The Partnership In Care Limited

Risby Park Nursing Home

Inspection report

Hall Lane,
Risby
Bury St Edmunds
IP28 6RS
Tel: 01284 811921
Website: www.thepartnershipincare.co.uk

Date of inspection visit: 17 March 2015
Date of publication: 11/05/2015

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

Overall summary

We inspected this service on the 17 March 2105 and it was unannounced. The last inspection to the service was on the 29 October 2014. It was carried out because of concerns raised about staffing levels and how some people's needs were being met. We made compliance actions. The home has made significant improvements in terms of meeting people's needs but there were still some concerns about staffing levels.

The service is registered for: accommodation for persons who require nursing or personal care and treatment of disease, disorder or injury. They are registered for up to 54 people both over and under 65 years old, with or without dementia.

There is a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.'

The service was well managed and run in the interest of people using it. During our inspection we saw that there were enough staff to meet people's needs. However we received feedback to suggest this was not always the case and a minority of people told us that at times there were insufficient staffing. This meant we were not confident staffing levels were always appropriate to people's needs.

There were systems in place to ensure people had the medicine they needed and staff received training to ensure they were competent and able to administer medicines safely.

Staff received training on how to recognise abuse and actions they should take if they believed a person was at risk of harm or abuse. Staff demonstrated enough understanding of safeguarding and had policies they could refer to which told them how to report concerns.

Risks to people's safety had been assessed and as far as possible reduced which meant people were as safe as they could be and their health and welfare was promoted.

Staff have the necessary skills, training and support to meet people's needs and demonstrated that they knew what the requirements of the job were.

People were supported to eat and drink in sufficient quantities and people's weights were monitored to ensure they were not unintentionally losing weight.

People's rights were upheld and staff acted lawfully when supporting people to make decisions about their care and welfare. They were asked about how they would like their care to be provided and gave their consent before it was.

People's emotional and health care needs were met and a plan was in place informing staff how people wished to have their needs met.

The home had a complaints procedure and the service acted upon suggestions and complaints to improve the service.

The service was well led with a strong ethos and person centred values. Investment in the staff and good quality assurances processes meant the service provided was good and took into account people's views and acted upon them.

The health and safety of people was promoted through good risk assessment processes and audits which identified risk so it could be reduced as far as possible.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Staffing was mostly adequate but a minority of people felt there were not enough staff which meant their needs were not met as comprehensively as possible.

Medicines were stored safely and administered to people as they required them by staff who was fully trained.

Risks to people were reduced as far as possible and people received care appropriate to their needs.

Staff were trained to recognise signs of abuse and knew what actions to take to report concerns.

Is the service effective?

Good

The service is effective.

Staff received training appropriate to their role and were supported to deliver high quality care.

Staff supported people to make decisions about their care and welfare and ensured people were able to give consent or where not acted in their best interest.

People had enough to eat and drink and their dietary needs were monitored to ensure they were adequately nourished and hydrated.

People's health care needs were known by staff who monitored people's well-being and took action if there was a change in their needs.

Is the service caring?

Good

The service was caring

Staff showed respect to people and were caring in their manner and their approach.

People were asked for their views which helped to improve the service and helped staff to deliver care in the way people wanted.

Is the service responsive?

Good

The service was responsive.

People had a plan in place which told staff how they should meet people's needs in respect of their care and welfare. This was kept under review and staff were aware of people's needs.

Summary of findings

Different activities were provided to keep people active and promote their well-being.

The service had a complaints procedure and took into account people's concerns which helped them improve the service.

Is the service well-led?

Good

The service was well led.

There was a registered manager in post who led by example and supported and motivated her staff.

There were quality assurance systems in place to assess the quality and effectiveness of the service and to ensure it was appropriate to people's needs.

There were systems in place to assess the health, welfare and safety of people living at the home. This helped the provider take the required actions.

Risby Park Nursing Home

Detailed findings

Background to this inspection

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

The inspection took place on the 17 March 2015 and was unannounced. The inspection team comprised of two inspectors and an 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. Their area of specialism was older people.

Before the inspection we reviewed the information we held about the service including previous inspection reports, review of records and notifications. A notification is information about important events which the service is required to send to us by law.

No Provider Information Return (PIR) was sent by CQC prior to this inspection so we did not have this information to help us plan the inspection.

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 also spoke with thirteen people using the service, seventeen staff across both shifts, and seven visitors. We looked at six care plans and other records relating to the running of the business.

Requires Improvement

Is the service safe?

Our findings

We found there to be enough staff on duty to meet people's needs. However a minority of people, staff and a relative raised concerns about staffing levels. These concerns were focused on times when a staff member called in sick or at particularly busy times of the day. One person told us. "They are short [of staff] at six in the evening but ok in the mornings and at weekends." Another person told us that staffing levels were, "Very poor at the moment and tea time they are busy and in the morning they could do with more staff "A relative told us "There is not enough staff but the manager says it is OK – the afternoons are bad and weekends."

We spoke to people and their relatives about the impact of not having enough staff and one relative told us that staff did not have time to sit long enough with their relative and encourage them to eat enough for their needs. Another relative told us their family member received little stimulation as it was only occasionally that a staff member had time to come in and chat with them. One person told us, "Of course it's boring sometimes, I would like to get out of my room more," Through our observations we saw staff were busy but met people's needs effectively and were responsive.

A member of staff told us, "Staff morale is good and we have got enough staff and some days more than enough." Another staff member told us "Quality time is only affected if someone goes off sick. It is not a regular occurrence." We noted there were systems in place to monitor staff sickness and take necessary actions to support sickness absence and action was taken when staff were not adhering to the sickness policy.

We spoke with the manager about the staffing levels. They showed us the staffing rotas and we saw the numbers of staff working matched the staffing rota. We spoke with the provider who explained how they determined the number of staff they needed in relation to the numbers of people using the service and their needs. They said this was kept under review and additional staff were provided as required. Some staff on shift were not added into their calculations so they were in addition to the numbers of staff required. For example activity and management hours were provided in addition to required staffing hours.

The manager told us that they had found it difficult to recruit and keep staff but felt this had improved and they now believed they had sufficient staff and a cohesive team. Agency staff were still being used on a regular basis and we saw there was some staff off sick which meant the manager often worked on shift. We were not assured that staffing levels were always enough to meet people's needs.

People using the service told us that they felt safe and protected from harm. One visitor said, "People are well cared for and well looked after and treated as human beings." Another said "It is lovely here and yes it is safe." Staff demonstrated a good understanding of how to recognise abuse and what actions they should take if they believed someone was being intentionally harmed. Staff received training to make them aware of their responsibilities and some staff knew about external agencies and who they should report concerns to however others did not. We passed this on to the provider so they could remind all staff which external agencies they should report suspected abuse to in line with safeguarding policy. The company had policies and procedures in place to inform staff of the actions they must take if they suspected someone at risk. However there was no information around the service about abuse or whistle blowing to help staff, visitors or people raise concerns.

The manager had a good understanding of safeguarding people from abuse and showed us a previous investigation which had involved other agencies and had agreed actions to safeguard the person in the future. This showed us the manager was proactive in identifying concerns and putting things in to place to protect people from harm.

People were able to describe the numbers of tablets they needed to take and when but did not always know what the medicine they were taking was for. However when we observed the medicine being administered at lunchtime, we saw the staff member explain what they were administering. The staff member doing so was very competent and took their time. They asked people if they wanted medicines which had been prescribed to be taken as required. People's medicine records included a list of medicines they were taking, a current photograph, and a list of allergies. The records also provided staff with a brief overview of the purpose of the medicines and when to administer it

The medicines trolley was secure at all times and medicines were not signed for until people had been

Requires Improvement

Is the service safe?

observed as having taken it. Staff told us that they received training and were supervised until assessed as competent to give out medicines. We saw that there were processes in place to audit medicines to ensure they were secure, held at the correct temperature, were in date and there were sufficient stock. These were good and enabled the service to identify any shortcomings.

Risks to people's safety were assessed and risk management plans were in place as required. People told us that they felt safe and but were not able to tell us about any specific risks to them. Staff told us about one person who helped outside and a specific risk assessment was in place for the activities undertaken.

The manager told us and we saw that people had the equipment they needed to keep them safe and this was recorded as part of people's risk assessments and manual handling plans. Risk assessments were in place for hydration and nutrition where it was identified as poor falls risk assessments, and tissue viability. The assessments clearly identified risk and actions taken to monitor and control risk as far as possible. For example, if a weight record indicated the person was losing weight, the home immediately weighed them more regularly and kept a detailed record of what they were eating and drinking so they could ascertain if they were eating enough for their needs. If not the risk assessment would identify additional actions. We spoke with the provider following inspection as some people did not have call bells in easy reach This meant people could not summons help quickly. This was immediately rectified by the manager and staff were advised to double check call bells at the end of each shift.

Good

Is the service effective?

Our findings

Staff had the skills to meet people's needs and were regularly supported by the manager. People told us that they were happy with the care provided to them and that they thought the staff were very experienced.

Staff told us there was a training programme in place and that they had the training they required for their roles. They were able to give examples of how the training they had received shaped their practice. For example one member of staff said, "I am up to date with mandatory training. I have learnt to come down to eye level with people. It's important not to intimidate people or talk down to them."

Staff told us they received supervision and felt supported. One staff member said, "Supervision is regular. You can have it as often as you want. Yes, I feel supported. It was not clear from records that supervision consistently took place regularly However all staff told us they had enough support.

We spoke with the manager and she told us how she supported her staff. She showed us the training matrix which evidenced that staff had completed all the core training required for staff working in adult social care. However some training was not recorded as up to date. The manager assured us this was just a recording issue.

There was evidence that consent to care and treatment was sought in line with legislation and guidance. For example people had signed their care plan to confirm that it had been discussed with them. Staff were able to describe how they sought consent from people such as those with limited communication skills. When there were restrictions on people an appropriate process had been followed that reflected their best interests. The manager told us that DoLS applications had been made for nine people and we saw that these had been done.

People were sufficiently supported to eat and drink enough for their needs and staff were familiar with people's dietary requirements. We spoke with people about the food and their choices. One person told us, "The food is good, the beef cobbler today was very nice and I never go hungry." Another told us about recent improvements in the food choices. A staff member said, "If residents don't want what is on the menu we always have soup, omelettes or jacket potatoes at any time for them."

Two relatives were concerned about the perceived lack of support they felt their relatives might get if they did not come in to assist them. A relative told us that their family member had poor health and was not eating or drinking when they were arrived at the home., but their health and eating patterns had increased significantly and the relative felt that this was down to staff support

We observed lunch and saw that this was provided in a number of sittings and there were enough staff to provide support to people who needed it and staff were attentive and encouraging. People were assisted at their pace and we observed very little food waste. Lunch was staggered to promote choice about when and where to eat and ensure that the logistics worked smoothly. People were supported to access the dining room from 12 noon. Staff were present to talk to people while they waited and drinks were offered. Lunch was served from 12.15 and arrived quickly. There was a choice of hot meals. Lunch was a pleasant and social occasion and staff checked that people were enjoying their food and that they had had enough

The kitchen staff were knowledgeable about people's dietary requirements and liaised closely with care staff. We saw that people had access to regular drinks throughout the day and access to fresh water.

The manager told us that additional staff help out at lunch time to ensure people got their meals and they said they carried out observations to ensure care provided to people at lunch time was appropriate. They said there was a designated member of staff who took a lead on nutrition and had completed training on how to use a universal screening tool which helped them to determine if a person was unnourished. This helped staff monitor people's weights and take the necessary actions. Actions taken by staff were recorded in people's care plans People had prescribed supplements and people's dietary needs were recorded. People's records showed their specific needs, likes, dislikes, allergies and any special requirement such as input from the speech and language department.

People were supported to maintain good health because the service worked closely with other health care agencies. Visits from healthcare professionals were recorded in people's plans of care as were any actions arising from these visits. People told us about their health their health and one relative told us "Credit where credit is due and it is down to this care home. My relative has put on weight and [relative's] skin has improved no end and this is down to

Good

Is the service effective?

the staff." They described how their relative was supported to turn every 2 hours initially and that they have improved so much they can now do this for themselves. A staff member told us, "There is good access to doctors; we have same day GP visits."

Good

Is the service caring?

Our findings

Throughout the day we observed positive caring relationships between staff and people that used the service. We spoke with people about how they felt living at the home and if staff were kind to them. One person told us "It is very nice here and the carers are very nice."

A relative told us "I would be quite happy to live here from what I have seen." One staff member told us, "People are well looked after." Another said "I give people one to one time when I am caring. I don't rush. I treat them like by grandparents. It takes as long as it takes."

Throughout the day we observed care interactions between staff and people using the service and saw kind, compassionate care. For example staff acknowledged people whenever they passed and spent time talking to people and doing so at eye level. We saw several people becoming distressed throughout the day. Staff comforted people and reassured them.

We saw staff encouraging people to be as independent as possible and in the least restrictive environment as possible. One person said "They care for me. They wake me and wash my face and hands and get my breakfast." One relative told us their family member was turned every two hours in bed but staff did not assist them now as their health had improved and they could do it themselves. We saw one person helped out in the office answering the telephone and initially showed us around the home. They told us, "This home is not like your own home, but it's as good as you can get." We saw staff encouraging people to walk as staff walked beside them at their pace regardless of how long it took them, staff did not rush people.

People were treated with dignity and respect. One person told us. "They knock on my door even though the door is open and they show me respect." We observed respectful practices throughout the day and people received timely, appropriate care. People were not rushed and all staff acknowledged people and gave them time to finish what they were doing.

People were asked for their views and involved in decision making. One person said, "Yes I have seen my care plan", and these were in people's rooms and people had signed them. A staff member told us "All care staff update the care plans behind the doors. Nurses and senior carers update the computers. Keyworkers involve families. Some of us have really good relationships."

The manager told us that families and people using the service were involved as far as possible. They said care plans were implemented with the involvement of people and their relatives and preferably before people moved into the service. Care reviews were held to involve people's families in their plan of care and as a way to sort out any concerns about the care provided to their relatives. One to one meetings resident/relative meetings were held and we saw minutes of these.

Good

Is the service responsive?

Our findings

People received care and support around their individual needs and had opportunities for social activity to promote their well-being.

One person told us "At Christmas we had a wonderful time and I cannot fault them. Winter wonderland in the garden was lovely and they wrapped me up and took me in a chair outside so I could see it up close." Another said "I stay in my room. It is my choice. Today I had a bath and washed my hair and they asked me if I wanted to go and listen to the music but I was a little tired after my bath."

Staff told us about activities that people could access. Most commented that were was enough going on. One staff said "There are always activities. There was a day trip the other day. They do cooking and flower arranging." We saw a schedule of activities on display such as: men's pub lunch, trip to the garden centre and music every Tuesday. There was also a notice board with a number of thank you cards on display which contained positive comments about the service and the care people had received.

On the day of our inspection we observed people enjoying each other's company and spending time chatting to each other. In the morning we saw people sitting in a small group painting Easter eggs. In the afternoon there was an outside entertainer who engaged about fifteen people in a sing-a-long. This activity was well supported by staff and we saw staff joining in. We also observed staff asking and encouraging people to join in.

We asked people about their care and if it was provided in the way the person wished. One person told us One staff member told us, "This is the best home I have worked in. We needed some specialist chairs. They were here within a week."

People's care plans were personal and provided information to staff about how to support people appropriately. In people's room was 'my story folder' and 'my support plan.' These were supported by an electronic care record which contained more detailed information such as weights and nutritional assessments and daily notes of care provided.

The 'my story folder' contained information such as childhood memories, family and children, jobs in my life, special times and places, my favourite things and how I live my daily life.

The 'my support plan' included information such as evacuation, consent to care documentation, monthly evaluation record, a variety of care plans and risk assessments. Care plans were person centred and covered social care, emotional care, intellectual care, spiritual care and night care. These documents gave a very good description of how the person wished their needs to be met and any considerations staff should take into account when providing the care, such as gender preference. There was also documentation looking at people's behaviour and why it might occur and possible solutions to lessen the behaviour For example to assess if the person was unwell, or in pain so this could responded to. This enabled staff to understand people's behaviour and look for possible solutions to minimise people's distress.

We saw that care plans gave good detail, for example how a person with poor verbal skills communicated with staff. Care plans were up to date and showed the involvement of the person receiving care.

The service had an established complaints procedure and we spoke with people using the service, and their relatives about their experiences and if their concerns were listened too. One person said "I am a very happy lady and I could not wish for a better home. The girls are lovely and they come and chat to me and I cannot complain about anything." Another said "I would give the home seven out of 10."

One staff member told us, "Any problems I would go to a senior or manager and the problem is addressed straight away."

Several relatives told us about concerns they had recently. One said when they complained it was sorted out. The manager told us they held family meetings to try and sort out any concerns about people's care. This enabled them to continuously improve the service and learn from mistakes made.

Good

Is the service well-led?

Our findings

There was a positive culture at the home and people told us they believed the service to be well led. One person told us "The manager is very visible and I think that it is well led and since the beginning of the year it has improved." Another said, "The manager's door is always open." Staff told us they would not hesitate recommending it as a good place to work, another said if they needed a care home for a relative they would not hesitate with this home.

Some relatives raised concerns with us about the service and were happy for us to feed this back. However when we did the manager was already aware of the issues and had set up 'family meetings' to discuss these issues and find resolutions.

Staff told us that reflective practice was encouraged and staff had the opportunity to meet to discuss practice issues or to meet with their supervisor where there had been issues identified with their practice. This meant they were able to know where improvements were required and this was done in a supportive way. Staff were clear about their roles and responsibilities. Staff meetings were held over different days to try and include as many staff as possible At the meetings we could see that staff discussed the ethos of the home and how staff should engage with people. There was an emphasis of understanding people's distress reactions and trying to minimise them through positive engagement and positive stimulation.

The Manager told us they were proud of the ethos, approach and care provided. She told us that she had been nominated by the organisation for the 'Manager of the Year' awards as had another member of staff and had been put forward for the national care awards. The provider told us how they were developing their staff and had identified staff leads for different areas of practice in the home such as; dementia support, manual handling, medications, end of life care, events and meaningful occupation, infection control and nutrition advice. Staff were supported to take on these roles either because they had specific skills or an interest in the subject. They then acted as a frame of reference for other staff.

The manager said that any incident, accident or event affecting the well-being, safety or health of people that used the service were recorded and monitored to identify themes and trends. This enabled the manager to take the necessary action to reduce risk. For example adverse event forms were used which all staff were encouraged to complete. These helped staff reflect on their practices and see if the actions they took were appropriate. We saw a record involving an incident where one person, lashed out at staff. This incident was reviewed and staff were reminded to look at the person's distress action plan. This provided information to staff about how to best support the person with their personal care and minimise the distress this caused them.

The providers were available to speak with us and said they were often in the home to support the manager. They were familiar with the needs of people using the service. They showed us the scheduling of audits they and the manager completed to ensure the home was run efficiently and in the interest of people using it. As well as regular care reviews and meetings, they also circulated surveys to people, their families and staff for their feedback. This was done annually and action plans were in place as a result of it. For example as a result of feedback it was identified that people were left sitting in the dining room in their wheelchair for longer than they wanted to be with no activity taking place The action identified was to monitor where people were during the day and ensure they were not left for long periods of time in their wheelchair, This meant the service listened to people and acted on what they said. In addition staff were selected to give feedback on the manager's performance. This was then used as part of the manager's annual appraisal too see how they were managing their staff and if they were demonstrating good managerial skills.

Quality and clinical audits also identified actions and these were monitored and signed of when completed. The providers had recruited a person specifically to oversee the quality of care and take a lead on the provision of good dementia care. They told us the manager and deputy manager were attending leadership courses and they met with them regularly to discuss their progress whilst on the course. They had identified priorities to move the service forward including more structured, meaningful activities for people using the service and more observation around the provision of care particularly for those unable to comment on the care provided. Through this observation, known as dementia mapping, the provider would be able to take a view of the quality of care provided to people and if people were meaningfully engaged and stimulated. The current dementia support training was being reviewed to involve

Good

Is the service well-led?

further reflection between the staff teams, and all staff will receive refresher training. The quality assurance officer told us that they were newly in post and working hard to support the manager and to recruit additional staff who had the right empathy and commitment for the job.

The staff worked with other agencies to ensure people's needs were met as closely as possible, including health, social and the voluntary sector. For example the district nurses and fall prevention team The home was well supported by both the directors and staff specifically employed to promote the quality of the service provision.