

Park Homes (UK) Limited

# Holly Park Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

This inspection took place on 2 May 2018 and was unannounced.

Following the last inspection in March 2017 the overall rating for the service was 'requires improvement.' The provider was in breach of one Regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This breach related to 'safe care and treatment' (Regulation 12) specifically about medicines management. On this inspection we found they had rectified the issues we identified last time. However, we found the providers systems and processes had not identified some further issues with medicines management.

Holly 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 care home can accommodate up to 43 older people who may be living with dementia in one adapted building. Accommodation is provided over two floors.

There was no registered manager in place. A manager had been recruited and was in the process of applying to CQC to be registered. 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 2008 and associated Regulations about how the service is run.

There were enough staff to keep people safe and to meet their care needs. Staff were receiving appropriate training and they told us the training was relevant to their role. Staff told us they felt supported by the manager and were receiving formal supervision.

Care plans were up to date and detailed what care and support people wanted and needed. Risk assessments were in place and showed what action had been taken to mitigate any risks which had been identified. We saw appropriate referrals were being made to the safeguarding team when this had been necessary.

People's healthcare needs were being met; however, improvements needed to be made to make sure medicines were managed safely.

People's nutritional needs were met and meals at the home were good, offering choice and variety.

People who used the service and their relatives told us staff were helpful, friendly, kind and caring. We saw people were treated with respect and compassion.

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 supported this practice.

The home was clean, comfortable and improvements to the environment were on-going.

The complaints procedure was displayed. Records showed complaints received had been dealt with appropriately.

Some activities were on offer to keep people occupied and the manager was keen to introduce more things for people to do.

Everyone spoke highly of the manager and said they were approachable and supportive. People using the service and relatives were consulted about the way the service was managed and their views were being acted upon. There were some good audits being completed that were picking up issues. We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

## 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.

Medicines were not always managed safely.

Staff were recruited safely. There were enough staff to provide people with the care and support they needed and to keep the home clean.

Staff understood how to keep people safe and where risks had been identified, action had been taken to mitigate those risks.

### Is the service effective?

**Good** 

The service was effective.

Staff were inducted, trained and supported to ensure they had the skills and knowledge to meet people's needs.

Meals at the home were good, offering choice and variety. People's individual preferences were being catered for.

People were supported to access health care services to meet their individual needs.

The legal requirements relating to Deprivation of Liberty Safeguards (DoLS) were being met.

### Is the service caring?

**Good** 

The service was caring.

People using the services told us they liked the staff and found them caring and kind. We saw staff treated people with kindness, patience and compassion.

People looked well cared for and their privacy, dignity and independence was respected and maintained.

### Is the service responsive?

Good 

The service was responsive.

Individual care plans were in place to provide staff with essential information.

There were activities on offer to keep people occupied and people had been consulted about what activities they would like.

A complaints procedure was in place and complaints which had been received had been resolved.

### Is the service well-led?

Requires Improvement 

The service was not yet consistently well-led.

Quality assurance systems were in place and some were more effective than others in bringing about improvement. This is why this section of the report has a 'requires improvement' rating.

There was a manager in post who provided leadership and support to the staff team. They were in the process of registering with CQC.

# Holly 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 checked 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 2 May 2018 and was unannounced. The inspection was carried out by two adult social care inspectors.

Before the inspection we reviewed the information we held about the service. This included notifications from the provider and speaking with the local authority contracts and safeguarding teams.

On this occasion we did not request a Provider Information Return (PIR). The PIR is a document which gives the provider the opportunity to tell us about the service. 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 spent time observing care in the lounges and dining rooms and used the Short Observational Framework for Inspections (SOFI), which is a way of observing care to help us understand the experience of people using the service who could not express their views to us. We looked around some areas of the building including bedrooms, bathrooms and communal areas. We also spent time looking at records, which included three people's care records, staff recruitment files and records relating to the management of the service.

We spoke with seven people who used the service, two relatives, three care workers, the chef, one housekeeper, the handyperson one district nurse, manager and operations manager.

# Is the service safe?

## Our findings

At the last inspection in June 2017 we found the provider needed to improve way medicines were managed. On this visit we found improvements had been made. However, we did identify some further concerns

At our last inspection, we found suitable arrangements were not in place to ensure appropriate administration of medicines with specific instructions about when they should be given in relation to food. At this inspection, we saw one person received a medicine which the medicines administration record (MAR) stated was to be administered 30 to 60 minutes before food. The medicine had been sent by the pharmacy to the service in a dosette box which contained other medicines. We saw this person had chosen to have a lie in on the morning of our inspection and had yet not eaten their breakfast at the time of the medicines round. However, by not having appropriate separate systems in place for these medicines, the likelihood of the person not receiving the medicine as prescribed was increased. This should have been identified and addressed through the provider's own medicines management systems.

Some medicines are classed as controlled drugs because there are particular rules about how they are stored and administered. At the last inspection we had concerns about the safe administration of some controlled drugs, such as pain relief medication patches. At this inspection, we saw these were changed and administered appropriately. These patches need to be placed in different sites each time they are replaced. The manager agreed further documentation was required to indicate where on the person's body the pain medication patches had been placed to mitigate the risk of staff mistakenly replacing these in the same area. However, we saw correct procedures for checking controlled drugs were not always followed, such as the requirement for a second person to check the controlled drug to mitigate the risk of mistakes. Although a second person was signing the controlled drugs register, we saw they signed to agree the amount of the medicine left in the packet, rather than check the correct medicine had been administered. This meant safe control mechanisms were not sufficiently in place. The manager agreed to review processes to ensure correct procedures were followed in relation to controlled drugs.

Some medicines were found to be out of stock at our last inspection. At this inspection, we saw systems were in place for stock to be reordered to prevent this occurring. However, we found further improvements needed to be made in this area since one person's anti-depressant medicines had run out on the morning of our inspection and another person's nutritional supplements had run out on the previous morning. The service took immediate steps to rectify this and the medicine was delivered and administered later in the morning. We saw the reorder had been faxed at the start of the week but not delivered. The manager agreed to look at ordering processes to ensure sufficient time was given for the order to be fulfilled and delivered.

This was a breach of Regulation 17, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made to the guidance for medicines to be given 'as required.' Protocols and clear guidance were in place to reflect why and when these medicines were to be administered to reflect people's individual needs.

Medicines were securely stored in locked trolleys, cabinets or fridges. We looked at a sample of MARs and these were well completed. Staff who administered medicines were trained and had their competency assessed. We saw people were given their medicines according to how they wished to take them, either swallowing all together or taking their time with individual tablets. The staff member administering medicines was gentle and patient with people and spent time encouraging people to take their medicines, explaining why this was important.

People were kept safe from abuse and improper treatment. People who used the service told us, "Yes, I feel safe here, the staff understand me." "No concerns about being here. I do feel safe, knowing there's people about and they're here to help." A visitor said, "[Relative] is safe here and I don't worry about them." A health care professional said, "I think people are safe, I've never seen anything that gives me cause for concern."

Staff had completed safeguarding training and said they would not hesitate to report concerns to a senior member of staff, the manager or the safeguarding team. The manager had made appropriate referrals to the safeguarding team when this had been needed. This meant staff understood and followed the correct processes to keep people safe.

People were protected from financial abuse. The manager held some money for safekeeping on behalf of people who used the service. We checked the money being held for three people and found the balances of money held were correct.

There were enough staff on duty to care for people safely and keep the home clean. People who used the service and relatives told us they felt there were enough staff on duty. Staff we spoke with told us there were enough staff on each shift to ensure people's needs were met. The manager told us staffing levels could be increased if people's needs changed and this was confirmed by staff.

The duty rotas were arranged to provide one senior carer and three carers from 8am – 8pm. The manager worked five days a week in addition to the care staff. At night there were three waking night care workers on duty. The night staffing levels had been increased and one person who used the service told us, "The night staff are much happier now there are three of them on duty."

The care team were supported by housekeepers, chefs, an activities co-ordinator and a handy person. Although the activities co-ordinator was on sick leave at the time of our inspection.

We saw there was a good staff presence around the home and people's requests for assistance were responded to in a timely way.

A range of checks were undertaken on the premises and equipment to help keep people safe. These included checks on the fire, electrical, gas and water systems. Where actions were required, we saw outside contractors had carried out remedial work and this was contained in the service improvement plan. We saw the fire alarm was tested weekly, fire systems and equipment were checked and fire drills were held. Personal emergency evacuation plans (PEEPS) were in place and these were up to date and relevant. This meant staff knew what action to take should an emergency situation arise.

Improvements to the environment were on-going and there was a detailed refurbishment plan in place which detailed when improvements would be made by. The handy person explained any health and safety issues were given priority and other areas redecoration and refurbishment were attended to in between. We saw some bedrooms had been redecorated and improvements were being made to the lighting. In addition to this there was a repairs book which staff used to identify anything they found on a day to day basis.



The home was clean, tidy and odour free. People who used the service and relatives told us this was always the case. Staff had access to personal protective equipment, such as gloves and aprons and we saw these were used appropriately. For example, one person was being cared for in their bedroom due to risk of infection. We saw staff used aprons and gloves when entering the bedroom and disposed of these before leaving the room. A sign was displayed on the door to remind staff to employ correct infection control methods. Staff had received infection control training and this was also discussed at staff supervision and meetings.

The service had been awarded a five star rating for food hygiene by the Foods Standards Agency, this is the highest award that can be made and demonstrated food was prepared and stored hygienically.

Accidents and incidents were recorded and we saw evidence that action was taken including liaising with health professionals and ordering equipment following incidents such as falls. Accidents and incidents were analysed and 'lessons learnt' were recorded and acted upon.

## Is the service effective?

### Our findings

People were not offered a place at Holly Park unless the manager was confident staff could meet their needs. Needs assessments were completed by the manager before people moved into the home. The assessment considered people's needs and choices, the support they required from staff and any equipment they may need. Any equipment required was then put in place before the person moved in.

Staff received training and updates in a range of subjects including safeguarding, positive behaviour support, epilepsy, support planning, Mental Capacity Act (MCA), food hygiene and infection control. Staff new to care or those that did not have a qualification in health and social care were enrolled on the care certificate. This is a government-recognised training scheme, designed to equip staff new to care with the required skills for the role. We looked at staff training records and saw training was up to date or booked. Training was provided using a mixture of on-line training and face to face sessions.

New staff were subject to an induction programme which included initial training, familiarisation with policies and procedures, and shadowing an experienced staff member for a number of shifts, dependent upon their experience.

A programme of supervision, appraisal and competency checks was in place. We saw supervisions covered topics such as moving and handling, service information, concerns and training. Annual appraisals included a section for self-appraisal and covered a review of the previous year and staff personal development plans.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The service was acting within the Mental Capacity Act. People's capacity to consent to their care and support arrangements was assessed. One person had been granted a DoLS authorisation which did not have conditions attached to it. Other applications had been made to the local authority and were waiting to be processed.

The registered manager knew which relatives or representatives had lasting power of attorney (LPA) and what these were for. A LPA is a legal document that allows someone to make decisions for you, or act on your behalf, if you're no longer able to or if you no longer want to make your own decisions. LPA's can be put in place for property and financial affairs or health and welfare. This meant they knew who could legally make decisions about people's health and welfare.

Care workers asked for people's consent before offering any care or support.

People's nutrition and hydration needs were met. People who used the service told us meals were good. Their comments included, "The chef is the best, you can have what you want to eat and drink. If you don't want to go to the dining room they will bring your meal to your bedroom, real VIP treatment." "The food is very good." "The cook was ever so good; asked me what I like and what's my favourite. They told me they'd do anything I fancied; I had a jacket potato for my lunch." A relative told us the food was good and said they had fish and chips at the home every Friday. Another relative said, "The chef knows what people like, for example, mum only likes a little gravy on her meat." The chef told us, "We are here for the residents and they can have what they want. The produce we get is good quality and I wouldn't serve anything I wouldn't eat myself." A care worker told us, "The food is all freshly made with lots of home cooking. Families can eat here as well if they want to."

There were a four week cycle of menus in operation which offered choice and variety. The chef also catered for any special diets or people's personal preferences. For example, one person told us they were a vegetarian and the chef consulted them about what meals they would like.

At mealtimes, people were shown plates containing the choice of food so they could make a decision about what food they wanted to eat. We tasted a sample of the food which was freshly prepared by the cook and found it to be tasty and nutritious.

Hot and cold drinks were readily available throughout the day together with biscuits, crisps, high calorie milkshakes and fresh fruit.

We looked at the care records for two people who had been assessed as being nutritionally at risk and saw their weight was being monitored closely and was stable.

The healthcare needs of people who used the service were being met. The service worked effectively with healthcare professionals to meet people's needs. A healthcare professional told us, "They listen to advice and act on it. Staff know what the patients are like. Medically, we can advise and they know the people better than us." People who used the service told us they had access to health care and if they felt unwell they would speak with staff.

Care files contained information about any visits and advice from healthcare professionals. We saw, for example, people had been seen by GP's, district nurses, opticians and chiropodists.

The building was undergoing a full redecoration and refurbishment programme. Areas which had been completed had been finished to a good standard. The manager told us they would refer to current guidance to ensure the environment was 'dementia friendly.'

## Is the service caring?

### Our findings

People we spoke with were happy living at Holly Park and told us staff were kind. Comments included, "Staff are good, brilliant...good and kind and you're looked after." "I like living here. Staff come and have a natter. I like my room. I have my little television and a photo of myself and my [relative]." "I'm not without anything at any time. They bring me milk at night to go with my tea. It's just little things like that that make a difference," and, "Staff are great. If you want someone there's no problem."

People who used the service told us staff treated them with dignity and respect. We saw people looked clean, well-groomed and comfortably dressed which showed staff took time to assist people with their personal care needs when required.

People's bedrooms were neat and tidy and personal effects such as photographs and ornaments were on display and had been looked after. Beds had been made with clean bed linen and clothing put away tidily in drawers and wardrobes. This showed us staff respected people's personal property.

We saw staff were patient and kind in their interactions with people and spoke gently with people to calm them when they became agitated.

People who used the service were supported to maintain their independence. For example, one care worker told us one person had lost confidence in walking, so staff walked with them to provide reassurance.

Relatives told us they were always made to feel welcome when they visited. A relative told us, "Staff will give me a cup of tea when I come. They are very kind. We can visit whenever we want." Another visitor told us they always had a fish and chip lunch with their relative on Fridays. They also added, "It's homely here and relatives feel comfortable and you can come at any time."

Staff had received training in equality and diversity and the service had an equality and diversity policy in place.

We looked at whether the service complied with the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our observations of care, review of records and discussion with the manager, staff, people and visitors demonstrated that discrimination was not a feature of the service.

## Is the service responsive?

### Our findings

People who used the service and relatives told us they had been involved in the care planning process. People's care plans followed a standardised format which made it easy to find relevant information quickly. They contained detailed information about the care and support each individual required from staff. They showed what the person could do for themselves and the level of support they needed from staff and included any particular preferences.

Care records contained risk assessments relating to activities of daily living such as mobility, eating and drinking, continence and personal care. The risk assessments and care plans had been reviewed monthly and where an issue had been identified, action had been taken to address and minimise any identified risk.

People's end of life care needs were met. We saw some end of life discussions had taken place and letters had been sent out to relatives asking them to contribute to the advance care planning process. One visitor told us their relative had been very ill with a chest infection. Staff had made them a bed up in the room so they could stay and said, "They [staff] went above and beyond." They went on to tell us their relative recovered because of the care and attention they received from staff.

A second relative told us it would be their preference for their relative to remain at Holly Park, if possible, at the end of their life; to be cared for by staff that they knew and liked.

Care workers told us people received good end of life care and staff would sit with people to make sure they were not alone. They also said there was a good working relationship with the district nurses to ensure people had a pain free and dignified death.

Activities were provided to keep people occupied. At the time of the inspection the activities co-ordinator was on sick leave. However, we saw care workers were very good at engaging with people when they were present in the lounge and encouraged people to have a conversation.

External entertainment also visited the service and staff told us the 'music for health' sessions were very popular. One person who used the service said, "A girl came yesterday to sing. She was really good. We play darts and the women do arts and crafts." Links had also been made with a local Primary School and children had visited to sing, which people told us they had enjoyed.

The manager is aware of the need to develop activities within the service and met with people on the day of inspection to find out what people wanted. This was a very productive session which involved 11 people who used the service.

Complaints were taken seriously and investigated. The complaints process was displayed within the service. People told us they knew how to complain. One person commented, "I know how to complain. I would speak with staff to raise concerns." The records of one complaint showed this had been investigated, dealt with appropriately and resolved by the manager.

The provider had an accessible information policy in place and told us information could be made available in various formats if this was required. For example in large print or pictorial form. The manager also told us any specific communication needs would be addressed through the care planning process.

## Is the service well-led?

### Our findings

When we inspected the service in March 2017 we assessed the well-led domain as 'Requires Improvement' because the homes audits had not picked up the issues with medicines management. The registered manager, at that time sent us an action plan and told us improvements would be made by May 2017. We found improvements had been made; however, we identified some different issues with the medicines management system so this section of the report remains 'requires improvement.'

Since our last inspection in March 2017 the registered manager had left the service. Another manager had been recruited but they had left after a short period of time. At the time of this inspection a new manager had been recruited from the existing staff team. They had only been in post for a short period of time and were in the process of registering with CQC.

People who used the service, relatives and staff were all very complimentary about the new manager. Their comments included; "[Name] is in charge and they are wonderful. If you want something done you only have to ask [Name]. I think they will be a good manager." "I like [Name] they are very approachable." "[Name] is doing well, they have made improvements and staff morale is better." "[Name] is doing well and changes are being made for the better. If we have any concerns we can go to them. [Name] is also out on the floor to see what is going on and to help." "[Name] is one of the best managers ever. They respect confidentiality and are caring."

Care workers told us the manager was 'hands on' and regularly undertook care and support tasks. This helped them provide oversight of the home and understand people and their individual needs. The manager demonstrated a good understanding of the people and topics we asked them about, which provided us with assurance they understood how the home was operating.

A health care professional told us they thought the service was well run. They said, "We get really good clear communication. They have someone waiting for us if they know we're coming and have everything ready for us." Staff also told us communication within the service was good. The manager met with heads of department three times a week to ensure everyone was kept up to date.

The manager told us they received good support from staff, the provider and the management team. They explained they had received a management induction and had completed their National Vocational Qualification (NVQ) Level 5 in health and social care as well as attending management training in subjects such as safeguarding adults to ensure best practice. They told us they were keen to do any training available and were due to attend further diabetes training. They said they were kept informed about courses available through the local authority. They told us keeping up to date with training, on-line updates and meeting with managers from the provider's other services helped ensure the service was working in-line with best practice guidelines. We found the manager was keen to implement fresh ideas and improvements within the home and was supported in this by the provider.

We saw a number of audits were being completed, which were effective in identifying issues and ensured

they were resolved. These were some examples; one of the medicines audits had identified a new medicines fridge was required. A catering audit had identified new casserole dishes and baking trays were required. The weights of people who used the service were audited this helped to ensure weight issues were not overlooked and people received the appropriate care and treatment. However, medicines audits had not identified the issues we found in relation to the checking of controlled medicines and stock control.

People, relatives and staff were involved in the running of the service through meetings and satisfaction surveys.

A resident's association meeting was held on the day of our visit which focussed on what activities and trips people would like. Someone suggested a 'movie night' with popcorn and wanted to watch The towering Inferno. Two people wanted events around the football world cup. A picnic in the local park was suggested when the bowling was taking place and a trip to the sea-side. The manager and care worker did a good job of involving all 11 people who participated to get their views.

A 'residents and relatives' survey had been completed in April 2018 and the overall response was very positive. Where issues had been raised action had been taken to address them. For example, some concerns had been raised about the items of clothing not being returned to the correct owners. One relative told us they felt the laundry service had improved.

Staff team meetings were held regularly and were well attended. We saw these were an opportunity to discuss concerns and relay key messages to staff, such as reminding staff of policies and procedures.

A staff survey had also been completed in April 2018; the results showed staff felt the top priority was the care of people who used the service. They stated training was good as was communication between management and staff. The survey identified staff did not always feel valued; the response to this was areas of dissatisfaction should be discussed in supervision. Staff we spoke with told us the current manager always thanked staff when they finished their shift and were given positive feedback in supervision.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems and processes were not effective in identifying issues regarding medicines management.  Regulation 17 (2) (b) (c)