

Shivshakti Nivas Ltd

Park House Rest Home

Inspection report

220 Havant Road
Hayling Island
Hampshire
PO11 0LN

Tel: 02392465274

Website: www.parkhouse-resthome.co.uk

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03 October 2017

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Requires Improvement



Is the service well-led?

Requires Improvement



Summary of findings

Overall summary

We carried out a focused inspection on 03 October 2017 in response to concerning information about poor and unsafe care and treatment regarding poor hygiene practices and general lack of cleanliness of the home. This report only covers our findings in relation to the key questions, 'Is the service safe?' and 'Is the service well-led?'

Park House Rest Home provides accommodation and care for up to 18 older people some of whom may be living with dementia. At the time of our inspection there were 14 people living at the home.

The Registered manager left shortly before the inspection and there was a new manager in post who was applying to register with CQC. 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 and their relatives told us they felt safe living at the home.

Risks associated with the environment were not being effectively managed.

People felt the home was clean and staff followed infection control guidelines. The manager had started to take action to replace some of the fixtures and fittings where these were no longer fit for purpose.

There were appropriate management arrangements in place. Staff and people were encouraged to talk to the manager about any concerns. Audits were undertaken but these were not being fully effective in driving improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Risks associated with the environment were not being effectively managed. The manager has now taken action to address these. People and their families told us they felt safe living at the home and risks were managed appropriately. Recruiting practices were safe.

Staff had a good understanding of infection control procedures and people told us the home was kept clean.

Requires Improvement ●

Is the service well-led?

Staff felt supported by the new manager.

Audits were undertaken but these were not being fully effective in driving improvements.

Requires Improvement ●

Park House Rest 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 was a focused inspection in response to concerning information about staff and management of the home. We checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection took place on 03 October 2017 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 kind of service. We previously carried out an unannounced comprehensive inspection of this service on 22 March 2017. Following this inspection in which we rated the service as requires improvement.

We received concerns in relation to poor hygiene practices and the poor quality of food. As a result we undertook a focused inspection to look into those concerns. This report only covers our findings in relation to these issues. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Park House Rest Home on our website at www.cqc.org.uk.

Prior to the inspection, we reviewed the previous inspection report and information we held about the service including notifications. A notification is information about important events which the service is required to send us by law.

We spoke with seven people living at the home and three family members. We also spoke with the manager, cleaner and four care staff. We observed staff providing care and support to people in the lounges and looked at care plans and associated records for three people living in the home. Staff duty records, three recruitment files, policies and procedures and quality assurance records were also viewed.

Is the service safe?

Our findings

We carried out a focused inspection as we had received information of concern which raised a number of concerns including, people being left in clothes soaked in urine up to fifteen minutes. Concerns had also been expressed about a general lack of cleanliness within the home, the poor quality of food and staff working without checks with the disclosure and barring service (DBS). This inspection found these concerns were unfounded and that the legal requirements were being met. We found no concerns with people being left in urine soaked clothes or chairs and that people and relatives we spoke with confirmed this.

At the last inspection we found the home was in breach of Regulation 12 (2) (h) of the Health and Social Act 2008 (Regulated Activities) Regulations 2014. This was because the processes in place to identify and reduce the risk of infection were not being effective. We found chairs in the lounge had rips and tears, which meant these areas, were difficult to clean efficiently and posed a risk of infection. At this inspection we did not find any chairs that were ripped or posed a risk of infection.

At this inspection we found people were happy with the cleanliness of the home. One person told us, "It's very clean, they are always cleaning. The tables are cleaned and they mop over the floors every day. They clean at night too". Another person said, "It's always very clean. The bedroom area is kept nice." A family member told us, "There was only one time it wasn't clean and they were obviously going to clean it, but they were busy looking after patients. That's the important thing, seeing to people first. His bedroom always seems nice and clean." We did find some areas where improvement could be made to some of the fixtures and equipment within the home. For example, the downstairs bathroom cabinet had badly degraded and the one upstairs was rusty. Some of the handrails in the downstairs bathrooms were rusty, which meant they could not be cleaned properly and created an infection risk. We spoke with the manager who showed us they had already identified these issues as part of their infection control audits. They showed us new cabinets were on order and were due to arrive in the next two weeks. They also told us they had changed some hand rails and were in the process of changing the others.

Staff demonstrated a good understanding of infection control procedures. All had received training in infection control and had ready access to personal protective equipment (PPE), such as disposable gloves and aprons. The cleaner told us, they felt well supported in their role and had completed training in infection control, safeguarding, and moving and handling. They saw the new manager as pro-active regarding infection control, and told us they had increased provision of bins and hand cleaners around the home. Another staff member told us, about infection control and the use of PPE and said training emphasised this and so did the new manager.

At the last inspection we observed one room had a stained ceiling. At this inspection we still found staining on the ceiling and the en suite bathroom had black mould around the door frame. The person living in the room told us, part of the ceiling had actually collapsed whilst he had been in there and that part had been repaired, but the problem was on going due to rainwater ingress. There was a plastic container in the en suite for collecting water as it ran down the wall. The ceiling switch housing was located in the damp area. The person told us, they had been offered but declined a change of room. They said that they would accept

a temporary change whilst remedial work was done but their concern was that this would become permanent. Otherwise he was very happy here, liked the staff and felt safe. We spoke to the manager about our concerns who arranged an electrician on the day of the inspection to look at the concerns with the electrics and lighting. The electrician arranged a new light fitting and repositioned this so that water would not run into the electrics and informed us it was safe. The manager also informed us they had arranged for the roof to be fixed in the middle of October 2017, and we received confirmation that this was the case and following this, would ensure that the room was redecorated.

People and their families told us they felt safe and were treated with respect. People said they felt comfortable around the staff and they told us staff supported them. One person told us, "Safe. Oh yes, I've got no worries." Another person said, "I feel safe with staff all very nice and kind". A third person said, "There's always someone about. There's someone up at night". However one person told us, their emergency call bell had not worked for a month. They said, "I've asked for a replacement. They did give me another, but that never worked. If something was wrong I would have to bang on the chest of drawers to get someone's attention until I couldn't bang anymore". We looked at records which showed the call bell had been out of action since the 19 September 2017. The service company had been out to fix the panel, however the person's call bell had still not worked. Staff told us, due to the bell not working they popped in on the hour during the night to make sure they were safe. We spoke to the person who confirmed this and said, "They do check on me every hour, I know they do because sometimes I'm awake, but I would like a bell". We spoke to the manager, who confirmed the service company were due in the following day to fix the call bell system. The emergency call bells were working in the rest of the home.

At this inspection we found the manager had addressed the problems with the chef and people not wanting to eat the food. One person told us, "Well, it's funny that you ask that. I was just saying to one of the girls, today was the first time in the three years I've been here I've had a proper dinner with ordinary meat and gravy. What was really nice to see was the mashed swede. It made a change from frozen peas and beans. There was a blackberry thing. It was more like home cooking. Not that cake and custard mishmash". People were observed to enjoy their meals and we received positive feedback about the food.

Safe recruitment processes were followed and staff were checked for suitability before being employed by the service. Staff records included an application form, two written references and a check with the disclosure and barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff confirmed this process was followed before they started working at the home.

Is the service well-led?

Our findings

At the time of our inspection the registered manager had left the service and a new manager was in post who wasn't yet registered with the commission but was in the process of doing so. Staff told us they had been through a process of change, but felt this was positive. One staff member told us, the manager took an interest in the staff and talked with them regularly.

At the last inspection we had identified that audits were still not effective at assessing and monitoring the cleanliness of the service. We still had concerns regarding this. For example, in the health and safety audit there were no clear actions or audit process on the current situation for the emergency call bell system. Also no records or risk assessment on the measures put in place to keep the person safe till their emergency call bell system was up and running again.

The manager had listened to people's concerns with the cook and as a result the chef was no longer working at the home and the manager was trialling a food delivery service. The trial had only been in operation for a few days but so far people and staff seem pleased with the food. The food company delivered hot meals as well as cakes and sandwiches for tea time and catered for specialised diets. However people didn't seem to have a choice of meals at lunch time. The manager told us they were working with the company and planned to introduce more choice shortly. One staff member told us, "The food is nicer than the chef produced, people like it".