

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 Nursing Home provides accommodation and nursing care for up to 43 older people. At the time of our inspection 38 people were living at Hays House. The home was last inspected in October 2013 and was found to be meeting all of the standards assessed.

This inspection took place on 21 December 2015 and was unannounced. We returned on 22 December 2015 to complete the inspection.

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. Comments from people included, "I'm very happy with the service", "The staff are very pleasant" and "I'm quite ill at the moment, but they are on top of things. They do their best for me". A visitor also told us, "They are all very nice staff, very attentive".

People told us they felt safe when receiving care 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. One person told us, "I feel safe here".

Staff understood the needs of the people they were providing care for. People told us staff provided care with kindness and compassion.

Staff were appropriately trained and skilled. They 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.

The service was responsive to people's needs and wishes. People had regular group and individual meetings to provide feedback about their care and there was an effective complaints procedure. One person told us, "I don't ever have any concerns, but if I did, the staff would sort it out".

The provider regularly assessed and monitored the quality of care provided at Hays House. 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 was safe. People who use the service said they felt safe when receiving support.

There were sufficient staff to meet people's needs safely. People felt safe because staff treated them well and provided the care and support they needed.

Systems were in place to ensure people were protected from abuse. Risks people faced were assessed and action taken to manage the risks.

Is the service effective?

Good ●

The service was effective. Staff had suitable skills and received training to ensure they could meet the needs of the people they cared for.

People's health needs were assessed and staff supported people to stay healthy. Staff worked well with specialist nurses and GPs to ensure people's health needs were met.

Staff understood whether people were able to consent to their care and treatment and took appropriate action where people did not have capacity to consent.

Is the service caring?

Good ●

The service was caring. People spoke positively about staff and the care they received. This was supported by what we observed.

Care was delivered in a way that took account of people's individual needs and in ways that maximised their independence.

Staff provided care in a way that maintained people's dignity and upheld their rights. People's privacy was protected and they were treated with respect.

Is the service responsive?

Good ●

The service was responsive. People were supported to make their views known about their care and support. People were involved in planning and reviewing their care.

Staff had a good understanding of how to put person-centred values into practice in their day to day work. This was supported by what we observed.

People told us they knew how to raise any concerns or complaints and were confident that they would be taken seriously.

Is the service well-led?

The service was well led. There was a strong management team who promoted the values of the service, which were focused on providing individual, quality care. There were clear reporting lines through to senior management level.

Systems were in place to review incidents and audit performance, to help identify any themes, trends or lessons to be learned. Quality assurance systems involved people who use the service, their representatives and staff and were used to improve the quality of the service.

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 21 December 2015 and was unannounced. We returned on 22 December 2015 to complete the inspection.

The inspection was completed by two inspectors and a specialist advisor on nursing care of older people. 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.

During the visit we spoke with the registered manager, 14 people who use the service, seven visitors to the home and eight staff, including nurses, care assistants and housekeeping staff. We also spoke with the nominated individual of the provider company running the service. We spent time observing the way staff interacted with people who use the service and looked at the records relating to support and decision making for seven people. We also looked at records about the management of the service.

Is the service safe?

Our findings

All of the people we spoke with said they felt safe living at Hays House. Comments included "I feel safe here" and "Oh crikey, I feel very safe".

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 to help them identify 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 abuse if they were concerned 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 outside agencies if they felt they were not being dealt with. The home had reported issues and worked openly with the safeguarding team where any concerns had been raised.

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

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 recruitment records for two recently employed staff. The records demonstrated the provider's recruitment procedures were being followed. In addition, 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. Most people told us there were enough staff available to provide support for them when they needed it. However, some people we spoke with felt it took too long for staff to answer the call bells when they used them. The registered manager told us she was aware of concerns that had been raised, which had also been identified in a survey of people using the service. The registered manager had addressed the issue with staff in meetings and individual support sessions. The registered manager had identified where some delays in answering bells were occurring and felt it was due to the way staff were organised rather than insufficient staff. The registered manager was regularly monitoring responses to call bells and was taking action where staff had taken too long to answer calls.

Medicines held by the home were securely stored and people were supported to take the medicines they had been prescribed. We saw a medicines administration record had been fully completed. This 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.

Is the service effective?

Our findings

People told us staff understood their needs and provided the support they needed, with comments including, "I'm quite ill at the moment, but they are on top of things. They do their best for me" and "They are very good".

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 and the registered manager had scheduled regular one to one meetings for all staff throughout the year. Staff said they received good support and were also able to raise concerns outside of the formal supervision process. Comments from staff included, "We are very well supported" and "The manager is great at encouraging and supporting us".

Staff told us they received regular training to give them the skills to meet people's needs, including a thorough induction and training on meeting people's specific needs. Training was provided in a variety of formats, including on-line, classroom based and observations and assessments 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 was relevant to their role in the home. The registered manager had a record of all training staff had completed and when refresher training was due, which was used to plan the training programme. Qualified nurses said they were able to keep their skills up to date and maintain a record of their continuous professional development.

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 legally authorised under the MCA. 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 and were being processed by their local authority. 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. Capacity assessments had been completed where necessary, for example in relation to people being supported with their personal care and managing the risk of falls.

People told us they enjoyed the food provided by the home and were able to choose meals they liked. Comments included, "You get a choice of meals" and "The food is good". The food menu offered people different options and staff supported people to make choices from the menu each day. People were able to choose to take their meals in their room, the dining room or the lounge.

People said they were able to see health professionals where necessary, such as their GP, specialist nurse or speech and language therapist. Comments included, "If I need my own doctor they call him" and "I needed an optician and it got sorted out very quickly". 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.

Is the service caring?

Our findings

People told us they were treated well and staff were caring. Comments included, "The staff are very pleasant" and "I'm very happy with the service". A visitor also told us, "They are all very nice staff, very attentive". We observed staff interacting with people in a friendly and respectful way. Staff respected people's choices and privacy and responded to requests for support. For example, we observed staff providing comfort and reassurance to a person when they were confused about what was happening in the home and when their relatives would be visiting. We also saw staff providing discreet support for people to go to the toilet.

In addition to responding to people's requests for support, staff spent time chatting with people and interacting socially. People appeared comfortable in the company of staff and had developed positive relationships with staff. We saw people chatting with staff in their rooms at various times during the visit. The home's activities programme included details of bedside activities that were provided, including games, discussions and talking books. This helped to ensure that people who did not often use the communal areas did not become socially isolated.

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, for example people's preferences for the way staff supported them with their personal care needs. 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 individual 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 activities in the home.

Staff received training to ensure they understood the values of the organisation and how to respect people's privacy, dignity and rights. Staff worked in ways that supported people to maintain their independence. Comments from people included, "I'm brilliantly cared for. We have great staff here and I'm free to make choices", "They let you do what you want" and "They don't interfere with our lives".

Is the service responsive?

Our findings

People told us they were able to keep in contact with friends and relatives and take part in activities they enjoyed. There was a list of planned activities displayed in the home, which included arts and crafts activities, games, visiting entertainers and religious services. The programme was designed with input from people who use the service. Some people told us they preferred to spend time in their room and make their own entertainment, for example watching television, listening to the radio or reading. We observed staff providing company and interaction with people in their rooms throughout the visit.

People had a care plan which was personal to them. The plans included information on maintaining health, daily routines and goals to maintain skills and maximise independence. Care plans set out what people's needs were and how they wanted them to be met. The plans included a 'This is me' book, a document developed by the Alzheimer's Society and the Royal College of Nursing. The book allows people and those who know them well to set out details of what is important to them and how they want care to be provided. This gave staff access to information which enabled them to provide support in line with people's individual wishes and preferences. The plans were regularly reviewed with people and we saw changes had been made following people's feedback. Comments from people included, "I get involved, they are always asking" and "Everything is discussed with me".

The registered manager had worked with some people who used the service to involve them in the recruitment of new staff. During the inspection one person was involved with the registered manager in interviewing candidates for a care assistant role. 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 staff or their relative if there was anything they were not happy about. One person told us, "I don't ever have any concerns, but if I did, the staff would sort it out". The service had a complaints procedure, which was provided to people when they moved in.

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 thoroughly investigated and a response provided to the complainant. Where complaints investigations identified learning points for the service, action plans had been developed and there was regular monitoring to ensure the actions were completed.

Is the service well-led?

Our findings

There was a registered manager in post at Hays House and they were available throughout the inspection. In addition to the registered manager, the nominated individual for the provider company was based at the service and had regular contact with people who use the service, the registered manager and staff team. The registered manager had clear values about the way care should be provided and the service people should receive. These values were based on providing a person centred service in a way that maintained people's dignity and maximised independence.

Staff valued the people they supported and were motivated to provide them with a high quality service. Staff told us the registered manager had worked to create an open culture in the home that was respectful to people who use the service and staff. Staff told us they had noticed improvements in the service since the registered manager had come into post and said they felt well supported.

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.

There was a quality assurance process which focused on a different aspect of service delivery each month. Information from the reviews was used to develop an action plan to address any shortfalls and to promote best practice throughout the service. The development plan was reviewed and updated regularly by the registered manager. This ensured actions were being implemented where necessary. The registered manager told us she had plans to present information from these quality assurance processes in visual formats and make them available to people and their visitors. The registered manager said this would enable them to clearly let people know that they were listening to any issues and taking action.

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.