Rushcliffe Care Limited

Partridge Care Centre

Inspection report

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Date of inspection visit: 28 April 2015
Date of publication: 15/06/2015

Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

We inspected Partridge Care Centre on the 28 April 2015. The inspection was unannounced.

The service is purpose built and set over three floors. It provides personal and nursing care for up to 117 older people at the time of our inspection 89 people were using the service. Some people may be living with dementia. The service also provides end of life palliative care.

There is a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were cared for by staff who had been recruited and employed after appropriate checks had been completed. People's needs were meet due to staff having up to date information. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare however staff did not always follow these assessments.

Summary of findings

The service worked well with other professionals to ensure that people's health needs were met. People's care records showed that, where appropriate, support and guidance was sought from health care professionals, including a doctor, district nurse and dietician.

People were safeguarded from the potential of harm and their freedoms protected. Staff were provided with training in Safeguarding Adults from abuse, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager was up-to-date with recent changes to the law regarding DoLS and knew how to make a referral if required.

Staff were mostly attentive to people's needs. Some staff were able to demonstrate that they knew people well. Staff treated people with dignity and respect.

People were provided with the opportunity to participate in activities which interested them. People knew how to make a complaint; complaints had been resolved efficiently and quickly, but had not been recorded.

The service had a number of ways of gathering people's views including talking with people, staff, and relatives. The manager carried out a number of quality monitoring audits but needed to use this information more effectively to make continual improvements to the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People felt safe at the service. Staff did not always take the appropriate measures to keep people safe.

Staff were recruited and employed after appropriate checks were completed. The service had the correct level of staff on duty to meet people's needs.

Medication was stored appropriately and dispensed in a timely manner when people required it.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff attended various training courses to support them to deliver care and fulfil their role. Staff received an induction when they first came to work at the service.

People's food choices were responded to, and there was adequate diet and nutrition available. Some people were not supported with their hydration needs and staff did not monitor this accurately.

People had access to healthcare professionals when they needed to see them.

Is the service caring?

Requires Improvement

The service was not consistently caring.

Not all staff knew people well and what their preferred routines were. Staff showed compassion towards people.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Care plans were individualised to meet people's needs. There were varied activities to support people's social and well-being needs.

Complaints and concerns were responded to in a timely manner.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

People, staff and relatives were complimentary of the management and the support they provided.

The manager needed to improve the quality monitoring processes in place to become more effective in developing the service.

Partridge Care Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We inspected Partridge Care Centre on the 28 April 2015. The inspection was unannounced. The inspection was carried out by three inspectors from adult social care.

Before the inspection we reviewed previous reports and notifications that are held on the CQC database.

Notifications are important events that the service has to let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.

During the inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 18 people, eight relatives and 20 members of care staff, the registered manager and co-manager. We reviewed 13 people's care files, five staff recruitment and support files, and quality assurance information.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living at the service, one person said, "I am always treated with care," and "The staff are all very good." Relatives told us they had no concerns one said, "I feel that [name of person] is in very safe hands."

The service clearly displayed posters with contact numbers for people or their relatives to ring if they were concerned about their welfare. These posters advertised an independent service called 'Ask Sal' which supports people at risk of harm or abuse. Staff told us that they had recently completed training on safeguarding. One member of staff told us that they were the safeguarding champion on the unit where they worked. This involved them taking a lead on raising any concerns and they showed us the process they followed, which was clearly displayed in the unit's office.

Staff were able to identify how people may be at risk of harm or abuse and what they could do to protect them. One member of staff said, "I would report any concerns immediately and with no hesitation. People are here to be looked after and treated well." Another member of staff said, 'I would report anything I was concerned about and have done." Staff also knew that they could raise concerns outside of the service to the local authority or could follow the service's 'whistle blowing policy'.

We discussed safeguarding referrals with the manager and he demonstrated he was very thorough in making these referrals to the local authority to investigate. Although he understood the need for the local authority to lead on safeguarding investigations, he could not demonstrate what actions he took to ensure people were safeguarded following allegations of avoidable harm or abuse and to prevent further episodes occurring.

Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. These assessments identified how people could be supported with such things as mobilising, preventing falls, nutrition and pressure area care. Staff had a good understanding of these assessments for example where someone was at risk of falls staff told us, "We always make sure that [name of resident] has their zimmer frame as they do try to wander off without it and are at risk of falls."

We saw good practice within certain units of the service. We saw where thickening powder was needed to be added to people's drinks to help them with their swallowing and prevent them from choking, this was risk assessed and care planned. Staff had also recorded the required storage of the powder as this could be a danger to certain people if left out and taken inappropriately. However this good practice was not followed on one of the six units, where we saw this product was not securely stored.

On one of the units where people needed pressure relieving mattresses we saw that assessments had been completed on the need to use the equipment. When we checked the settings that the mattresses should be set at to provide the pressure relief this information had not been recorded. Therefore staff did not have the information available to them to provide accurate support to people consistently. We found one person had their mattress incorrectly set for their weight. We brought this to the attention of the manager and the unit care team leader who said they would address this immediately.

Staff were trained in first aid and there were qualified nurses on duty at all times. Should there be a medical emergency staff knew to call a doctor or paramedic if required and the nurses were able to support with minor incidents. People all had personal evacuation plans in place in the event of a fire and if the building needed to be evacuated.

People were cared for in a safe and well maintained environment. For day to day maintenance the manager employed maintenance staff which enabled issues be addressed quickly with minimal impact on people.

There were sufficient staff to meet people's needs. Across the service there were six units supporting people with different needs. Staffing numbers reflected the dependency level of people on these units and the support they required. For example on the two units where people were supported with dementia needs there was a higher staffing level to meet these. Staff told us that they thought there was enough staff and that they worked as a team. One member of staff said, "There are no problems with the staffing levels, we work as a team and everything gets done." Where there were shortfalls in staff due to sickness or holidays, this was covered by staff working extra shifts or through the use of agency staff. The manager checked staffing levels daily and provided an on-call system where the staff could always get in contact with a senior member of management if there were any staffing issues.

Requires Improvement

Is the service safe?

Throughout our inspection we saw there were staff available to people when needed, we saw that support was provided in communal areas and that staff were always in attendance in lounges with people.

The manager had an effective recruitment process in place, including dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). We saw evidence of this in the staff files.

People received their medications as prescribed. From medication administration charts we reviewed these were all signed and completed correctly. Medication was dispensed by staff who had been trained in medication administration. Staff had regular supervision and competency checks to ensure this was being completed correctly. We observed part of a medication round. This was done efficiently and in a timely manner. Staff checked medication administration records before they dispensed the medication and they spoke with people about their medication. Staff told us that, “The medication round can take longer on this unit as you can’t rush people.”

The service had procedures in place for receiving and returning medication safely when no longer required. They also had procedures in place for the safe disposal of medication.

Requires Improvement

Is the service effective?

Our findings

People received effective care from staff who were supported to obtain the knowledge and skills to provide good care. A staff member said, "The training here is good and we are always doing something." Another member of staff said, "We have loads of training, it helps me do my job properly." People using the service and their relatives all spoke very highly of the staff team and said that they were skilled and approachable. One person said, "The care and support here is excellent."

Staff felt supported at the service. New staff had an induction to help them get to know their role and the people they were supporting. One member of staff told us they worked alongside another member of staff for two months so that they had a good understanding of the service before they took a lead role. Staff also said they completed an induction booklet and received regular supervision to help them gain the knowledge and skills they needed to support them within their role.

Staff understood the need for people to have choice and make their own decisions in their daily lives as far as possible. For example we observed staff asking, "Do you want me to help you, is that okay?" The service took the required action to protect people's rights and ensure people received the care and support they needed. Staff had received training, or were in the process of receiving training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We saw assessments of people's capacity in care records. These included level two assessments of people's capacity for making decisions involving their care and how they should be supported. Staff demonstrated they knew to check that people were consenting to their care needs during all interactions. Appropriate applications had been made to the local authority for DoLS assessments.

People said they had enough food and choice about what they liked to eat. We saw throughout the day people were provided with food and drinks. People had nutritional assessments in place and where indicated were referred to specialist services such as a dietician or speech and language therapist. Where people required special diets and fluid thickeners they were supported with this by staff. However accurate recording of the amount people were drinking was not always maintained on one unit. Staff had a system of recording fluids given on charts at the end of their shift rather than as people were receiving these drinks. On one unit we also found that people were not consistently supported to finish their drinks, which put them at a risk of not having sufficient to drink. In contrast we found that on the other five units people were well supported to have enough to eat and drink.

We observed a mealtime and saw people were offered choice about the food they wished to eat. Where people needed support to eat staff did this in a kind and unhurried manner, so the person could eat at their own pace.

People were supported to access healthcare as required. The service had good links with other healthcare professionals including the community matron who visited the service weekly to support people with health needs. The service also had good links with the tissue viability nurse and community mental health team.

The manager told us that they had recently been working on two health related projects in the service, one with the dieticians, where they come in and support staff to ensure people have enough fluids and teach staff the value of making sure people are hydrated. The second project was with promoting safer care for elderly residents (Prosper) on how falls could be reduced at the service.

Requires Improvement

Is the service caring?

Our findings

Staff provided a very caring environment. Throughout our observations there were positive interactions between staff and people. One person told us, "The care and support here is excellent." Another person said, "The girls are so thoughtful and will do anything for you." A relative told us, "I have no concerns at all, I feel very confident that [my relative] is cared for properly."

We saw staff had positive relationships with people. Staff demonstrated kindness and compassion when talking with people. Staff took their time to show people they were important by spending time with them. We saw staff approached people face on and at their level, listening and responding to their requests in a kind way. Staff had a positive attitude about their work one said, "The residents are so lovely and I am lucky to work with them." Another said, "I love it here, it's a great job."

Staff knew how to support people when they became distressed. We saw staff spending time sitting and reassuring a person who had become upset suddenly at lunchtime. The person responded positively to the staff becoming less distressed.

Staff generally knew people well including their histories and preferences for care. However on one unit staff did not demonstrate an understanding of people's life histories, backgrounds or social interests. As a consequence care was delivered with a focus on the task without care and consideration being given to the individual's personal preferences to care. Staff on this unit told us they had, "Powered through." To attend to people's personal care needs. However we found one person had not been assisted with a shave that day and their bedding was not fresh. In contrast on the other units we found staff treated people with dignity and respect. We noted staff were identified as dignity champions and on one unit a member of staff had put guidance in people's care files for staff to follow. This guidance highlighted to staff the importance of always giving people choice and asking them for their consent for any activity.

The service invited people and their relatives to be involved in planning and reviewing their care needs and care plans. The manager had recently sent out letters inviting people and their relatives to be involved. We saw from care records that care plans had been signed indicating people were in agreement with their care needs. Relatives told us they had been involved in providing back ground information and had discussed their relatives care needs with staff.

Relatives told us they visited the service at different times and that, "The staff always make you welcome."

Requires Improvement

Is the service responsive?

Our findings

The service was responsive to people's needs. People and their relatives were involved in planning and reviewing their care needs. A relative told us, "We are happy with the care my relative receives, we have no complaints and they let us know what is going on."

Before people came to live at the service their needs were assessed to see where they could be best supported. Staff generally had a good understanding of people's care needs and routines. They were able to describe how people liked to be supported and what their preferred routines were. The care plans were in a generic format and were excessively comprehensive, which the staff then had to individualise to meet people's needs and described how to best support them. This made the whole care file very large and cumbersome and there was danger that important information could be missed. The care plan was regularly reviewed, at least monthly. Staff also updated the care plans with relevant information if care needs changed. This told us that the care provided by staff was up to date and relevant to people's needs.

Staff were responsive to people's changing care needs for example making prompt referrals to other healthcare professionals as required to ensure people received the support they required.

The service had just employed two staff to support people with activities and follow their hobbies. Staff told us they spent time on each of the units providing activities such as, discussion groups, music and games, as well as spending one to one time with people. Staff told us they had plans to set up an activity room, involve people in gardening and hold a summer fete.

Some people were supported to follow interests in the local community, one person had just returned from a social group and they told us that they liked to attend church every Sunday. A relative told us they liked to take their loved one out and enjoyed the gardens.

Each of the units had a complaints folder to record any complaints in that were raised. The manager was able to tell us verbally how he had dealt with complaints however he had not documented or recorded any of his actions. People and relatives we spoke with were confident if they raised any concerns they would be dealt with. One relative said, "It is perfect here I have no complaints whatsoever, but when [another relative] has raised any issues it has been dealt with straight away."

Requires Improvement

Is the service well-led?

Our findings

The service has a registered manager in post and a deputy manager. The provider had recently, due to the size of the service employed a second manager to support and share the responsibility of running the service with the registered manager. The managers were very visible within the service and had a good knowledge of the people living there.

Staff told us they felt the managers were very supportive and they felt comfortable approaching them about anything. Staff said, "The manager is so supportive, he comes in at eight and goes at eight, fantastic, very hands on and knows all the residents very well." Another member of staff said, "The management team is really good." Relatives told us the managers door is always open and that, "I frequently pop in to see them."

Staff said that they had regular meetings with senior staff to discuss the running of the service and that they received one to one supervision monthly. Each unit displayed the philosophy of care people could expect to receive. Staff said they felt their opinions were listened to, for example during recent redecoration their choice of colour was listened to and how the office was arranged to make paperwork more accessible to staff.

The managers had put systems in place to listen to people's and relatives views on the service, we saw a number of dates advertised for future meetings. However due to the managers being very visible within the service they also canvassed people's views informally on an on-going basis.

The service had quality monitoring systems in place however these were not always robust. For example where medication errors had occurred there was no clear action in place as to how these would be resolved. Instead the service relied on continued monitoring to address errors. The manager told us they had recently highlighted this and were changing their quality monitoring systems. They would now be holding a weekly meeting to discuss any issues that arose within the service and would use this to manage continual improvement at the service.

We also found the manager did not always provide written evidence of the good work they were doing. For example they had not recorded complaints or what actions they had put in place to investigate safeguarding. This meant that although we were satisfied the issues were addressed the manager was not using the information to monitor themes or to inform on-going improvements.