Inspection Report

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

Partridge Care Centre

Partridge Road, Harlow, CM18 6TD

Tel: 01279452990

Date of Inspection: 30 July 2014

Date of Publication: September 2014

We inspected the following standards in response to concerns that standards weren't being met. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Staffing	✓ Met this standard
Records	✗ Action needed

Details about this location

Registered Provider	Rushcliffe Care Limited
Overview of the service	Partridge Care Centre has four units providing residential and nursing care. At the time of our inspection the home was registered to accommodate 117 people.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

We carried out this inspection in response to concerns that one or more of the essential standards of quality and safety were not being met.

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 30 July 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

During our inspection, we spoke with six of the 101 people who used the service. We also spoke with three visitors and nine staff members. We looked at various aspects of the care records of nine people who used the service. We also looked at staff rotas, staff deployment records and a staff and manager meeting agenda.

We considered our inspection findings to answer 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 saw that staff practice during moving and handling transfers supported people who used the service in a safe way that respected their dignity.

A visiting relative told us that the person who used the service told staff that they loved them, and that the person would not have done this unless they felt safe and comfortable with the staff.

We found that care records were not always complete, accurate and fit for purpose. This meant that care was not accurately planned for the individual in a way that provided staff with consistent guidance and to limit the risks to their safety and well-being.

We have asked the provider to tell us what they are going to do to meet the requirements of the law in relation to the care records, and the improvements they will make in relation to their accuracy and completeness.

Is the service effective?

We found that people who used the service received care and support that met their

needs. Staff used their knowledge of individual people's needs and personalities, for example to reassure and support people effectively when they became agitated or upset.

People were encouraged and supported to eat and drink to ensure they maintained a good nutritional and fluid intake.

Is the service caring?

We observed that staff were kind to people they supported and interacted with people in a caring and professional way. We noted that staff addressed people by name and took time to talk to them and reassure them if they were worried or upset.

A visiting relative told us, "Staff are very patient and very caring."

Is the service responsive?

People's preferences and diverse needs had been recorded and care and support had been provided in accordance with people's wishes. This included ensuring people received only food that was in line with their beliefs and ensuring that particular clothing was worn.

Visitors confirmed that they were able to see people in private and that visiting times were flexible.

Is the service well-led?

Prior to our inspection we were made aware that the registered manager had resigned and that a new manager had been appointed. This meant that there was an identified person in post with clear responsibility to lead the service. Our records showed that the new manager had made enquiries to begin the process of registration with us as required. We have referred to this person as the manager throughout this report.

Staff told us that they had noted positive changes in the short time the new manager had been in post. They told us about the manager's unannounced night visits to ensure that the quality and levels of care were satisfactory, the introduction of care team leader posts in all units to support good leadership and the increased staffing levels throughout the service to support responsive and effective care.

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

What we have told the provider to do

We have asked the provider to send us a report by 10 September 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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

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.

People experienced care and support that met their needs.

Reasons for our judgement

Prior to our inspection on 30 July 2014, we had received concerns that people did not receive suitable care at the service. This included personal and oral care, moving and handling transfers, access to food, drinks and clean bed linen as well as support to maintain skills and independence.

At our inspection, we spent time in each unit of the service. One person who used the service said, "You won't find any problems here, everything is lovely." This was agreed with by the other three people sitting at the table eating breakfast. A relative told us that staff treated people who used the service with respect, and provided them with good interaction. The relative also told us that the person who used the service told staff that they loved them, and that the person would not have done this unless they felt safe and comfortable with the staff.

Some of the people who lived in the service were unable to verbally tell us their views. We observed the care provided and listened to daily life and interactions in the home. We noted that staff were kind and caring towards people who used the service. Staff spoke with people by name and interacted with them in a friendly and respectful way. Staff we spoke with were aware of the individual care needs of people and how to meet these. This indicated that people were cared for by staff they were familiar with which supported consistency of care.

Comments received from people who used the service included, "The staff are alright and help when I need it. The food is alright. I can go to bed when I want to. Staff are pretty good. I have cut my showers down to every other day, I am happy with this," and "I am happy here, the staff are all lovely. The food is not like home cooking but it is ok. If you don't like it then don't eat it."

We saw a range of information displayed to encourage staff to treat people with dignity and respect and encourage independence. One person's care records we noted

'Assistance required to support and encourage [person] with personal care. However, to maintain their respect and dignity let [person] try first.' Throughout the day we saw and heard staff offer people choices and wait for, listen to and respect their answers.

We also saw that people's personal preferences were respected in relation to people's beliefs and culture. This included ensuring people received only food that was in line with their beliefs, ensuring particular clothing was worn and that people received care only from female carers. Staff told us that one person no longer spoke in English, although they could understand it. We saw that staff had a list of sentences in the person's current preferred language which staff used to support the person with communication in a way that was familiar to them.

We observed occasions where people who used the service became agitated. Staff responded to this promptly and competently. One person started to show aggressive behaviour and raised their voice. Staff approached the person and tried to reduce the person's anxiety. Staff got down to the level of the person and made eye contact and asked whether they would like a drink. The person asked for a cup of tea and a conversation started between them and the person became calmer and more relaxed.

We also noted how people were supported when they needed to be moved using equipment. One person was moved by hoist from their wheelchair to an armchair in the lounge. Staff respected the person's dignity, ensured their clothing was appropriately placed and they spoke to the person during the process. When the person was seated in their armchair, staff got down to the same level as the person and removed the slings and continued to chat to the person. Before leaving, a staff member rearranged the person's hair to make sure it looked nice.

We noted that people's hair, teeth and nails were clean. People were neatly dressed and their clothes were clean. The provider may find it useful to note that in one unit, while all the men who used the service were wearing socks under their slippers, all of the women who used the service while wearing slippers, had bare legs. It was not clear from discussion with staff if this was people's individual choice. This might meant that some people were not being supported to dress in their preferred style to feel comfortable. We looked at a number of people's bedrooms throughout the day and found both the rooms and the bed linen to be clean.

A relative told us that they visited regularly and could come at times that suited them. They said that the person who used the service had a shower every day and that staff ensured that the person's teeth and hair, for example, were always clean. The relative also told us that staff ensured that the person was checked every 15 minutes and always made sure that the person had plenty to drink.

We saw that people had access to drinks throughout the day and were offered choices of both food and drink. We observed mealtimes in different units throughout the day and saw that staff spent time encouraging people to eat and drink. Staff noted when people finished their nutritional supplements drinks. This meant people were encouraged and supported to eat and drink to ensure they maintained a good nutritional and fluid intake.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

Prior to our inspection on 30 July 2014, we had received concerns about care practices that indicated that there may not have been enough staff available to meet people's care needs.

At our inspection, the manager told us that they had reviewed staffing levels during the six weeks they had worked at the service. They had taken into account that more people who used the service required two staff to provide them with care and support. The manager told us they had conducted unannounced night visits to the service. This included an assessment of night staffing level requirements and to ensure that the staff culture was that which most benefitted people who used the service. The manager's assessment had determined that staffing levels needed to be increased.

The manager told us that increased staffing levels had already been achieved throughout the service. They had also introduced the post of care team leader on each unit and on each shift to lead that staff team effectively. Most of the posts had already been recruited to and a number of other staff were undergoing recruitment processes and checks. This was confirmed during our observations of staff on duty during our inspection. We looked at four weeks staff rotas which confirmed the information given to us by the manager in relation to staffing levels.

We observed that staff were available to people who used the service. We noted that staff responded promptly to call bells. We saw that staff were available to people in communal areas and also checked routinely on people who were in their bedrooms. We spoke with nine members of staff, including staff who worked in each unit in the service. Staff confirmed that the manager had spent time on each unit, listened to their views and had increased the staffing levels throughout the service. They told us that agency staff were brought in to provide cover where this was needed. Staff also told us that the increased staffing levels meant they were able to give people better care, they could spend time talking with them and provide them with social interaction and activities.

Senior staff members told us that staff were deployed to work in different areas of the service based on their skills and training. This meant that people were supported by suitably qualified, skilled and experienced staff. During the handover period at the start of

each shift, the qualified nursing staff or care team leader allocated staff to different areas and tasks. This meant that staff were clear what their role and tasks were that day. The list identified, for example, when people needed to be repositioned to relieve pressure on parts of their body, so that people received effective and responsive care. Staff we spoke with were aware of this system and showed us where it was displayed in satellite kitchens so that clear information was available to all staff. The record showed when staff were booked to take their breaks so as to ensure there were always enough staff on the unit to meet people's needs safely.

We spoke with people who used the service and visiting relatives. They told us that that staffing levels were adequate to meet people's needs. A visiting relative told us, "Staff are very patient and very caring."

Records ✖ Action needed

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was not meeting this standard.

People were not protected from the risks of unsafe or inappropriate care because their information was not always securely stored and accurate and appropriate records were not maintained.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Prior to our inspection on 30 July 2014, we had received concerns regarding the accuracy and quality of people's care records at the service.

On one unit, a member of staff asked us for identification before allowing us to view a person's records. This showed us that the staff member was aware of the need to respect and protect people's information. However, we also found that records belonging to one person who used the service were accessible in an unlocked office where the door was open and no staff were in sight. We found unattended personal records belonging to people who used the service in a lounge. This meant that people's records were not securely stored.

We looked at five people's care records in depth and found each person had an individual care plan in place. The care records included an assessment of people's individual needs to provide staff with information to support people safely and to help them to meet people's needs effectively. Not all of the care records we inspected were fully completed, accurate and fit for purpose.

We saw, for example, that one person was assessed as being at risk of developing pressure sores. The person needed to be repositioned by staff to relieve pressure on parts of their body as they were unable to do this for themselves. One record on their file stated that they needed to be repositioned every two hours. Staff we spoke with told us this had been changed to four hourly and that the record had not been updated. We saw a quick reference guide on the wall in the person's bedroom that instructed staff to reposition the person hourly. This meant that care was not accurately planned for the individual in a way that provided staff with consistent guidance to ensure the person's needs were met.

Another person had a pressure relieving mattress on their bed. Their care plan said that the person was at high risk of developing pressure ulcers and that staff were to ensure the person's pressure relieving mattress was working when they went to bed at night. A chart

on the wall in the person's bedroom required staff to record that they had checked that the mattress was working appropriately. We saw that there were several gaps in the record and that it was last completed on 21 July 2014. This meant that records were not completed consistently to demonstrate that the person's planned care needs had been met.

Another record for the person required staff to check that the person's dentures were available. Staff told us that this was in place as due to the person's level of confusion, their dentures were often mislaid. We noted numerous occasions where the records had not been completed. This meant we could not be sure if the checks were made as required.

Four of the care records we looked at had not been recorded as recently reviewed. One person's records indicated them as being at high risk of pressure ulcers, unable to manage their own personal care and nutritional intake as well as needing support with continence care. Their care needs were recorded as having been reviewed monthly until May 2014. No further reviews of their care needs were recorded. Staff were unable to provide a rationale for this. This meant that staff did not have accurate and current information to support people safely and to help them to meet people's needs.

The manager gave us an agenda of a meeting that was planned for care team leaders on the day of our inspection. The agenda clearly showed that the manager had already identified the need to discuss record keeping, management of information and confidentiality with senior staff. This showed us that the manager was aware of the issues and taking steps to address this and improve record keeping at the service.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	**Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010** **Records**
	How the regulation was not being met: People were not protected from the risks of unsafe or inappropriate care because accurate records were not maintained or kept securely. Regulation 20(1)(a) and 20(2)(a)

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 10 September 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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

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