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: 05 September 2013

Date of Publication: October 2013

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Care and welfare of people who use services	✓ 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 79 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 to check whether Partridge Care Centre had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Records

This was an unannounced inspection.

How we carried out this inspection

We carried out a visit on 5 September 2013, observed how people were being cared for, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members, talked with staff and talked with other authorities.

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

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

What people told us and what we found

We inspected Partridge Care Centre on 05 September 2013 to follow up a warning notice we issued arising from our previous inspection on 16 May 2013.

During our previous inspection on 16 May 2013 we found that the individual needs of people living on the Mallard 1 and Mallard 2 units were not being met. This was in relation to their participation in life enriching activities, the risks of receiving poor nutrition, delays in receiving medicines and the risks of developing pressure ulcers.

When we inspected the home on 05 September 2013 we found that the provider had made improvements. We noted that staff were able to interact with people using the service and that there were more activities available.

We noted that food was served on time and it looked and smelled appetising. One person said, "The food is actually quite good."

We saw that medicines were administered on time.

We found that staff were knowledgeable about the management of the risk of people developing pressure ulcers and that people had up to date tissue viability care plans.

However, records about the positional changes of people who were at risk of developing

pressure ulcers were not accurate and not fit for purpose.

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 15 October 2013, 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.

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

Reasons for our judgement

We inspected Partridge Care Centre on 05 September 2013 to follow up a warning notice we issued arising from our previous inspection on 16 May 2013. During the previous inspection we found that the provider was not compliant with this regulation and that they had not made improvements we had asked them to make after our inspection of 07 January 2013.

During our inspection on 16 May 2013 we found that the individual needs of people living on the Mallard 1 and Mallard 2 units were not being met. People were not supported with, or engaged in life enriching activities. There were no formal activities, no interaction with staff during the period of our observation and the staff members we spoke with acknowledged that they had no time for talking with people. We noted that staff were providing personal care to people throughout the morning up to lunchtime. We found that people were at risk of receiving inadequate nutrition because food and drinks were either insufficient, served at a delayed time or in an unappetising manner. Furthermore, we noted that the delay in people being supported with their morning routines and with breakfast had an impact on the timely administration of medicines. We found that the provider failed to plan to deliver care and treatment that ensured people's safety and welfare. This was because people's needs in relation to the risk of them developing pressure ulcers were not planned or delivered in accordance with established guidance.

We served a warning notice on the provider on 19 June 2013 and required them to make improvements by 23 August 2013. The provider wrote to us setting out their action plan and said that they would be compliant with this regulation by 31 July 2013.

We re-inspected the home on 05 September 2013 and found that improvements had been made. Throughout the morning staff were much more visible than they had been during our previous inspection. We carried out observations using our SOFI tool during two periods of 35 and 60 minutes respectively on the Mallard 1 and Mallard 2 units. Throughout these observations we saw that staff engaged positively and frequently with people.

During our observation in the lounge in the Mallard 2 unit we saw that there were five people, either eating breakfast, watching television or carrying out an activity. One staff member was sitting at the main table in the lounge completing paperwork in the early part of our observation. The staff member spoke often and in a kindly way with the people in the lounge. We saw one person completing a set of written activities in a large print newspaper that had been prepared that morning by the activities co-ordinator. The person was singing as they did this and they were joined in the singing by the staff member who was sitting in the lounge.

We also saw other staff members coming into and going from the lounge. On each occasion the staff members came into the room they spoke with people individually, asked how they were and offered drinks that they prepared in the kitchen area next to the lounge. Our observation of the Mallard 1 lounge showed similar levels of activity, interaction and support being provided. This was in contrast to our previous inspection where we noted that the staff on both units were almost fully engaged in providing personal care through the morning period. This had affected their capacity to provide other aspects of care and support in a way and at a time that met people's needs.

The SOFI tool allows us to measure people's mood. Our observations on both Mallard units on 05 September 2013 showed that the overall mood of people in the lounge was neutral tending towards positive; whereas our previous inspection in May 2013 had showed a negative tendency. Three of the staff members we spoke with told us that they had more time to spend with people because the night staff were now supporting some people with their waking routine and personal care prior to going off duty. They explained that this allowed the morning staff to spend more time supporting people during the early part of their shift. In turn, this allowed more time for activities and for one-to-one interaction in the later part of the morning.

We saw that there was frequent conversation between staff members and people in the Mallard 2 lounge about a coffee morning that was to happen later in the morning in the reception area of the home. At 11am, the people in the lounge were assisted, or taken to the reception area to participate in this event. We saw that there were 13 people from both of the Mallard units being served with drinks and snacks in the reception area by the staff members and participating in a group quiz-style activity.

We saw that there was a reasonable time between breakfast and lunch. An additional member of staff had been employed on the Mallard 1 unit since our last inspection and their main purpose was to support people with breakfast. This extra staff member meant that people were served their breakfast, and were given support to eat where this was needed, at a time that was suitable to them.

We also observed the lunch period in the Mallard 1 unit. There were 11 people having lunch, two of whom were being supported by staff to eat. Whilst there was no menu, staff brought prepared plates of different food to each person to enable them to make a choice about what to eat. Most of the meals were finished and people were enjoying the food. One person told us, "This looks lovely. The more I get the more I eat." Another person who was living on the Mallard 2 unit said, "The food is actually quite good." A third person said, "They usually ask me what I'd like. If I don't want what's on offer they can make me a sandwich or an omelette. There's a good standard of food." This showed that people's needs were being met in relation to the variety and quality of food provided.

We spoke with the nursing staff members who were providing medicines for people. One of the nurses said that they were about to start their medication round at just before

8.30am and that they would be finished by 9.45am at the latest. We saw that people on both of the Mallard units were provided with their medicines by 9.45am and that the medicine trolleys were put away. The problems we had previously noted about medicine administration being adversely affected by the late delivery of care were no longer evident.

Three members of staff we spoke with on the Mallard 2 unit told us that everyone who was in a wheelchair was automatically seated on a pressure relieving cushion. We saw that each person in this unit in a wheelchair was sitting on a pressure reliving cushion on the day of our inspection. However, one person who was living in the Mallard 1 unit who was at risk of developing pressure ulcers was not sitting on such a cushion.

A care team leader identified specifically which of the people living in the Mallard 2 unit was at risk of developing pressure ulcers. They also explained that all of the staff were familiar with the key elements of effectively managing the risk of pressure ulcers. Each of the four staff members we asked correctly identified the importance of those key elements such as regular positional changes, good nutrition and fluid intake and using the correct pressure relieving equipment. We noted that pressure relieving mattresses were set correctly for people's weights and that these settings were monitored daily.

One staff member said that they had attended training in the management of the risk of pressure ulcers since our last inspection. We also saw that there was some further training scheduled for 24 September 2013 on wound management for a further 16 staff.

We looked at the care plans of six people who were at risk of developing pressure ulcers and found they all had a tissue viability care plan in place that provided staff with clear instructions about managing that risk. Another care staff member talked us through their routine for two people that they had looked after that morning. The staff member described the correct care required for one of the people who had previously, but no longer had a pressure ulcer and we saw that this was as described in the care plan. This included a visual check of the person's skin, the application of different topical creams to different parts of their body, positional changes and ensuring that they had sufficient to drink. They also described what they had done that morning for a person who had two healing pressure ulcers and this, too, was in accordance with their care plan.

We spoke with two tissue viability nurses from the NHS Trust community nursing team. They told us that they had carried out a review that day of the care plan of the person who had two pressure ulcers. They told us that the staff at the home had followed the tissue viability care plans that had been set for that person. They also said that the person's pressure ulcers were getting better and that there were several reasons for this, including the approach taken by the staff at the home and the use of the correct pressure relieving equipment.

This showed that care and treatment was planned and delivered in such a way that ensured people's safety and welfare.

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 and treatment because accurate and appropriate records were not maintained.

We have judged that this has a moderate 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

Every person living at the home had a daily record which the provider referred to as an 'individual needs' chart. This was a record of a series of different pieces of information about the person ranging from their food and fluid intake to the activity they participated in. The individual needs chart also contained information about the positional changes of people who were subject of a care plan for their risk of developing pressure ulcers.

We looked at the care plans of six people and their corresponding individual needs charts. Five of the care plans related to people at risk of developing pressure ulcers whilst one related to a person who had two healing pressure ulcers. Three care plans related to people living on the Mallard 1 unit and three living on the Mallard 2 unit. The tissue viability care plans for each person showed that care and treatment had been properly assessed and planned in relation to those risks. Staff members we spoke with also assured us that they followed the care plans and that they maintained accurate records about each time they changed the person's position and about people's food and fluid intake. We found that food and fluid intake was consistently recorded in each case. However, in each of the six individual needs charts we examined, we saw that there were significant gaps in the time intervals between people's positional changes when compared to people's care plans.

One person's care plan indicated that their position should have been changed every two hours during the day and every four hours at night time. Between 8pm on 28 August 2013 and 7am on 05 September there were eight periods of time that were significantly in excess of these periods. The time intervals recorded between positional changes for those days were 14 hours, 10, 9, 5, 11, 15, 14, 6 and 11 hours respectively. Most of these gaps were from the night period when the person should have been re-positioned every four hours. When we examined the other five care pans we found that there were similar periods that occurred with similar frequency and that this was consistent over the two week period prior to our visit.

This meant that people could not be assured that they were protected against the risks of unsafe care or treatment because accurate information about that care and treatment was

not accurately recorded.

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 could not be assured that they were protected against the risks of unsafe care or treatment because accurate information about that care and treatment was not accurately recorded. Regulation 20 (1) (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 15 October 2013.

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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