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: 26 November 2013

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

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

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:

- Assessing and monitoring the quality of service provision
- Records

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 26 November 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with staff, reviewed information sent to us by other authorities and talked with other authorities.

What people told us and what we found

We previously inspected Partridge Care Centre in May 2013 and again in September 2013. During those inspections we found that the provider did not have an effective system in place to monitor the quality of service people received or to identify, assess and manage risks to people's health safety and welfare. We also found that record keeping practices were not satisfactory and that records were not accurate or fit for purpose. We required improvements to be made.

When we inspected the home again on 26 November we found that the provider had implemented a new quality monitoring process that enabled the provider to identify where improvements were required and to take action. We also found that care plans were effectively audited and that this ensured risks were identified and managed.

We also found that people's records were diligently maintained. A new record keeping system had been implemented and this contributed to care and treatment being provided safely and effectively, particularly in relation to the management of pressure ulcers.

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

More information about the provider

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

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

Our judgements for each standard inspected

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

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

Our judgement

The provider was meeting this standard.

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

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

When we previously inspected Partridge Care Centre in May 2013 we found that there were a number of prevailing problems that had not been identified by the management of the home through effective monitoring processes. These related to the management's ability to provide clear leadership and direction over staffing and the ability of the staff in certain units to carry out their daily care tasks in a timely way. The monitoring processes in use at that time had also failed to identify shortfalls in care planning. Steps that the management had planned to take to enable them to have better oversight of serious incidents were not in place at the time of our inspection. We judged that this had a moderate impact on people and we required improvements to be made.

We inspected the home again on 26 November 2013 in order to review those improvements. We spoke with the new management team and with staff members. We also spoke with a representative of the local authority who had been monitoring the home in the period leading up to our inspection. We looked at evidence that the manager showed us to demonstrate the different approaches that were being taken to monitor the practices at the home.

We looked at a new, monthly quality assurance system that was based on the 'Essential standards and quality and safety' and the guidance issued by the Commission about compliance. This system had already begun at the time of our inspection. We saw that the senior manager had begun to inspect three different standards each month for each of the four units according to a schedule. This would result in an assessment of each unit's compliance with the criteria from each of the 16 principal standards within a half-yearly cycle. We saw that non-compliance with any of the criteria resulted in a corrective action request (CAR) for improvements to be made. CARs were set in relation to either the

performance of 'staff' or problems that were 'systemic' in nature.

For example, we saw that the senior manager had carried out a review for the month of our inspection in the Moorhen (formerly Mallard 2) unit against the first standard of the guidance, 'respecting and involving people who use the service'. This review had identified that there were not sufficiently robust arrangements in place to ensure that staff involved people or their relatives in decision making about their care. This resulted in a CAR for the manager to implement a new 'key-worker' system that provided individual staff with greater ownership of care plans and an appreciation of the value of person-centred care planning. The objective of this CAR was to ensure that staff took steps to increase the level of involvement by people and their relatives. Although this was first identified in the Moorhen unit, the new system was to be implemented in all four units.

We found that a new system of care plan monitoring had been implemented since September 2013 which enabled the manager to have better oversight of serious incidents. This system required the manager to be alerted and to direct action to be taken in relation to people's risk assessments and care plans whenever certain criteria were met. These criteria included incidents and events, such as an identified risk of pressure ulcers, people experiencing falls, changes in people's health including their mental health. We looked at a risk assessment for one person which showed that they had been referred for re-assessment to the local mental health services due to changes in their behaviour that had been identified. We also saw that a risk assessment for another person had been modified where they had been identified as being at particular risk after the discovery and investigation of some unexplained bruising.

We spoke with staff members who told us that they felt they had much clearer direction and support from the management team and that they now knew exactly what was expected of them. One staff member told us that they had benefitted from the deployment of an additional staff member at breakfast time. The presence of a dedicated staff member to supervise people's breakfast had enabled other care staff to focus on supporting people with their personal care in the morning. This had been put into place by the manager in response to our inspection in May and demonstrated that the provider took account of our findings about staffing from that inspection.

Records ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

When we inspected this service in May 2013 we found that there was a disparity in the way people's daily recorded were maintained across the different units. We noted that records were not completed in a timely way in the Mallard 1 unit because staff made notes on scraps of paper and paper towels that they kept in their pockets before transferring information to formal records later in the day. We also found that some people's records were completed inconsistently. One person had been described as being both 'quiet' and 'noisy' at the same time whilst another person's ability to mobilise was inaccurately recorded. This meant that records were not accurate or fit for purpose.

When we inspected again in September 2013, we noted that there were significant time intervals recorded between positional changes for people who had pressure ulcers. In these cases positional changes had been required every two hours during the day and every four hours during the night whereas some of the intervals recorded had been as much as 14 or 15 hours. We judged that this had a moderate impact on people and required improvements to be made.

We inspected the home again on 26 November 2013 in order to review those improvements. We looked at the care plans and records of five people including two of those people about whom we had concerns during our previous inspection. We also spoke with a tissue viability nurse from the local NHS community trust who was overseeing the way that some people's pressure ulcers were being managed at the home.

We found that people's care plans were up to date, contained relevant information and were understood by the staff who were providing care. The manager told us that there was a new recording system in place that was designed to make it more effective and simpler for staff members to record key pieces of information about people they were caring for, such as the timing of positional changes. We also noted that staff members were diligently completing entries in people's daily records during the course of our inspection. Staff members told us that they completed the records directly and did not use any temporary means to record information, such as paper towels. We did not see any evidence of the use of paper towels or scraps of paper as we had noted during our inspection in May 2013.

The tissue viability nurse explained to us that they had checked the paperwork that was relevant to people's skin care and wound management and that everything that required completing was being completed. We looked at the records of two people who were subject of pressure ulcer management plans and saw that there were no gaps or omissions in respect of their positional changes. We also noted that there was comprehensive documentation in use, including body maps and photographs, which helped staff to track the progress of pressure ulcers. One person's file showed that a significant pressure ulcer we had noted on our last inspection was almost completely healed. This demonstrated that the record keeping process introduced after our last inspection was effective in supporting people's care and treatment.

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.

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