

Porthaven Care Homes LLP

Prestbury Care Home

Inspection report

West Park Drive
Macclesfield
Cheshire
SK10 3GR

Tel: 01625506100

Website: www.porthaven.co.uk

Date of inspection visit:
08 January 2020

Date of publication:
11 February 2020

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Prestbury Care Home is a residential care home providing nursing and personal care to 57 people at the time of the inspection. The service is registered to support up to 75 people in one adapted building. The home has three floors known as Gawsorth on the first floor, dedicated to residential care and specialist dementia support, and Haddon (second floor) and Capesthorpe (ground floor) for nursing care.

People's experience of using this service and what we found

Improvements had been made with regard to staffing levels. There were enough staff to meet people's needs safely and ensure people received person-centred care. However, during the inspection we observed a lack of staff presence in the main lounge at tea time on the first floor, due to ineffective deployment of staff. We made a recommendation about this.

The environment of the home was pleasant and clean throughout, although there were some furnishings in need of replacement. Some parts of the home had been adapted to support people living with dementia, however there was a lack of signage to ensure people could orientate around the home safely. We made a recommendation about this.

People were supported by kind and caring staff who treated people as individuals and with dignity and respect. The provider had robust recruitment systems to ensure staff were safely recruited. Staff spoke knowledgeably about the systems in place to safeguard people from abuse.

People told us they felt safe. Risks to them were identified and managed. Where required people were safely supported with their medicines needs. Infection control measures were in place to prevent cross infection. The support required by people with health and nutritional needs was identified and provided.

People received care and support which was personalised and responsive to their needs. People's choices regarding their care and how they were supported were respected, and there were enough staff to support this. Care plans were kept up to date to reflect any changes in people's needs and wishes. People and family members knew how to complain, and they were confident about complaining if they needed to. Complaints were used to improve the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The management of the home promoted a person-centred service. There was an open and transparent culture and good partnership working with others. The quality and safety of the service was monitored through regular checks.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 11 January 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good 

Prestbury Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector, one specialist advisor in nursing and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Prestbury Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. There had been a change in registered manager since the last inspection.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and five relatives about their experience of the care provided. We spoke with 12 members of staff including the registered manager, deputy manager, the clinical lead, a nurse, team leaders, care workers, an activities coordinator and the chef. 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 reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at dependency tools and call bell logs. We spoke with three night staff who work at the home.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe. Although we saw some improvements in relation to staffing levels, there was still some consideration needed by the provider to ensure staff were always effectively deployed.

Staffing and recruitment

At our last inspection the provider had failed to ensure enough suitably qualified and trained staff were always available. This was a breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- There were adequate staff on shift. In the main people and staff felt the introduction of a 'twilight' shift covering 6pm to 11pm had improved staffing levels since the last inspection.
- Staff felt there were sufficient numbers of staff to meet people's needs safely. However, two members of staff felt incorrect rotas sometimes caused staffing issues, particularly of a weekend. We discussed this with the registered manager who told us they had addressed this issue when they started in post in September 2019.
- At our last inspection, we raised concerns with the deployment of staff on the first floor. Although we saw this had mostly been addressed, and there were enough staff deployed to meet people's needs safely for most of the day, we found some concerns during a tea time observation. We observed a 15-minute period where no staff were present in the main lounge on the first floor. One person was becoming agitated and on four occasions tried to put their wheeled Zimmer frame on top of the sofa whilst walking. This put the person at risk of hurting themselves. Two visitors were sat in the lounge with their relative and intervened on each occasion to ensure the person was safe. We raised this with the registered manager who told us they would explore the deployment of staff during tea time.

We recommend the provider reviews arrangements for the deployment and monitoring of staff to ensure people receive safe, effective care at all times.

- Recruitment procedures were safe. Pre-employment checks were completed on all staff before they started employment.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe at the home. Comments included, "I really do feel safe here and there is always someone to turn to," and "I think the whole place is wonderful and completely safe in

terms of physical (the building) and personal safety."

- Staff were clear on the potential signs of abuse and how to raise any concerns they might have.
- Records showed that any potential safeguarding allegations had been reported, recorded and investigated by the managers in a timely manner. However, some safeguarding incidents had not been reported to the local safeguarding team or the CQC as required. The registered manager had identified these when they started working in the home and made the appropriate notifications.

Assessing risk, safety monitoring and management

- Risks to people were identified and plans were in place to minimise those risks.
- One person's repositioning records had not been completed regularly. The registered manager told us this person was not suffering from any pressure sores and this was a recording error.
- Risks within the environment were considered and assessed. Equipment was regularly checked to ensure it was safe to use.
- Plans ensured that people's needs would continue to be met in the event of an emergency.

Using medicines safely

- Medicines were safely managed.
- Medicine administration records (MARS) were in place and had been fully completed. MARs were audited regularly by the management team to ensure that people received their medicines safely.
- Staff with responsibilities for managing medication had completed the relevant training and underwent regular competency checks.

Learning lessons when things go wrong

- There was a process in place for reporting accidents and incidents which occurred at the home.
- Accidents and incidents were monitored and reviewed, and action was taken to reduce further occurrences.
- When something went wrong learning was shared across the team.

Preventing and controlling infection

- The home was clean throughout. Staff had access to personal protective equipment to reduce the risk of the spread of infection.
- Furnishings in some of the main lounges were badly worn and presented an infection control risk. This had been identified on a home environment audit and plans were in place to replace furnishings.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

- The environment was generally well maintained but lacked dementia friendly signs to support people to orientate safely.

We recommend the provider seeks guidance from a reputable source regarding safe and stimulating environments to support people living with dementia.

- People's bedrooms were personalised with photographs and furniture from home. There were memory boxes outside people's bedrooms to support them to locate their rooms.
- The environment was equipped with aids and adaptations to assist people with their personal care and mobility.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Systems were in place to ensure people who lacked the capacity to make specific decisions, were supported in the least restrictive way possible.
- Staff had received MCA training and understood the principles of the act. They knew the importance of seeking a person's consent prior to undertaking care or support.
- Authorisations were in place for people who had restrictions placed on their liberty and any conditions had been met.

Staff support: induction, training, skills and experience

- Staff had the required knowledge, skills and experience to undertake their role. Comments from people and relatives included, "The staff in this home seem to be well trained, capable and most certainly very helpful" and "I must say that to me, staff look like they have had the necessary training to carry out their duties."
- Staff had all completed an induction and shadow shifts at the start of their employment. They were provided with ongoing training and supervision to meet the requirements of their role. Staff were very positive about the training and support at the home.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Care plans instructed staff on how to support people with their healthcare needs. However, some people's oral health care needs were missing or needed to be more detailed. The registered manager told us this would be considered when reviewing care plans.
- People were referred to health and social care professionals where appropriate to ensure they received the care and support they needed.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional and hydration needs and how they were to be met were recorded in their care plans.
- Staff obtained advice and guidance from dietitians and speech and language (SALT) where this was required for people.
- The chef had met with people to discuss their food preferences, likes and dislikes. People told us they were happy with the food. One person said, "The food is consistently very good, with choices available."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before admission to the home, using nationally recognised tools.
- People and relevant others, such as family members were involved in the assessment process.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and compassion. People described staff as kind and caring, their comments included; "This is such a good place and I know that my dignity and privacy is protected by caring people" and "The staff here are excellent and they know how much I appreciate their help and kindness."
- Interactions showed staff knew people well and had formed trusting and positive relationships with them.
- Staff showed concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way. People's right to privacy and confidentiality was respected

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected and promoted. Staff knocked on doors before entering bedrooms and bathrooms and they assisted people with personal care in private.
- People told us that staff encouraged them to be as independent as they could be, and records reflected this.
- Staff ensured people's confidentiality was maintained. Personal information was securely stored and only accessed by authorised staff.

Supporting people to express their views and be involved in making decisions about their care

- People were given opportunities to voice their views and opinions through daily discussions, care reviews, meetings and surveys.
- People told us they were able to make day to day choices about their care.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection, the provider failed to ensure people received person-centred care. This was a breach of Regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement has been made at this inspection and the provider was no longer in breach of Regulation 9.

- Care plans instructed staff on how best to meet people's needs to achieve the intended outcome in a way the person preferred.
- Staff clearly knew people well and supported them in line with their preferences. Everyone we spoke with told us they felt care was focussed on them and staff knew exactly how to support them.
- Care plans were kept under review and updated when there was a change in people's needs.

Improving care quality in response to complaints or concerns

- A complaints system was in place and information about how to complain was made available to people and others.
- A record of complaints was maintained. The records showed complaints were responded to and where needed action was taken to improve the quality of the service.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain contact with friends and family members. Visitors told us they were able to attend the home freely and always felt warmly welcomed by staff.
- Staff engaged people in meaningful activities.
- The registered manager was developing links with the local community to provide more activities for people. A knitting group, memory coffee mornings and a gardening group were all planned to start soon.

End of life care and support

- People were given the opportunity to discuss and plan their end of life wishes and others, such as family members, were involved where this was appropriate.
- The appropriate documentation was in place for people where they had expressed a wish to not be

resuscitated.

- Some staff had received additional training to be end of life champions and support advanced care planning in the home.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers

- People's communication needs were assessed, and appropriate support detailed in care plans.
- Where people had difficulties with communication, information was available in different formats.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Regular audits were undertaken across all areas of the service. Areas identified for development and improvement were addressed through action plans.
- Managers and staff kept up to date with their learning and development.
- Accidents and incidents were reviewed and analysed. Actions were taken to minimise or mitigate future risk.
- The registered manager was aware of their role and responsibilities, including what events they needed to notify CQC about. Although we found some notifications to the CQC had not been made in a timely way, this occurred before the registered manager started in post and these notifications were submitted by the registered manager as soon as the issue was identified.

Working in partnership with others

- The registered manager and staff team worked closely with other agencies to ensure positive outcomes for people. This included working with health and social care professionals and commissioners so that people received person centred care and support to meet their individual needs.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Managers and staff understood their legal responsibility to be open and honest with people.
- There were good lines of communication with relevant others, such as family members, following any accidents or incidents or following a change in a people's needs.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, their relatives and staff were asked for feedback about the home. Areas for development and improvement had been identified and acted upon.
- People, staff and family members felt empowered to raise any concerns. Some staff felt managers had not always acted upon this feedback but told us things were improving with the new registered manager.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives felt there was a good, positive atmosphere. Comments included, "The atmosphere

here tends to be calm, positive and peaceful" and "I think there is a good contented atmosphere in this home."

- The management and staff team had developed positive relationships with the people they supported.