

Pallottine Missionary Sisters

Park Mount Care Home

Inspection report

52 Park Mount Drive
Macclesfield
Cheshire
SK11 8NT

Tel: 01625616459

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
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: Park Mount Care Home is a purpose-built care home for older people. It is located in Macclesfield. The home has capacity to accommodate 40 people in single en-suite rooms on two floors and also has one double room. It has two lounges, two dining rooms, a garden which is accessible to people, and a chapel where regular services are conducted and all denominations are made welcome.

People's experience of using this service:

People said they felt safe living at the home. We followed up some feedback in relation to staffing numbers, however, the registered provider demonstrated and our observations showed there were enough staff on shift to keep people safe. Medication was managed safely, and there was a process to analyse incidents and accidents. The environment was safe.

People were offered choice and control over their day-to-day lives and consent was obtained. People were supported to manage their nutrition and hydration needs. We discussed the décor of the home and how this could be further improved to support people living with dementia. Staff had the skills and knowledge to support people effectively.

We observed kind and caring interactions between staff and people who lived at the home. Staff discussed how they preserved people's dignity and respected their feelings. People were involved in the completion of their care plans, and any reviews.

Complaints were dealt with in line with the registered providers complaints process. There was detailed information documented in people's care plans in relation to what they liked, disliked and their preferred routines and choices for support. Staff were trained in end of life care, and people received support to ensure their last wishes were respected.

The registered manager completed audits of service provision and we saw that action plans were completed when issues were identified. People and their families were regularly asked for feedback and this was taken into consideration when making changes at the home. The registered manager was knowledgeable of their role and had notified the Care Quality Commission appropriately of any reportable events.

Rating at last inspection:

Rated good, report published September 2016.

Why we inspected:

This service was due to be inspected in line with our methodology.

Follow up:

ongoing monitoring

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 remained Safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service remained Effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service remains Caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service remained Responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

the service remained Well - Led.

Details are in our Well-Led findings below

Good ●

Park Mount 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of an adult social care inspector and an Expert by Experience with expertise in looking after older people with dementia.

Service and service type:

Park Mount is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, 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.

Notice of inspection:

The inspection was unannounced.

What we did:

As part of planning the inspection we looked at information the provider had sent us in their Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We looked at information we held about the service as part of our ongoing monitoring; including any statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We also spoke with the local authority to gain their perspective of the home. We used this information to populate our planning tool which is a document we use to help plan the inspection is to be conducted.

Following our inspection, the local authority raised some concerns regarding staffing which we followed up

with the Chief Executive of the company.

During our inspection we spoke with four people who lived at the home, two relatives and six staff.

As some people were unable to give us their views 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.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff were able to describe the course of action they would take if they felt anyone was at risk of harm or abuse. This included reporting the concerns to the registered manager or whistleblowing to the Care Quality Commission or the police.
- The registered manager had reported all alleged abuse to the local authority as required and notified CQC using a statutory notification form. We received feedback from the CEO after our inspection that all safeguarding concerns had been addressed and closed down with actions taken to prevent future occurrences.
- There was a policy and procedure in place which had been made available in different formats which raised awareness of abuse and how to report suspected abuse or concerns.

Assessing risk, safety monitoring and management

- People told us they felt safe living at the home, one person said, "Yes, I feel safe in here and safe from other residents. I'm never lonely."
- We observed safe practices in terms of staff helping people at risk of falls mobilise around the home., There had been a high number of low injury falls however preventative measures were in place to manage this such as the use of assistive technology.
- Risks to people's health, safety and wellbeing were routinely assessed. We saw detailed risk assessments had been undertaken by the registered manager and measures were in place to reduce the impact of harm to people
- Checks on the environment and equipment had been undertaken and were in date.

Staffing and recruitment

- Staff recruitment and selection remained safe.
- One person told us there was sometimes not enough staff. Staff we spoke with also said sometimes there was not enough of them, however, it was only when staff went off sick. We checked rotas and dependency tools and saw that enough staff were on shift based on people's assessed needs. We spent time in communal areas and saw there was enough staff on duty to support people safely.

Using medicines safely

- There was an electronic system in place with regards to medication administration which staff confirmed they had been trained to use.
- The new system had reduced the amount of medication errors.
- We saw that the registered manager ran reports every day to check all medication had been given and balances of stock were correct.

- The storage areas for medication were clean and tidy, and the room temperature was recorded twice daily to ensure it was within the correct range.
- We saw one person had their medications given covertly, (hidden in food or drink). There was a detailed plan in place around this process, which had been developed with input from the person's GP and family.

Preventing and controlling infection

- We observed that people were protected by the prevention and control of infection. All staff demonstrated good practice in hand hygiene and the use of personal protective equipment (PPE).

Learning lessons when things go wrong

- The registered manager had implemented a new medication system as a result of some past discrepancies with medication. We saw from looking at incidents and accidents trend analysis that the number of medication errors had reduced since the new medication system had been implemented.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- The home was spacious and had some adaptations to meet the needs of people living with dementia.
- We raised at the time of our inspection that more directional signage and contrasting décor on each floor could help people coordinate their way around more independently. The registered manager said they would look into developing this further.
- Each floor of the home had designated areas where people could relax with relatives and make tea and coffee. We saw that people came and went as they pleased, as the doors were unlocked. We raised that these areas might present a danger to people living with dementia if they were left unsupervised in them. The registered manager had risk assessed this, however agreed to re look at the risk assessment in line with people's changing needs.

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

- People were assessed before moving into Park Mount. Assessments took into account risks, needs, choices and preferences for support.
- People's families or representatives who had legal rights with regards to decision making were fully involved in the assessment process.
- This information formed the basis of the person's care and support plans.

Staff support: induction, training, skills and experience

- We saw that staff had been trained in subjects which the registered provider had deemed as necessary, including more in-depth dementia training.
- Staff confirmed they had completed their training courses and found that the training was good quality.
- Staff had been inducted into their roles. The induction was aligned to the principles of the Care Certificate, a nationally recognised induction programme for staff who were new to health and social care.
- Supervisions took place every three months; a schedule was in place which showed the registered manager was up to date with supervisions. All staff who had been in post longer than 12 months had had an appraisal.

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

- People were served meals of their choice and in line with their dietary requirements.
- We spoke to the chef, who was knowledgeable regarding peoples eating preferences.
- There was a four-week menu in place and we saw people had been consulted regarding their food choices.
- The menu for the day was displayed in pictorial format in the communal areas to help people with

communication difficulties choose what they wanted.

- We sampled the food on the day of our inspection and found that it was well presented and tasted nice.

Staff working with other agencies to provide consistent, effective, timely care

- We saw staff and the registered manager worked with district nurses, and the local authority to ensure that people were assessed and offered a place at Park Mount.
- The registered manager also worked closely with the supporting pharmacist to ensure the new medication system was working correctly.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to attend appointments when needed.
- Additionally, referrals were made to Speech and Language (SALT) and dieticians on behalf of people and the outcome of these was recorded in people's care plans.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's capacity had been appropriately assessed in line with legislation. Capacity assessments undertaken were decision specific. Where people lacked capacity to make decisions appropriate best interest meetings were arranged which involved the person as much as possible, and any family members.
- Care plans contained information which related to decision making and what decisions people could make themselves without staff support.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- We asked people if they felt staff treated them kindly. One person said, "Oh yes they treat you with respect, they never try to be bombastic" Another person said, "The staff are patient, give you time to do things. The staff are very nice, I like the staff that look after me."
- There was information recorded in people's care plans which took into account their diverse needs and choices. For example, we saw how one person's communication preferences were clearly documented and how staff are to 'loosely' remind the person of words and sentences to help them.
- Throughout the duration of our inspection, we observed staff treated people with respect and dignity. Some of the observations we made during our inspection included, staff knocking on doors and asking permission before entering.
- Staff engaged kindly and compassionately with people, and spoke with care and respect when we asked them about their roles and responsibilities.

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

- We observed staff using different methods and styles of communication to make sure people had what they needed.
- Care plans were signed by people if they had the capacity to do so, or we saw in most cases people's care plans were signed under a best interest process by representatives who were legally allowed to sign them.

Respecting and promoting people's privacy, dignity and independence

- Confidential information was kept in secure locked cupboards. Care plans were electronic and were password protected. This ensured confidentiality of people's personal documentation was protected.
- We saw from looking at care plans, people were supported to do as much for themselves as possible. Care plans contained information such as 'always ask [person] if they require assistance and what they would like.'

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Information within people's care plans was highly personalised. There was information recorded in relation to people's history, backgrounds, hobbies and interests.
- We saw that people were in receipt of person-centred care based on their needs. For example, staff were documenting, where needed, how much food and fluid one person was consuming during the day, to ensure they were not at risk of malnutrition. Another person had information around choice of clothing, and how they need to be supported to make a 'weather permitting decision.'
- Activities were diverse, and we saw how the staff had used some information about people's previous jobs and skills to develop some personalised one to one activity.

Improving care quality in response to complaints or concerns

- We checked the process for documenting and recording complaints. We saw that there had been three recorded complaints in the last 12 months.
- We tracked one of these complaints through and saw that it had been investigated and responded to in line with the registered providers complaints process.
- The complaints procedure was displayed in the communal areas for people to access and was available in different formats to support people's understanding.

End of life care and support

- People were treated with respect and dignity and received compassionate care from trained staff.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The culture of the home was friendly and homely. People said they liked the registered manager, and staff we spoke with confirmed they felt comfortable promoting the friendliness of the home.
- All of the staff we spoke with said they recommend the home and it was good enough for one of their own relatives.
- The registered manager was responsive and had acted on feedback throughout our inspection

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were policies and procedures in place which ensured that staff were knowledgeable within their roles and knew what was expected of them.
- There were audits in place for all areas of service provision. We checked some of these audits which had identified issues and then we saw action plans had been drawn up and assigned to the correct staff for completion.
- The rating for the home was displayed on the registered providers webpage and in the home.
- The registered manager had informed CQC of incidents which are notifiable by law.

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

- People were given the opportunity on a regular basis to provide feedback about the home.
- We saw that a key issue raised was around name badges for staff. The registered manager was addressing this.

Continuous learning and improving care

- We saw examples of learning and improvements being made when things went wrong.
- There was evidence that the service listened to people and acted on their opinions.
- The home had a quality assurance system that fed into the home's ongoing action plan. The registered manager had used feedback from their other service after the inspection to help improve areas at Park Mount. This helped ensure continuous improvement.

Working in partnership with others

- The service had good links with the local community and the staff team worked in partnership with them

to improve people's wellbeing.

- There was an 'all souls' service every year and people from the community were invited to attend and remember their loved one. This was done in the chapel within the home.