staff in private and they were able to explain their understanding of abuse and the actions they would take to make sure people were safe if they believed someone was at risk of abuse.

The two staff confirmed they had received training in protecting [safeguarding] people from abuse and we saw training certificates to support this.

Policies and procedures were available for the Mental Capacity Act 2005 and we heard that staff training in this was planned in the future.

Our judgement
The provider was meeting the standard.

People who used 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.

Outcome 14:
Supporting workers

What the outcome says

This is what people who use services should expect. People who use services: * Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us
People who were able, spoke positively about the manager and staff in the home. People said about the staff: "They are very good, you only have to ask and they are there"; "They are very considerate and helpful. They respect your wishes" and "It's great. They [the staff] are looking after me too well. They are really good".

Other evidence
We interviewed two care staff on duty at the time of our visit. Both said they enjoyed working at the home. We heard that the manager was approachable and supportive.

Staff told us that they received plenty of training and this included statutory health and safety training for things like moving and handling and fire safety. Other training included safeguarding people and abuse, medication, end of life and dementia care. Both of the care staff we spoke with had a recognised certificate [National Vocational Qualification [NVQ]] in Health and Social Care.

Staff told us they received one to one supervision and the attended regular staff meetings.

We looked briefly at some staff files and these contained records of the training staff had attended and copies of training certificates. Records were available of the regular one to one supervisions which were carried out and these included an 'on the job' observation. This meant staff's actual care practice was monitored to make sure they were providing care and support in an appropriate and respectful manner.

Our judgement
The provider was meeting the standard.

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

Outcome 16:
Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect. People who use services: * Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us
We spoke to people using the services but their feedback did not relate specifically to this outcome.

Other evidence
We saw evidence that systems were in place to monitor different aspects of the service provided by the home. This was to make sure that the quality of care and service remained at a high standard.

We saw the service carried out a full annual audit of the services provided and this included the care records, staffing and the environment. In addition, the home provided daily information to NHS Oldham [commissioners of the service] about the numbers of people living in the home with specific health care needs.

We saw evidence that comments and concerns raised by people living in the home or visitors were responded too quickly, and in accordance with the home's complaints procedure.

The home produced a twice yearly newsletter, copies of which were available at the entrance to the home. Information guides about the home were also available at the main entrance. In addition, picture graphs of the results of the 'residents' and relatives and staff feedback questionnaires [from May 2012] were displayed. There was also a written report which detailed how the home had/would respond to people's comments and suggestions.

Further, the local authority's procurement team had visited the home in April 2012 and

the Quality Accreditation report produced following this visit was available to people at the entrance to the home. The home had been rated 'good' by the procurement team.

Our judgement
The provider was meeting the standard.

The provider had an effective system in place to regularly assess and monitor the quality of service that people receive.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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