

Park Healthcare Limited

Hays House Nursing Home

Inspection report

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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

Hays House 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. Hays House accommodates up to 43 people in one adapted building. At the time of our inspection 38 people were living at the home.

At our last inspection in December 2015 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

This inspection took place on 6 and 7 March 2018 and was unannounced.

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People who use the service and their relatives were positive about the care they received and praised the quality of the staff and management. Staff respected people's choices and privacy and responded to requests for assistance.

People told us they felt safe living at Hays House and were involved in developing and reviewing their care plans. Systems were in place to protect people from abuse and harm and staff knew how to use them. Medicines were stored safely in the home and staff had received suitable training in medicines management and administration. People received the support they needed to take their medicines.

There were sufficient staff available to provide safe care. Staff understood the needs of the people they were providing care for and had the knowledge and skills to meet their needs.

Staff received a thorough induction when they started working at the home. They demonstrated a good understanding of their role and responsibilities. Staff had completed training to ensure the care and support provided to people was safe and effective to meet their needs.

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

The service was responsive to people's needs and wishes. People had regular meetings to provide feedback about their care and there was an effective complaints procedure. People enjoyed the social activities that were arranged.

The registered manager regularly assessed and monitored the quality of care provided. Feedback from people and their relatives was encouraged and was used to make improvements to the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Hays House 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.

This inspection took place on 6 March 2018 and was unannounced. We returned on 7 March 2018 to complete the inspection.

The inspection was completed by two inspectors. Before the inspection we reviewed previous inspection reports and all other information we had received about the service, including notifications. Notifications are information about specific important events the service is legally required to send to us.

We used information the provider sent us in the Provider Information Return. 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.

During the visit we spoke with the registered manager, eight people who use the service, two visitors to the home and 13 staff, including nurses, care assistants, catering and housekeeping staff. We spent time observing the way staff interacted with people and looked at the records relating to support and decision making for eight people. We also looked at records about the management of the service.

Is the service safe?

Our findings

People said they felt safe living at Hays House. Comments included, "Yes I feel safe; they have kind staff" and "Yes; the staff are very kind to me." A relative told us, "I feel confident when I drive away that [my relative] is safe. I have no concerns."

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. They had access to information and guidance about safeguarding procedures to help them identify possible abuse and respond appropriately, if it occurred. Staff told us they had received safeguarding training and we confirmed this from training records. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. They said they would report suspected abuse and were confident senior staff in the service would listen to them and act on their concerns. Staff were aware of the option to take concerns to agencies outside the service if they felt they were not being dealt with.

The provider had taken action to learn from incidents and safeguarding investigations. Incidents had been promptly reported to the local authority safeguarding team, the clinical commissioning group (CCG) and CQC. The registered manager had completed detailed root cause analysis when requested to by the CCG. This is a systematic process for identifying 'root causes' of problems or events and an approach for responding to them. The responses following this process included actions to prevent a similar event happening to other people, additional training for staff where necessary and action to address individual staff errors.

Risk assessments were in place to support people to be as independent as possible, balancing protecting people with supporting them to maintain their freedom. Examples included assessments about how to support people to minimise the risk of falls, maintain suitable nutrition and minimise the risk of developing pressure ulcers. People had been involved throughout the process to assess and plan the management of risks. Staff demonstrated a good understanding of these plans and the actions they needed to take to keep people safe.

Fire equipment and alarms had been serviced and there was a comprehensive fire evacuation plan, setting out the support people needed to evacuate the building in case of an emergency. Following a fire risk assessment, work had been carried out to replace an external fire escape, the fire evacuation plan had been produced and staff had received training around this. Regular checks and servicing had been carried out on electrical appliances, gas and electrical services, lifts and lifting equipment, slings and bath hoists. This helped to ensure equipment was safe for people to use and any defects were identified promptly.

Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people. We checked the records of two staff employed in the last year. These showed that staff

were thoroughly checked before they started providing care to people. The registered manager had records to demonstrate nurses employed in the home were registered with the Nursing and Midwifery Council (NMC).

Sufficient staff were available to support people. People told us there were enough staff to provide support when they needed it. Relatives were also positive about the staffing levels, with comments including, "There are enough staff available and they know what they're doing." Staff told us they were able to provide the support people needed. Comments included, "We are always well staffed here and our own staff fill in the gaps if there are any" and "Staffing levels are sufficient to meet people's needs."

Medicines held by the home were securely stored and people were supported to take the medicines they had been prescribed. Medicines administration records had been fully completed. These gave details of the medicines people had been supported to take, a record of any medicines people had refused and the reasons for this. There was a record of all medicines received into the home and disposed of. Where people were prescribed 'as required' medicines, there were protocols in place detailing when they should be administered. People told us staff provided good support with their medicines, bringing them what they needed at the right time. People also told us they were able to have painkillers when they needed them.

All areas of the home were clean and people told us this was how it was usually kept. Clinical waste bins were available for staff and had been emptied before they became over full. There was a colour coding system in place for cleaning materials and equipment, such as floor mops. There was also a colour coding system in use to ensure soiled laundry was kept separate from other items. There was a supply of protective equipment in the home, such as gloves and aprons, and staff were seen to be using them. All areas of the home were clean and smelt fresh.

Systems were in place for staff to report accidents and incidents. Staff were aware of these and their responsibilities to report events. The registered manager reviewed these reports and recorded any actions that were necessary following them. This ensured lessons were learnt following incidents and reduced the risk of an incident re-occurring.

Is the service effective?

Our findings

People told us staff understood their needs and provided the care and support they needed. Staff demonstrated a good understanding of people's medical conditions and how they affected them. This included specific information about people's diabetes, pressure care, dementia and nutritional needs. Staff had access to guidance from the National Institute for Health and Care Excellence (NICE) and referred to these when developing care and treatment plans with people. Staff had worked with specialist nurses where necessary to develop care plans, for example a tissue viability nurse specialist.

Staff told us they received regular training to give them the skills to meet people's needs. This included a thorough induction and training on meeting people's specific needs. New staff spent time shadowing experienced staff members, learning how the home's systems operated and completing the care certificate. The care certificate is a nationally agreed set of standards that sets out the knowledge, skills and behaviours expected of staff.

Training was provided in a variety of formats, including on-line, classroom based and observations of practice. Where staff completed on-line training, they needed to pass an assessment to demonstrate their understanding of the course. Staff told us the training they attended was useful and relevant to their role in the service. Staff were able to complete training on health conditions specific to people they were supporting. The registered manager had a record of all training staff had completed and when refresher training was due. This was used to plan the training programme. Staff were supported to complete formal national qualifications in social care.

Staff told us they had regular meetings with their line manager to receive support and guidance about their work and to discuss training and development needs. We saw these supervision sessions were recorded. The registered manager kept a record of the supervision and support sessions staff had attended, to ensure all staff received the support they needed. Staff said they received good support and were also able to raise concerns outside of the formal supervision process.

People told us they enjoyed the food provided by the home and were able to choose meals they liked. Comments included, "The food is good. You can get something different if you want it" and "I'm always in contact with the chef, who is very good. I let them know what I want and they prepare it for me." The chef said they met with people when they moved to the home in order to find out about their likes and dislikes. The chef had also attended residents' meetings and said they were in the process of introducing new menus with more options. Kitchen staff had attended training about food preparation for people with swallowing difficulties.

People said they were able to see health professionals where necessary, such as their GP, specialist nurse or attend hospital appointments. People's care plans described the support they needed to manage their health needs. There was clear information about monitoring for signs of deterioration in their conditions, details of support needed and health staff to be contacted.

The registered manager had identified a number of improvements that were required to the building. There was a programme of refurbishment in place, following consultation with people who used the service. The registered manager said they planned to extend this programme to include improvements to the garden, enabling people to access different areas more easily and provide an accessible greenhouse and raised planting beds.

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. Care plans contained details about the support people needed to make decisions. Examples included information about the way people communicated and the way staff could offer choices.

People told us staff always gained their consent before providing any care or support. Comments included, "Staff always ask before doing anything." We observed staff working in this way, checking with people before providing any care or support.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Applications to authorise restrictions for some people had been made by the service. Cases were kept under review and if people's capacity to make decisions changed then decisions were amended. Staff understood the importance of assessing whether a person had capacity to make a specific decision and the process they would follow if the person lacked capacity.

Is the service caring?

Our findings

People told us they were treated well and staff were caring. Comments included, "I am happy. The staff are very kind" and "I can't fault the staff on their kindness since I've been here." We observed staff interacting with people in a friendly and respectful way. Staff respected people's choices and spoke with people in ways they could understand.

Staff communicated with people in accessible ways that took into account any sensory impairment which affected their communication. For example, care plans included details about the way staff should communicate with people. This included information about how people's hearing and sight loss affected them and the support they needed.

Staff received training to ensure they understood the values of the organisation and how to respect people's privacy, dignity and rights. The registered manager reported it was mandatory for all staff to attend this 'dignity and respect' training, which covered the values of the organisation and how staff should apply them in practice. The management team completed observations of staff practice to ensure these values were reflected in the care provided.

Staff had recorded important information about people; for example, personal history, plans for the future and important relationships. People's preferences regarding their daily support were recorded. Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided. This information was used to ensure people received support in their preferred way.

People were supported to contribute to decisions about their care and were involved wherever possible. For example, people had regular meetings with staff to review how their care was going and whether any changes were needed. Details of these reviews and any actions were recorded in people's care plans. People told us staff consulted them about their care plans and their preferences. There were also regular residents' meetings, which were used to receive feedback about the service and make decisions about the organisation of the home.

People told us staff supported them in ways that helped them to be as independent as possible. Care plans contained information on how to support people to maintain their independence and staff demonstrated a good understanding of the support needed.

Personal information was held securely in the office, with only relevant staff who needed the information to provide care to people having access to it.

Is the service responsive?

Our findings

Staff visited people before they moved to the home to find out what they needed and how they wanted their care provided. The home had an admissions co-ordinator, who was able to spend time with people finding out what their needs were and answering any questions about the service. A relative told us the assessment process was very thorough and gave them and their relative a good understanding of what could be provided at the home. The relative told us the assessment co-ordinator had a very good approach and answered all the questions they had.

People had care plans which contained detailed information about their needs. The plans included information on maintaining health, treatment plans for wounds and pressure ulcers and people's preferences regarding their personal care. There was specific information about people's health conditions; for example, details about support people needed to manage conditions such as Parkinson's, dementia and diabetes. Care plans set out how people wanted their needs to be met. The plans were regularly reviewed with people and we saw changes had been made following their feedback.

In addition to their care plan, people living with dementia had a 'This is me' booklet. This is a document developed by the Alzheimer's Society and the Royal College of Nursing, which sets out personalised information about how people communicate and what is important to them.

People told us they were able to keep in contact with friends and relatives and take part in group activities they enjoyed. There was a list of planned activities displayed in the home, which included arts and crafts, games, exercise sessions, visiting entertainers and religious services. We observed staff discussing the activities that were planned with people, giving people the opportunity to decide what they wanted to take part in. The group activities that took place during the inspection were well attended and people said they enjoyed them.

The registered manager had involved people in the recruitment of new staff. People had devised some of the interview questions and people had been members of the interview panels. The registered manager told us the input from people was very useful to assess how candidates would relate to people and provide care and support in the way they wanted.

People were confident any concerns or complaints they raised would be responded to and action would be taken to address their issue. People said they knew how to complain and would speak to the registered manager if there was anything they were not happy about. The service had a complaints procedure, which was provided to people when they moved in and displayed in the home.

Complaints were regularly monitored to assess whether there were any trends emerging and whether suitable action had been taken to resolve them. Staff were aware of the complaints procedure and how they would address any issues people raised in line with it. Complaints received had been investigated and a response provided to the complainant. There was a record of on-going dialogue with people who had raised complaints, with meetings arranged to plan, discuss and review actions.

People's preferences and choices for their end of life care were discussed with them and recorded in their care plans. This included people's spiritual and cultural needs and contact details of relevant people who the person wanted to be involved. The registered manager said they worked closely with the local hospice team to ensure staff had the right knowledge and support to meet people's needs.

One person, who had moved into the home for end of life care, had a care plan in place which stated their personal wishes on how they would like to be supported in their final days. The person confirmed that they had been involved in the care planning process. They told us that they received their pain control medicines on time and described the pain control as good. They described the staff as "Very nice" and added "I only have to ask for something and they do it."

Is the service well-led?

Our findings

There was a registered manager in post and they were available throughout the inspection. The registered manager was also the nominated individual for Park Healthcare Limited. They reported the company was in the process of being sold and expected new directors to be involved in the company in the near future. The registered manager said they had been informed no changes to the registration of the service were planned and the day to day operation of the home would not change in the short term. The registered manager was aware of the requirement to notify us of any changes to the directors of the provider company, or if a new nominated individual was appointed.

As a result of the changes the registered manager had established links with a local hospital trust to provide clinical supervision. This ensured there was someone assessing the registered manager to ensure they were following current guidance and best practice.

The registered manager said the management team aimed to promote an open culture, transparency and fairness within the service to enable staff to provide high quality care. The management team completed reviews of the service, which included observations of staff practice. These were used to ensure staff were putting their training into practice and working in ways that reflected these values.

Staff had clearly defined roles and understood their responsibilities in ensuring the service met people's needs. There was a clear leadership structure and staff told us the registered manager gave them good support and direction. Comments from staff included, "The registered manager is very supportive. She has encouraged me to complete additional training to help my development" and "The home is well managed. The manager will listen to new ideas and will give an explanation if they are not able to do something." Some of the care staff gave negative feedback about the way some of the supervisors worked, saying they did not feel they were always treated in ways that demonstrated respect. One member of staff commented, "The rules change every day, depending on which team leader is working. However, I don't feel this has had an impact on people who live here." We discussed this feedback with the registered manager, who was aware of the concerns and was taking action to address them.

There was a system of audits and reviews, which was used to create a development plan for the service. There were systems in place to track incidents and accidents and plan actions to minimise the risk of them happening again. The registered manager reviewed incidents in a systematic way, analysing events and assessing whether taking other actions would have resulted in better outcomes for people. Where learning points were identified, action was taken to ensure these were implemented in practice.

Personal confidential information was securely stored in locked offices and cabinets. Staff were aware of the need to ensure information remained secure. We observed staff following these procedures and ensuring confidential information was not left unattended or unsecured.

Satisfaction questionnaires were used to ask people and their visitors their views of the service. The results of the surveys were collated and actions were included in the registered manager's development plan for

the service.

There were regular staff meetings, which were used to keep staff up to date and to reinforce the values of the organisation and how the registered manager expected staff to work. Staff also reported that they were encouraged to raise any difficulties and the registered manager worked with them to find solutions.