Hall Park Healthcare Limited

Hall Park Care 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

We carried out an unannounced inspection of the service on 14 and 22 January 2016.

Hall Park Care Home provides accommodation to older people in the Nottingham area. It is registered for a maximum of 62 people. There were 58 people receiving care and support at the home at the time of our visit.

On the day of our inspection there was a registered manager in place. 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.

People felt safe and the home offered a safe environment for people to live. They were supported by staff who understood how to report allegations of abuse. Risk assessments were in place to identify and reduce the risk to people's safety. Staff were in place to keep people safe and medicines were stored and handled safely.

People were supported by staff who received a comprehensive induction and training programme. Staff told us they felt well trained and supported by the registered manager and they were knowledgeable about the people they cared for.

People's rights were protected under the Mental Capacity Act 2005. People received sufficient to eat and drink and had a good experience at meal times. People had access to other healthcare professionals and received effective care that was relevant to their needs.

People were treated with kindness and compassion and spoke highly of the staff. Staff interacted with people in a friendly and caring way. People's privacy and dignity was protected and they felt able to contribute to decisions made about their care. Information was available should people wish to receive support from an independent advocate if they needed one.

People's care records focused on people's wishes and respected their views. Staff responded to people's needs promptly. They encouraged people to participate in activities that were available in the home which reflected their needs. A complaints process was in place and staff knew how to respond to complaints.

People, relatives, staff, and healthcare professionals all complimented the registered manager. People were encouraged to contribute to the development of the service. The registered manager actively sought people's views and acted on them. There were systems in place to monitor and improve the quality of the service provided. The service was led by a registered manager who had a clear understanding of their role and how to improve the lives of all of the people at the service. They had a robust auditing process in place that identified the risks to people and the service as a whole and they were dealt with quickly and effectively.

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 was safe.

People felt safe in the home and staff knew how to identify potential signs of abuse. Systems were in place for staff to identify and manage risks and respond to accidents and incidents.

Sufficient staff were on duty to meet people's needs and they were recruited through safe recruitment practices. Medicines were safely managed.

Is the service effective?

Good

The service was effective.

People received effective care that met their needs. People were supported by staff who were knowledgeable and skilled to carry out their roles and responsibilities. Training and development was reviewed and updated appropriately.

The principles of the MCA and DoLS were used to determine people's ability to make their own decisions. Staff followed appropriate guidance to ensure people who lacked capacity made decisions in their best interest.

People were encouraged to be independent and to make their own choices; where necessary they were supported to have sufficient to eat and drink and have a good experience at meal times

People were supported to maintain their health and had access to healthcare services when they needed them. Referrals were made to specialist healthcare when required.

Is the service caring?

Good

The service was caring.

People were supported to express their views and be actively involved with decisions about their care and support.

People were treated with respect, compassion and in a dignified way by the staff who cared for them. People's privacy was respected.

Is the service responsive?

Good

The service was responsive.

Staff responded to people's changing needs in a positive way. People participated in activities and were encouraged to interact with others and the local community.

Care plans were reviewed and people were involved with the planning of their care to ensure they received personal care relevant to their needs.

People knew how to make a complaint if they needed to. The complaints procedure was available and the provider responded to concerns when necessary.

Is the service well-led?

Good

The service was well-led.

There was a visible management presence and people spoke highly of the registered manager. Systems and procedures were in place to monitor and improve the quality and safety of the service provided.

People, their relatives and staff were encouraged to be involved in the development of the service. They had opportunities to voice their views and concerns. There was a positive atmosphere throughout the home.

The service worked well with other health care professionals and outside organisations.

Hall 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 over two days on the 14 and 22 January 2016 and was unannounced. The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before our inspection, we reviewed the PIR and other information we held about the home, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We also contacted visiting health and social care professionals, the commissioners of the service to obtain their views about the care provided in the home.

During our visit we spoke with seven people who used the service, three visitors, one visiting professional, six members of staff and the registered manager.

We looked at the care plans for six people, the staff training and induction records for five staff, six people's medicine records and the quality assurance audits that the registered manager completed.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People were protected from abuse and harm because the provider had systems in place to identify the possibility of abuse and to reduce the risk of people experiencing abuse. Six people told us they felt safe in the home. One person said, "The home offered a safe environment for them to live. When asked one resident if they felt safe, their response was "Of course." Another two people said, "We feel safe all the time."

Discussions with staff confirmed they had knowledge of how to protect people from abuse. They had attended or booked on to safeguarding training. They could describe different types of abuse and knew who to report concerns to, both internally and externally. One staff member told us they were confident to report any concerns as the people they cared for were their top priority.

We found Information on safeguarding was displayed in the home to give guidance to people and their relatives about what they could do if they had concerns about their safety. Appropriate safeguarding records were kept. The registered manager discussed the process for reporting concerns of a safeguarding nature. This included how to contact the local authority and the Care Quality Commission. The registered manager told us they included agenda items in team meetings for safeguarding related issues and were developing champions within this area to ensure information was freely available to people and staff to keep them fully informed.

There had been one safeguarding concern raised in the last 12 months regarding a medication error. The registered manager had completed investigations and took appropriate action with the support of the local safeguarding team. We felt assured that if any further issues did arise they would be dealt with. The provider had put a more robust system in place to ensure they eliminated future risk of reoccurrence.

Individual risks were identified and managed. Robust systems were in place to manage accidents and incidents to ensure they mitigated any risk to people. These systems were monitored and information was analysed on a regular basis to address themes and trends of any incidents that may occur .We found appropriate action had been taken when required. There was a culture within the home of learning from these incidents to make sure they did not re-occur.

People's care records contained a number of risk assessments according to their individual circumstances including risks of pressure ulcers, falls, bedrails or food allergies. Risk assessments identified actions put into place to reduce the risks to people and they were reviewed regularly. Risks were managed so that people were protected and their freedom supported. We saw people moved freely around the home and staff did not restrict people, but allowed them to walk where they wished in the home whilst supervising them to keep them safe.

People had their own personal evacuation plans (PEEP) to ensure they were fully supported in an emergency. There was a copy of evacuation plans in reception. This meant staff had easy access to information should an emergency arise, such as an outbreak of fire, and could ensure people were evacuated safely. We found the premises were well maintained and the member of staff responsible for the

maintenance of the home undertook and recorded weekly and monthly checks, such as, water temperatures, call bell systems and fire tests to make sure people were safe. There was a maintenance book where staff reported any issues. The environment of the home was free from hazards and clutter.

Staff were visible throughout the home. People commented that staffing levels were "OK"
One person said there were always staff on duty, especially at night. Another person told us that staff were "brilliant really, but so stressed out and absolutely exhausted at the end of a shift."

We observed staff providing one to one care for people and taking time to discuss their care needs with them. The interactions between the staff and people who used the service were mostly positive. Staff supported people in a way that showed they were committed to keeping people safe.
During the lunch time meal we saw there were sufficient staff available to support people with their meal.

Systems were in place to ensure there were enough qualified, skilled and experienced staff to meet people's needs safely. The registered manager told us that staffing levels were based on dependency levels. They said they used an electronic dependency tool. Once an individual's information had been inputted in to the system the information was analysed and identified the safe level of staffing required. This system also told them how many staff were required on each floor. The registered manager said that any shortfalls in staffing levels were covered by staff or bank staff as all staff were multi skilled. Staff we spoke with confirmed they were trained in all areas to ensure staff were deployed correctly.

Safe recruitment and selection processes were followed. We looked at recruitment files for staff employed by the service. The files contained all relevant information and appropriate checks had been carried out before staff members started work.

Staff confirmed they had been through a robust recruitment process. We found when staff had been employed they had been subjected to relevant checks to ensure they were suitable to work in the home. Staff files we looked at identified appropriate processes had been followed to help ensure staff employed were safe to care for people in the home.

People we spoke with were aware of the medicines they were taking and most knew what they were taking them for. They were all confident they were getting the correct medication at the right time. One person explained how many tablets they were taking a day and when they took them. They also described how the staff member responsible for administering their medicine sometimes wheeled the trolley into their room, but always locked the trolley when left it unattended to administer their medicines. When people were offered their medicine staff stayed with them until they had taken their medicines. People told us and records we looked at showed, that people had been asked how they would like their medicines to be administered.

People's medicines were stored and handled safely and people received them in a safe way. People who self-medicated had appropriate storage facilities to ensure their medicines were stored correctly. We saw the service used a system where staff wore a red tabard to identify they should not be disturbed when completing the medicine round. Staff confirmed and records we looked at showed they had received up to date medicine training. Senior members of staff were responsible for completing any audits of medication administration records (MAR) and ordering and disposing of any medicines. However, there was one time the procedure had not been followed correctly. The provider took action and updated the system for ordering and disposing of medicines to eliminate any errors re-occurring.

We did not observe a medicine round during our visit, but staff described the process. We saw the MAR

sheets were completed as and when required. MAR sheets were used to confirm each person received the correct medicines at the correct time and as written on the prescription. Each MAR was identified with a picture of the person, to help ensure they received the medicine that was relevant to them and as prescribed by their GP.

Good

Is the service effective?

Our findings

People received effective care, which reflected their needs, from staff who were knowledgeable and skilled to carry out their roles and responsibilities. The feedback we received from people who used the service was consistently positive when they described the care and support they received.

Staff felt supported and confirmed they had opportunities to undertake specialist training and complete the care certificate. The care certificate was developed by 'The Skills for Care', and is a nationally recognised qualification regarded as best practice for the induction of new healthcare assistants and care workers. It also offers existing staff opportunities to refresh or improve their skills. The registered manager told us the training programme was an electronic system, which identified when training was due or completed. The registered manager showed us how the system was kept up to date.

People were supported by staff who had the necessary skills and knowledge to provide effective care. We found staff were knowledgeable about the people they cared for. They were able to describe the support people required and the level of care needed to ensure they received effective care. Staff told us they received supervision, appraisals of their performance and there was a probationary period in place as part of the induction process.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment 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). We checked whether the service was working within the principles of the MCA.

The requirements of the MCA were adhered to in that when a person lacked the capacity to make some decisions for themselves; a mental capacity assessment and best interest documentation had been completed.

We observed staff offered people choices and asked them what they wanted to do. For example, staff asked one person if they would like some pain relief, as they had a headache. The staff asked another person if they wanted their nails painting and for the person to choose the colour of nail polish they wanted to wear. We observed a third person having their nails trimmed by a member of staff. The staff member interacted well with the person and engaged in general conversation with them. This was to ensure the persons preference was taken into consideration in how short they wanted their nails to be.

Staff told us they had received training in the MCA and DoLS and those we spoke with demonstrated an understanding of these topics. One staff member described how the MCA reflected people's rights to make decisions for themselves. They told us that if a person was unable to make a decision, staff would need to

make sure any decisions were made in the person's best interest. Staff also confirmed they were not able to work in the home unless they had completed MCA and DoLS training. We saw appropriate applications had been completed for people who required a DoLS.

We saw the care records for people who had a decision not to attempt resuscitation order (DNACPR) in place They had been completed appropriately.

Some people we spoke with, but not all, thought the food was good. One person told us the home was going through a transition from in-house catering to food being provided by an external company. They said there were some change over problems. One person said they didn't like some of the "concoctions" and was given egg and chips. Two people told us that there was a very wide choice of breakfast dishes including a "Full English." A further two people commented on the food being good, but would like smaller portions. We were also told that there were extra snacks available during the day. People told us and we saw jugs of water provided in their rooms at all times. We spoke with the registered manager about the food portion sizes. They told us the menus were under review and portion size was part of the review. We were told that if people didn't like what was on offer an alternative could be provided. We saw there was a choice of two substantial hot choices for lunch and a buffet style high tea, again with quite a wide choice of hot and cold meals. We were told that if people didn't like what was on offer an alternative could be provided. We observed lots of fresh fruit and drinks. If people wanted an extra cup of tea they had use of the kitchenette in the dining room to make one. There was also a coffee machine in the Reception foyer.

People were supported to eat and drink sufficient amounts and maintain a balanced diet. People's preferences would be noted and added to their food passport. The cook described how people's food passport worked and how it highlighted their likes and dislikes. They told us, "Choices are available for meals and the menu is balanced and varied." We saw the food choices were varied. The cook also told us and people confirmed they were asked what they would like to eat on the previous day. The cook said that picture menus were being developed to support people with visual choices. The cook had a good knowledge of people's dietary needs and was able to describe what allergies or special diets people required. People were weighed monthly unless at risk of malnutrition then they were weighed more frequently. People received monthly heath reviews, any changes to people's health or weight were monitored and systems put in place to identify themes and trends that may indicate there were any health issues. These would then be discussed at the weekly GP surgeries held at the home.

We observed lunch time and found people had a good experience and enjoyed their meal. The dining room environment was calm and relaxing with soft music playing in the background. We saw tables were laid with napkins, condiments tablecloths and appropriate cutlery. There was also good interaction with staff. People who required support were assisted with their meal.

People were supported to maintain good health and had access to healthcare services. This included a GP, dentist and chiropodist. Staff were knowledgeable about the people they cared for this included their individual health needs. Staff told us how they looked out for signs for people who lived with the condition diabetes. They described how they observed signs, such as, sleepiness, being unwell and dizziness. They told us the kitchen staff prepped diabetic's food separately and provide sweeteners and biscuits that diabetics could eat. People's health was monitored regularly and people were referred to health professionals in a timely way should this be required. One staff member described how they had noted a specific change in one person's health that had been addressed by making a referral to the continence nurse. (A continence nurse is a clinical nurse specialists who assess and support adults and children who have bladder or bowel problems.) The district nurse visited on a daily basis and we saw they had a good relationship with the home. People received annual health reviews, six monthly medication reviews and a

GP visited the home on a weekly basis.

A visiting health care professional we spoke with gave positive feedback about the care staff provided.

Good

Is the service caring?

Our findings

People were encouraged and supported to develop positive caring relationships with staff and with each other. People described staff as very caring. One of the people we spoke with told us, "They [staff] are fine, brilliant and would do anything for you." Another person said, "It's nice here. I like it; everyone, the staff and people who live here are quite all right." One person told us [name of staff] was nice and very good to them. Other people commented on how good the staff were. During our visit we observed several friendly and kind interactions between staff and people who used the service. It was clear that staff knew the people they cared for well. We also observed staff sitting with people at their eye level and were engaged in meaningful conversation with them and some of the visiting relatives.

There was a nice atmosphere and light hearted comments which were received very positively by people using the service. People received care from staff who understood their life history, preferences and needs.

People were supported and free to express their views and be actively involved with decisions about their care and support. People told us they felt involved in how their care was delivered because the staff always asked them what care they wanted on a daily basis. The registered manager told us there was a plan in place to make sure all care plans were person centred. The registered manager also told us they spoke to people on a daily basis and had regular resident and relative meetings. We saw discussions had taken place about the food and activities. People had given their opinion and feedback and we saw action had been taken. For example, one person had suggested a bar in one of the lounge areas and skittle nights. We saw one of the lounges had been turned into a small public bar and there was a table top skittle board on one of the tables.

Care plan audits and reviews had taken place and there was a plan in progress to update the care plans to ensure they reflected people's needs. Care records contained evidence that the person or their relatives had been involved in the development of their care plans.

Information was available and displayed on the notice board in the home about how people could access an advocacy service if they should need to access this type of support. Advocacy services use trained professionals to support, enable and empower people to express their views.

People told us they could receive visitors at any time and this was confirmed by the relatives we spoke with. The registered manager and staff told us they were proud of the friendly and family orientated atmosphere they had created at the home. We saw comments the home had received from people and their relatives on how homely the home felt.

People told us they were treated with dignity and respect. Relatives were confident that staff treated their family member with respect. Two people told us that staff knocked on their bedroom door before they entered. Staff told us when they provided personal care they made sure they covered the person to preserve their dignity. One staff member said, "People had the right to have dignity of care." Another staff member told us about a system the service had in place where staff put a ribbon on the outside handle of a person's

bedroom door. They said, "This tells other staff and visitors that the person needs privacy at this time." We saw some of the bedroom doors with ribbons in place. We also observed staff knocking on people's doors before entering rooms. This showed they were taking steps to preserve people's privacy when attending to their needs. We also heard staff speaking to people respectfully and using their name they wished to be known by. We observed that information was treated confidentially by staff.

People were encouraged to do things for themselves. One person said, "I like going to visit the people upstairs. I can use the lift." Staff told us they prompted people to do things for themselves, but assisted if and when necessary. One staff told us they guided people and encouraged them to move independently from room to room or from one chair to another depending where they want to sit. We observed people walking around the home independently.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. People had call bells by their bed and we saw other people wore a pendant, which they could use to call for assistance remotely when out of their room or in another area of the home. One person who had limited mobility told us staff generally responded quickly, but sometimes dashed off to respond to someone else before returning. They told us they understood staff sometimes had to balance their request for support. We observed staff responding promptly to people when they required assistance or support.

People, or their representatives were actively involved in making decisions about the way their care was to be delivered and arrangements were made to review their care needs. Staff told us they listened to people's choices and everyday decisions. Care plans were informative and were developed from the initial assessments that were completed before the person moved into the home. Reviews and assessments took place and contained appropriate information and clear guidance for staff to meet people's needs. The registered manager explained how they ensured if a person had rapidly changing needs they would be assessed and their level of care adjusted to reflect this. We saw where this had been documented in people's care files.

People were supported to take part in activities. All people we spoke with told us the home provided a lot of activities and produced a weekly programme, which were displayed on the notice board. Two people said, "We look at the programme and choose the ones we prefer to attend." One person said, "There is no pressure to attend, but staff do remind people of the up and coming events." During the inspection we saw people were participating in group activities. One person talked about 'Oomph' (Our organisation makes people happy) this was a general exercise session that most people in the home took part in. The person told us they particularly liked the monthly Yoga session, which also took place. The registered manager told us 'Oomph' was an activity programme that enhanced people's life and wellbeing through exercise and social inclusion. This in turn makes people happy, more sociable and more alert.

People were supported to follow their interests and take part in social activities and where appropriate educational opportunities. Three people told us they had access to the internet through the homes Wi-Fi. The registered manager told us children from the local community come to the home and showed people how to use the internet. In return people showed the children how to knit. This meant they shared each of their generations' knowledge. The home had built a small bar in one of the lounges, which had been requested by people during a resident meeting. People told us they had social nights and quiz nights, which one couple told us they particularly enjoyed.

The home environment was dementia friendly. They had a quiet area, such as, a separate lounge for people who may become anxious or confused. Signs around the home were clear and bold. This allowed people to recognise where they were, for example, people being able to find their way around or to their bedroom. Toilets and bathrooms were marked in a dementia friendly way. We could see the home was working with the Dementia Outreach Team to help support people living with this condition.

People told us they knew what to do if they had a complaint or problem. They said they would raise concerns informally with staff or managers and would be confident that they would be listened to and get an appropriate response. Staff we spoke with knew how to respond to a complaint. One staff member said, "We would listen to what they had to say and ask them about their expectations. Then we would inform the manager." Guidance on how to make a complaint was made available and displayed in the reception area. There was a clear procedure for staff to follow should a concern be raised. We saw the service had a complaints log and followed their complaints procedure when they dealt with any complaints. The registered manager told us they uploaded all complaints onto an electronic system. This helped them to monitor and analyse their responses and how they could improve and learn from issues that arise.

Good

Is the service well-led?

Our findings

People and their families had the opportunity to be involved with the service. The registered manager told us they had arranged meetings with relatives. They also said they had an open door policy, which people and their families took advantage of. People told us they knew the registered manager and that there were separate meetings for people and their families. We saw details of these meetings on the notice board. One of the people we spoke with described the home as, "Calm and well run."

Systems were in place for people and their families to feedback their experiences of the care they received and make comments. We saw questionnaires had been sent to people who used the service, Relatives and Visiting professionals to capturer information on the service they received and what care they felt the service provided for people, but there had been no responses at the time of our inspection. The registered managers had discussions with people and were implementing some suggestions. For example, one person said they were interested in planting some herbs and plans were in place for the home to purchase some plants and planters for use in the kitchen.

Staff told us they felt the registered manager supported them in their role. They told us they felt listened to and valued. One staff member said, "The registered manager is supportive, approachable and very fair." Another member of staff told us they had only been working at the home a short time, but had already been made to feel part of the team.

The registered manager told us they regularly met with their area manager to discuss best practice for the home. They told us they discussed the things that worked well and the things that could be improved to help them increase the quality of the service that people received. They told us they were well supported by senior management. We also observed the registered manager interacted in a positive way with people and staff.

The provider had an effective system to regularly assess and monitor the quality of service that people received. The provider visited the home and completed environment audits, which covered safety and cleanliness of the premises. Other audits were carried out in the areas of infection control, care records, medication, health and safety, laundry, kitchen and domestic areas. This told us the service was monitored regularly. We saw where action was required this was done and documented. We noted the service followed their legal obligation to make relevant notifications to CQC and other external organisations.

The registered manager told us their vision for the home was to ensure people were happy with the service and make sure staff delivered an excellent service to people. They said there had been some small disagreements regarding the food and menus, but they felt this was managed and monitored appropriately as the process was still fairly new and needed tweaking to ensure the balance for people's choices were right.

We asked staff if there was anything they would like to improve about the service. One staff member said, "No, nothing it is a lovely home." Another staff member said they would like to see more people with

dementia participate in the stimulating activities as most activities were taking place downstairs. We spoke with the registered manager and they told us everyone had access to all activities if they wish to participate it is their choice.

We asked staff what they thought was good about the service and staff responded it is a nice place to work. Staff care and we support each other. One staff member said, "We provide good care and it is a beautiful home."

A registered manager was in post. We saw that staff meetings had taken place and the registered manager had clearly set out their expectations of staff. Their roles and responsibilities were discussed, including those of night staff. Staff told us they had handover meetings at the end and start of each shift. They also used a communication book to keep all staff informed of any changes in people's needs. One staff member said, "The handover and communication book are useful and we get enough information about the people who use the service. We can raise questions and issues if needed."

A whistleblowing policy was in place and contained appropriate details. Staff told us they would be comfortable raising issues using the processes set out in this policy. Whistleblowing is used by staff who wish to raise a concern in the workplace. They would obtain a copy of the companies whistle blowing policy to ensure they followed the correct procedure.

Incidents and accidents were monitored and dealt with in a timely manner. We saw that incident and accident forms were completed. Themes and trends were monitored and action taken when required.

The service worked well with other health care professionals and outside organisations to make sure they followed good practice.