

Mrs Kim Crosskey

Pearson Park Care Home

Inspection report

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Hull
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Tel: 01482440666

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

This inspection of Pearson Park Care Home took place on 24 July 2018 and was unannounced. Pearson Park Care Home 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, and both were looked at during this inspection.

At the last inspection the provider was in breach of the regulation on safe care and treatment because they had failed to ensure people's safety from potential hazards. They were in breach of the regulation on person-centred care because they had failed to ensure people's needs were fully recorded and their needs met to maintain good health. They were also in breach of the regulation on good governance because they had failed to carry out effective audits on the premises and care plans. In addition, there were poor systems in place to maintain the cleanliness of the building.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions on the service being safe, responsive and well-led, to at least good.

Pearson Park 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 accommodates 24 people in one adapted building, some of whom may be living with dementia. There are a mixture of single and shared bedrooms. There were 18 people receiving the service at the time of the inspection.

The provider holds an individual registration and therefore does not require a registered manager in post. Mrs K Crosskey manages the service herself and is referred to throughout the report as the provider/manager. She is a 'registered person' in her own right. 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 provider/manager was not available on the day of our inspection and so we were assisted by the administrator and the deputy manager. The deputy manager was training to become a registered manager in the future.

At this inspection we found improvements in the provision of safe care and treatment as work to landscape the rear of the property was complete and the garden was now accessible to people. People's care plans had been revised and afforded improved accountability with instructions to staff on how to meet their needs and reduce or remove safety risks. Improvements had been made regarding quality assurance system and action plans, but further development of systems would ensure greater effectiveness in further identifying shortfalls and aiding improvement to service delivery. Improvements were found in the cleanliness of the premises since our last inspection and there were systems in place to maintain this.

We found that notifications were made to the CQC, with the exception of approvals for 'deprivation of liberty safeguards' having been missed. This was a breach of the regulation on sending notifications to the CQC, but we are addressing this outside of the inspection process.

Review of the medicine administration systems revealed some very minor shortfalls that had potential to become detrimental to people if not checked.

People were safeguarded from harm and recruitment systems were safe. Care staffing levels were safe. The premises and equipment used was safely maintained.

People's needs were assessed and staff were suitably trained. People's needs were met in respect of nutrition and hydration, staff were adhering to mental capacity legislation and the premises were suitably designed for the people living there.

Staff demonstrated a caring approach to people and understood and enabled their preferences and wishes to be met. Staff respected people's diversity, privacy, dignity and independence. People's communication needs were met and there were systems in place to ensure people at the end of their lives were respectfully and compassionately cared for. People's views were sought about the service delivery.

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 always safe.

Minor errors had been made with medicine practice and recording, lighting on the upper floor was poor and two carpets had unpleasant odours.

People were safeguarded from harm. Recruitment and care staffing levels were safely managed. The premises and equipment used was safe and maintained.

Is the service effective?

Good ●

The service was effective.

People's personal care needs were assessed and staff were suitably trained. Nutrition and health needs were assessed and monitored. Mental capacity legislation was followed. The premises were appropriately maintained.

Is the service caring?

Good ●

The service was caring.

Staff demonstrated a caring approach to meeting people's needs. Staff understood people's preferences and wishes and enabled these to be met. People's diversity, privacy, dignity and independence were respected.

Is the service responsive?

Good ●

The service was responsive.

People's choices and preferences were responded to and met by the staff. Communication needs were understood and met. Systems were in place to ensure people were respectfully and compassionately cared for at the end of their lives.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Systems were in place to send notifications to the CQC, but they

had not always been used. Quality audits helped determine where improvements were required, but needed further development.

People's views were sought about the service delivery and the care and support they received. Documentary evidence was missing to show that service improvements were planned.

Pearson Park Care 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.

This inspection took place on 24 July 2018 and was unannounced.

Two Adult Social Care inspectors carried out the inspection. Information had been gathered before the inspection from notifications that had been sent to the Care Quality Commission (CQC). Notifications are when providers send us information about certain changes, events or incidents that occur. We used information the provider sent to us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We did not carry out a Short Observational Framework for Inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us. This was because we encountered sufficient numbers of people who were able to express their views about the care they received. We also spent some time in the lounge informally observing activities taking place and conversations between people and staff.

We spoke with six people that used the service, the administrator and the care deputy manager. The provider/manager was unavailable to assist us with the inspection. We spoke with two staff that worked at Pearson Park Care Home. We looked at care files belonging to four people that used the service, recruitment files and training records for three staff. We viewed records and documentation relating to the running of the service. This included the quality assurance and monitoring records, medication management records and certificates on the safety of the premises. We also looked at equipment maintenance records and records held in respect of complaints and compliments. We observed staff providing support to people in communal areas of the premises and we observed the interactions between people that used the service and staff. We looked around the premises and saw communal areas and people's bedrooms.

Is the service safe?

Our findings

People told us they felt safe living at Pearson Park Care Home. They said, "I do feel safe", "I know I will be treated kindly" and "No harm will come to me here and my things are looked after too."

At the last inspection the provider/manager was in breach of regulation 12: Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because they had failed to ensure people's safety from potential hazards. Building work to improve the premises and a person's tendency to try to leave the service had not been appropriately risk assessed. We requested and received information from the provider since the last inspection to determine they had been monitoring people's safety and their actions were adequate to ensure people were protected from harm.

At this inspection we saw that the premises and equipment used was monitored and maintained for people's safety. Risk assessments were in place, the building work outside was complete and people were monitored to ensure they did not access any areas where internal work was being completed.

During our inspection we identified some other areas for attention. For example, making safe unsteady wardrobes in bedrooms, closing off easy access to an area of the property where final internal building work was underway, repairing a raised floor board that was a trip hazard, adjusting the thermostatic hot water valve in one bathroom (only used by one person) where the water was too hot and adjusting a fire door not fitting in the rebate properly. All these were brought to the attention of the handyman on site and were resolved before we completed the inspection.

We found that lighting on the upper floor landings was inadequate as there was no natural light in this area. Electric lighting, when switched on, was adequate to ensure people's safety when moving around and we requested this be used all the time.

We found that staff responsibility for the management of medicines was not always effective. This was because we identified two minor errors with taking medicines and producing hand-written records. Two people had not received their medicines on one occasion and medicine information details had twice been written in pencil. We discussed these with the deputy, who explained why they had occurred and stated they would implement changes in staff practice. Medicines were stored correctly and disposed of safely. Records held on medicines administration were accurately maintained.

The provider/manager sent us documentary evidence of an electrical safety certificate following our visit, as this could not be located on the day. Other documents, for example, regarding gas and fire safety, the passenger lift and lifting equipment were seen. Accidents and incidents were recorded, analysed and learning from them was used to avoid reoccurrence. We saw that staff used lifting equipment correctly to ensure people's safety. There were personal emergency evacuation plans for removing people swiftly from the premises, which noted people's mobility issues.

Staff protected people from avoidable harm and abuse, with systems in place to monitor and report

incidents. The service used the Hull City Council safeguarding policy and threshold documentation for referring incidents. Staff were trained in safeguarding people procedures and demonstrated good knowledge of these to support their practice. Staff recognised risky or unsafe situations and people were encouraged to manage risk taking wherever possible to ensure they were in control of their lives. Information about risk was shared in staff handovers, meetings and during supervision.

Protective measures in place for people's safety and to promote their human rights were handled with the least restrictive option. The culture around safety and risk was open, which was led by the provider/manager ensuring models of good care were followed. For example, people were supported with anxious behaviour in a positive and encouraging way: with a smile and kind words. The provider/manager openly shared information with other organisations and authorised bodies.

If a person behaved in a way that put themselves or others at risk the staff managed the situation in a positive way that protected people's rights and dignity. For example, some people smoked heavily and while a covered outdoor area was provided, they were supported to be occupied in other ways, rather than sit smoking all day. Staff recognised people's anxieties and referred them to professionals for assessment if necessary.

Sufficient numbers of trained and qualified care staff were seen to be available on duty as recorded on a planned rota to meet people's needs and respond to any unforeseen circumstances. There were usually three care staff each shift throughout the day and two waking night workers. A fourth staff member was on duty doing an induction 'shadowing' shift as they were new. Staff told us they liked working at Pearson Park Care Home.

Recruitment systems and procedures were adequately followed and made sure that staff selected were right for the job. Appropriate Disclosure and Barring Service and other security checks were completed. However, some documents had not been dated and the administrator was reminded to ensure all documentation was dated on completion.

There were appropriate facilities and suitable personal protective equipment in place to ensure hand hygiene was safe and people were protected from the spread of infection. Staff had received training in this area and understood their responsibilities. However, while the service was generally clean and well maintained, there were two bedroom carpets with unpleasant odours. These were highlighted and brought to the attention of the deputy who explained that plans were already in place to replace them. They explained that carpets were shampooed regularly where necessary and action would be taken to address these two bedroom carpets again as quickly as possible. The administrator explained that cleaners worked three hours a day and endeavoured to ensure bedrooms were free from unpleasant odours. Hygiene procedures were followed and concerns about people's wellbeing in relation to personal hygiene and safety were shared with the appropriate agencies.

The catering staff had good food hygiene training and experience and followed required standards and practice. The food hygiene rating score at the last environmental health visit in March 2018 was a 'four' (one being the worst score and five the best). This was because of the floor covering being old, damaged and difficult to keep clean. The flooring had still not been replaced, but we were told that this was planned as part of the overall refurbishment taking place. Other recommendations made following the environmental health officer's visit had been met.

Is the service effective?

Our findings

People told us the service was effective at meeting their needs. They said, "Staff are always around for us to seek help", "Whenever I need help it is there" and "Staff seem to know what to do at every turn."

Care and support was planned and monitored to ensure consistent care in line with current guidance and legislation. People's needs were assessed and reviewed. Reference was made to external services and organisations where necessary, such as those for health care and support with nutrition and diet, moving and handling and continence. People's quality of life and care outcomes were adequately met because staff effectively applied their learning to provide the outcomes people wanted.

Staff were trained to carry out their roles. Details of this were held in individual training records as well as a general training matrix (record). Staff completed induction, training and regular refresher training. Some of their skills were competence checked, for example, with administration of medicines and moving and handling. Supervision and appraisal of staff was carried out and appropriately recorded.

People exercised choice regarding food and drink. We saw the cook asking what people wanted for their main meal of the day, from a choice of two options. Food was appropriately presented in a pleasant environment. Discussion with the staff revealed that people were provided with meals that respected their religion, culture and dietary preferences. People, especially those with complex needs, were protected from the risk of poor nutrition, dehydration and swallowing problems that affected their health. This was because specialist dietician and speech and language therapist services were accessed and their advice followed. Mealtimes were relaxed and unhurried and there were sufficient staff to support people when they required it.

People's health and wellbeing was monitored and any concerns were identified so that they could access the right health care support. Staff ensured people saw doctors and district nurses when necessary and other services, for example, audio, dental, optical and chiropody were sought when required. 'Patient passports' were used to ensure health needs were understood across services.

Everyone had access to a secure garden to the rear of the property. The gardens had been newly landscaped with a cobbled path leading to a wrought iron fenced pond. While the cobbles were very attractive they did not provide an entirely even surface to walk on or be pushed across in a wheelchair. We discussed the need to update people's mobility risk assessments to include the cobbled area in the garden and ensure no one was at risk of falling there. The deputy manager agreed to action this. There was a separate patio seating area which people could access perfectly safely. There was indoor space in the lounge, dining room or people's bedrooms to meet family and friends in private if people wished to. We identified a damp smell in two of the bedrooms, which was passed to the deputy for investigation. A damp course had recently been completed to other parts of the house.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making specific 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 these decisions, any made on their behalf must be in their best interest 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 interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called 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 were being met. The provider/manager was using MCA legislation to determine people's capacity and protect their rights.

They were also using the best interest process to help decide issues with people regarding more complex matters. Staff were aware of these processes and requirements under the MCA. People were involved in decisions about their day to day care needs, wherever possible. Where people lacked capacity for specific decisions they were given information in an accessible format of their choice and family, friends and advocates were involved.

Is the service caring?

Our findings

People told us they found the staff to be caring and helpful and that relationships within the service were positive. People told us they felt listened to and knew how to seek help. They said, "I find the girls helpful, as they will do anything for you", "The girls are lovely" and "All you have to do is ask and they will help." They also said, "The staff ask what it is that we need and give us their time to achieve it" and "I just have to say what my problem is and staff help sort it."

We observed staff relating well with people, showing them where they could spend time outside or in, helping them, for example, to the bathroom or to have a cigarette and a drink. We observed staff spending time with people in the lounge doing activities, although some people found this noisy and expressed their views on the matter. Staff remained polite and tried to accommodate everyone so that they felt their views and needs mattered. One new staff member, on induction was adaptable to people's needs and learned from longer standing staff the best approaches to use. We also saw how staff related to an anxious person living with dementia, showing them kindness with a supportive cuddle.

The provider complied with the Accessible Information Standard, which is the means of ensuring that those with a disability receive accessible health and social care information by identifying and managing people's communication needs. Staff got to know people well and had time to spend with people throughout the day. They used people's preferred means of communication to interact with them and to provide support with, for example, personal care, nutrition, personal safety and entertainment. Picture menu cards were available to show people the meal options on offer.

Where English was not people's first language and they had resorted to speaking more of their national language staff had learned ways of communicating through commonly used and understood words and phrases and with gestures and actions. Staff often mediated through one person's family members when issues required important decisions.

Staff provided support sensitively, with regards to personal care needs and offered encouragement to ensure people were comfortable. The administrator pointed people and families in the right direction if outside help was needed, for example, from advocates (people outside the organisation appointed as an independent voice for those unable to represent themselves), social services or health care professionals.

People were treated with dignity and respect without discrimination. Newly recruited staff were questioned about the principles of good care, and training and support was given to them that focussed on the values of kindness, compassion, respect and dignity. Equality and diversity was discussed in team meetings and staff completed on-line training in this area.

People's choices were respected, including when they moved around the service, the time they got up or went to bed, whether they joined in with activities and when they received personal care from a staff member of their choosing. Staff respected people's privacy and dignity by ensuring personal care was behind closed doors, not discussing sensitive issues in public and maintaining discretion with confidential

information. Staff gave examples of the care and support they sensitively provided to people to demonstrate their understanding of the importance to maintain privacy, dignity and independence.

Is the service responsive?

Our findings

People told us the staff responded well to meeting their needs. They said, "The staff are really helpful. They get me up in the morning and help me dress and once I'm in the lounge bring a nice cup of tea", "If I need help with anything I just have to ask" and "We please ourselves much of the time, but staff are there when we need them."

At the last inspection the provider was in breach of regulation 9: Person centred care of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider/manager had failed to ensure people's needs were fully recorded in care plans and people were provided with the support and care they needed to keep them well.

At this inspection we found that some improvements had been made to care plan documents so that they reflected people's needs better. Care plans were more detailed. For example, one person's care plan detailed their skin integrity pressure risk on admission, which had been high and involved immediate referral to health care professionals for treatment. Monitoring charts for pressure relief and food and fluid intake were used. We were told that much improvement had been achieved in collaboration with the district nursing services with regards to this person's skin condition, their general demeanour and health.

Another example included a person's details on maintaining good mental health. Involvement with mental health services as well as doctors, dentist and the like, was facilitated for the person. They had been appropriately referred to the dietician for weight loss and a fortified diet was being provided. They had good relationships with staff and told them when they were feeling mentally low or unwell and records showed that their needs were regularly reviewed and updated. Where the person declined to engage in some health screening this was respected and recorded, as they had capacity to determine their own health care support.

People and their families were involved in compiling people's care plans because they were asked questions at the pre-assessment stage about their needs and preferences for care. These were recorded on an 'activities for daily living' assessment form. Although the assessment documents asked about some of the diverse needs people might have, regarding their religion, age, culture, marital status and disability, they did not consider all the protected equality characteristics that could be relevant to people's care needs, for example, sexual orientation. When we discussed with the administrator and deputy manager their means of finding out this information from people, they expressed they were not aware of anyone with such needs, but this was because they had not asked the question. Therefore they could not be sure they were meeting everyone's needs in this regard, which was an area for development.

People's choices and preferences regarding other areas of need were sought and listened to. Care plans were based on people's past lives, future goals, and any abilities they remained in control of. There was information on how they preferred to manage their health. Care plans were regularly reviewed against people's changing needs. Staff facilitated some impromptu activities, which we observed on the day of the inspection visit. Relationships and community links were encouraged so that people were not isolated.

Some people accessed the community independently to purchase items they needed daily: cigarettes, sweets and newspapers.

The provider complied with the Accessible Information Standard (AIS), which is the means of ensuring that those with a disability receive accessible health and social care information by identifying and managing people's communication needs. This was achieved by identifying people's communication needs through pre-assessment and assessment of needs and managing them through informal communication methods and family networks. However, this was not done formally by following the five steps of the AIS process, which is an area for development, to show accountability in AIS activity.

People and their families were given information about how to raise any concerns and give feedback about their care. Information was available in a leaflet in the hallway and within the 'statement of purpose' (a document to inform people of what to expect from the service). While people said there was nothing to complain about they told us they knew how to make their dissatisfactions known. They felt they would be listened to. Learning from complaints was used to improve the service, though there were no recent examples of how this had done this.

Staff ensured that people and their families were asked about and listened to regarding people's preferences and decisions for end of life care. Information was recorded in people's care plans, to the extent that it stated people's religion and whether they preferred burial or cremation. Staff were aware of people's diagnoses and with the help of health care professionals had assessed their support needs. Staff made sure people's dignity and comfort were maintained and that professionals were consulted about a dignified and pain-free death. Specialist medicines were made available at short notice, if necessary.

Is the service well-led?

Our findings

People told us the service was appropriately run. They said, "[Name of deputy] knows what needs doing and keeps the staff on course", "The manager sees that things 'tick over'" and "Most things here are done for us, so we have no worries."

At the last inspection in 2017 the provider/manager was in breach of regulation 17: Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider/manager had failed to use the quality assurance system effectively as there were no formulated action plans in place. While the provider/manager had notified us prior to our last inspection of a serious accident and injury sustained to a person in December 2016, we raised questions about the information contained in the notification after discussing this with them at that inspection. We had concluded that the original notification was missing some important information.

Prior to this inspection in 2018 we had been in contact with the provider/manager to ascertain further facts about the accident, because concerns had been raised again about elements of service delivery that related to the event. We determined that the provider/manager had told us all they could following the enquiries we made after the last inspection and that they were also forthcoming with information we requested more recently. They had acted appropriately in relation to the accident and ensuring people's safety at the time.

At this inspection we found that quality assurance systems were followed up with an action plan to show how shortfalls would be addressed and improvements made. Audits were completed in areas of the service delivery, for example, on care plans, infection control, health and safety, the environment and medicines management. Through the quality assurance system risks and regulatory requirements were monitored so that these could be mitigated, where possible. However, quality assurance systems needed further improvement because they had not identified the shortfalls we found with the safety of the environment, unpleasant odours and minor medicine errors.

The service was not always appropriately led and managed. The leadership consisted of the provider/manager, a deputy manager and an administrator who shared responsibilities for running the business and managing the care that people received. We determined that governance responsibilities were understood with regards to legal requirements and conditions of registration, but the management team had omitted to exercise them fully in relation to notifying us of Deprivation of Liberty Safeguard (DoLS) approvals made in the last 12 months. We have learned since the inspection that eight DoLS were approved between June 2017 and April 2018 and therefore it took the provider four months to notify us of the outcome of six of them. Two DoLS were never notified to us after being approved (though one was notified in July 2017 at the application stage, which was four months after its submission).

This was a breach of regulation 18: Notification of other incidents under the Care Quality Commission (Registration) Regulations 2009. We are addressing this breach outside of the inspection process.

The provider was not required to have a registered manager in post, because they were registered as an

individual and were in day-to-day management of the service. The management style of the provider/manager could not be determined when we inspected as they were unavailable to assist us and so we did not meet them.

Staff told us that the provider/manager engaged with them and was supportive. Staff meetings were held to share information and learning. Equality and diversity were promoted and any workforce inequality was acted on so that staff felt they were treated equitably.

Feedback was sought about service delivery using satisfaction questionnaires and we saw eleven had been returned following the last survey in April 2018. Positive answers were noted for all questions on safety, being treated well, privacy and dignity, quick response when calling for support, cleanliness, activities on offer, food provision and knowing who to complain to. Eleven staff surveys had been completed in February and seven family ones in June 2018 and again answers showed good satisfaction with the service. 'Resident' meetings were held to discuss activities, food and any proposed changes to the service.

The provider/manager worked openly and collaboratively with other agencies and organisations, shared information with them and listened to and acted on their advice when it was offered.

Data protection was appropriately managed and the service was registered with the Information Commissioner's Office, up to August 2019. The administrator and deputy manager were aware of the new data protection legislation.

We were told that planning for the refurbishment was not formally documented but was in vision format in the minds of the provider/manager and their spouse. We saw that certain jobs identified for repairs in the premises were recorded in a maintenance manual as needing action and signed off once the work was completed, but the overall refurbishment plan was not written down. This did not evidence that a documented plan was already in place for refurbishment and alterations going forward, when we or Hull City Council contracts monitoring identified any shortfalls.