

HC-One Limited

Kings Park Nursing Home

Inspection report

Kings Road
Hurst Cross
Ashton Under Lyne
Lancashire
OL6 8EZ

Tel: 01613434733

Website: www.hc-one.co.uk/homes/kings-park

Date of inspection visit:
10 July 2019
19 July 2019

Date of publication:
20 August 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Kings Park Nursing Home is a care home providing personal and nursing care to 38 people aged 65 and over at the time of the inspection. The service can support up to 40 people. All the rooms are single occupancy. Accommodation is provided over two floors serviced by a lift. There are communal lounges and dining areas, and an accessible garden.

People's experience of using this service and what we found

Relatives and staff told us there was sometimes insufficient numbers of care staff. This impacted on the amount of time people waited for assistance and support. The provider was in the process of recruiting extra staff and was utilising agency staff, and staff from other homes. The layout of the laundry area could be improved for effective infection control.

We have made a recommendation about laundry management.

Staff told us they wanted extra training to support people with complex needs. People told us they enjoyed the food at the service and specialist diets were provided where required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests.

People were supported by staff who were kind and caring. Staff promoted independence and ensured people spent time with and enjoyed time with people who were important to them. People felt comfortable with staff and formed positive relationships. Staff were aware of people's privacy and dignity and made sure this was respected. People were listened to and had their choices responded to.

People were supported to take part in a variety of activities that they enjoyed and were meaningful. Complaints were responded to effectively. People's communication needs were assessed and responded to. Staff told us they had not been trained in end of life care.

We have made a recommendation about end of life care.

A new registered manager joined the home in May 2019 and had established an open and honest culture where staff and people felt able to share their views, and where incidents, safeguarding concerns and complaints were dealt with proactively. The registered manager had already recognised some areas we identified during the inspection as requiring improvement. The registered manager had a plan in place and was working to improve the service over time. Staff told us they felt valued in their roles under the new management.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 16 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Kings Park Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of two inspectors, an assistant inspector 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.

Service and service type

Kings Park Nursing 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 service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

Day one of this inspection was unannounced. On day two, the management team knew we were visiting.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection because they had completed one in the last year. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and six relatives about their experience of the care provided. We spoke with 15 members of staff including the registered manager, area manager, a general manager, administration assistant, a nurse, a nursing assistant, chef, activities coordinator, two housekeepers and five care staff. We also spoke with a health care professional who visited the home.

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.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was an increased risk that people could be harmed.

Staffing and recruitment

- Staff told us they did not always feel that there were enough care staff of duty, especially at weekends. Five out of six relatives also told us the home could be short-staffed. One said, "They could do with more staff. I quite often support [Name] with personal care because the staff are busy with other residents."
- During the inspection we observed that there was an appropriate staffing level. Staff were always available in communal areas and responded quickly to requests for assistance and call bells.
- Two relatives also commented that their relatives did not seem to have enough baths or showers. Whilst this could have been an impact of low staffing levels we were unable to corroborate these comments. The registered manager told us that bathing was an area they planned to monitor more closely by allocating each person with a keyworker, whereby a named member of staff would assess, carry out and monitor these tasks.
- We spoke to the area manager about staffing. They told us, "We know we have had some staffing issues. To fix this problem we have recruited a number of new day and night staff who are due to start work very soon. We also use some regular agency staff, staff from an internal bank team and we are now over-staffing across our homes in Tameside so we can pull staff to work at the homes that are short-staffed." We will review staffing levels to see if they have improved when we next inspect the service.
- Overall we found staff were recruited safely. We found one anomaly where a recruit's latest employer had not provided a reference. The administration assistant told us, "We are currently reviewing staff recruitment records to ensure that all staff have been recruited in line with company policy." The registered manager assured us that they would be overseeing all new recruits to ensure procedures are followed.

Using medicines safely

- The provider had completed an internal medicines audit and had identified several areas for improvement. This work was ongoing and recent audits demonstrated improvement in scoring were being made in relation to reviews of people's medicines and care records.
- Medication Administration records (MARs) were completed and running totals maintained. However, we found records of stock levels were not always completed accurately.
- Some medicines being given covertly had not been recently reviewed by the GP in line with best practice. The management team told us they had already contacted the GP to arrange reviews but had so far been unsuccessful. A review of processes in this area was being carried out by the local clinical commissioning group.
- The provider had engaged with a medicines management technician to improve how they managed medicines at Kings Park Nursing home.

- Medicines were given by registered nurses who had received training and had been assessed as competent in the safe administration of medicines.

Preventing and controlling infection

- A recent environmental health audit awarded the home five stars, maintaining the highest rating in food hygiene.
- Staff had access to equipment to prevent the risk and spread of infection including disposable gloves and aprons. We observed staff wearing gloves and aprons as required and understood how to reduce the risk of infection spreading when supporting people with personal care.
- The home was clean and tidy. Corridors and communal areas were kept clear of obstacles and trip hazards. Although the home looked tired and in need of redecoration, the home environment remained safe and comfortable.
- The laundry staff had a good understanding of how to manage soiled laundry and reduce the risks of infection spreading. However, the laundry facility layout could be improved to reduce the risk of cross contamination.

We recommend the provider consider current guidance and review the layout of the laundry area to ensure the risk of infection is minimised.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding procedures were clear and relevant contact numbers were available.
- The registered manager understood their responsibilities to report any concerns in relation to safeguarding vulnerable adults from abuse. We saw any concerns had been reported to the local authority and the Care Quality Commission (CQC).
- Staff understood how to keep people safe and felt confident that any concerns they raised with the new manager would be quickly and effectively addressed. They told us "The new manager has let us know we can talk to him." and, "I know about the whistleblowing policy. I feel able to go to [manager] about anything I'm concerned about."

Assessing risk, safety monitoring and management

- People had their risks assessed in relation to moving and handling, risk of falls, skin integrity and nutrition. Staff could accurately describe to us the risk each person presented. Risks to people were reviewed monthly to ensure the risk remained minimised.
- Risks associated with the safety of the environment and equipment were managed appropriately. Systems to ensure the security of the service were in place. All visitors entered a reception area and signed a visitor's book before entering the service.
- Health and safety checks and general maintenance were established and completed routinely by the maintenance staff. This included safety checks on all lifting equipment. Emergency procedures and contingency plans were established for staff to follow and use. There was an 'on call' system to provide advice and guidance from senior staff from within the organisation.
- Fire safety arrangements were reviewed and updated. A fire risk assessment was completed, and routine fire checks and training had been completed. People's ability to evacuate the building in the event of a fire had been considered and each person had a personal emergency evacuation plan (PEEP). Emergency information was accessible in the front entrance of the service and staff knew what to do in the event of a fire.

Learning lessons when things go wrong

- Accidents and incidents were documented and recorded. Staff understood the importance of recording all

incidents and accidents and were encouraged to report. Incidents were reviewed by the registered manager and the provider to ensure appropriate follow up action was taken. This included an update to risk assessments and care plans to reduce the risk of future accidents.

- Any serious incidents were escalated to other organisations and investigated.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received support and mandatory training. Staff had been booked onto the appropriate courses where refresher training was out of date.
- Staff demonstrated a good awareness of dementia care and managing behaviour that challenges. However, only eight staff had received formal training in this area. The area manager told us that there were plans to ensure every member of staff at the home completed specialist training in this area within the next few months.
- Staff told us that they had not always felt supported to undertake their roles and staff morale had been low. However, staff reported feeling positive about the new manager and supported within their role more recently.
- Staff had received a supervision and appraisal in the last six weeks. A calendar was in place to ensure staff had regular supervision sessions.
- Staff were complimentary about the induction they had received and told us the support of a mentor had been useful. One staff member said, "When I started we didn't have a manager, but I did have a really good mentor. I always felt able to ask anyone about anything I needed."

Supporting people to eat and drink enough to maintain a balanced diet

- People were positive about the food. Comments included, "The food is good quality and plenty of it" and "There is too much food really. They do feed me very well here."
- Records about people who required modified diets had this specific information clearly recorded. Staff has prompt cards which detailed how people required their fluids to be thickened and they could carry this information around with them.
- Staff confirmed they had received training in food safety and were aware of safe food handling practices.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The pre-admission process was carried out by the registered manager and a nurse to ensure the service could meet each person's needs.
- We observed a thorough handover from the night team to the day staff. This included information about each person, staff interventions that had occurred during the night, risks that day staff should be aware of and actions to follow up.
- Care plans contained an assessment of people's needs. Care plans were being reviewed and updated at the time of the inspection to ensure they contained the most current information.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked well with other professionals to ensure people's needs were met.
- We saw the service worked closely with health care services including GP's, dieticians, physiotherapists and occupational therapists. This ensured people were able to access healthcare services in a timely manner.

Adapting service, design, decoration to meet people's needs

- There were some 'dementia friendly' features at Kings Park Nursing Home. For example, contrasting handrails, coloured toilet seats, fiddle boards and therapy dolls. However, there were no signs in place to help orientate people around the building. The registered manager had already identified this issue. Signs had been ordered and other plans to improve the environment were in progress.
- People were able to bring in items to personalise their bedrooms.

Supporting people to live healthier lives, access healthcare services and support

- We found evidence to show people were supported to access relevant health and social care professionals. This helped to ensure people's assessed needs were being fully met, in accordance with their care plans.
- The registered manager and management team applied current legislation, standards and evidence based guidance to achieve effective outcomes.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- DoLS applications had been submitted for people who did not have capacity and were under constant supervision by staff. The registered manager and staff were aware of conditions specific to each person.
- Where people were unable to make their own decisions about specific care and treatment, decisions had been made on their behalf. These had been made in accordance with MCA principles.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives were complimentary about the attitude and kindness of the staff.

Comments included, "The care is very good here, if they don't know what is wrong with you then they will send for someone straight away. The staff are so kind and caring, they treat me with respect and they treat all of us the same" and "The staff are really good with [Name]. They show a lot of respect by talking to him and explaining what they are doing with him. He loves the staff here and they love him."

- We saw people were relaxed in the company of staff. Staff were sensitive and patient with people and spent time interacting with them.
- Staff spoke with us about the importance of supporting and responding to people's diverse needs. They were aware of people's personal relationships, beliefs, likes and wishes. People said staff knew their preferences and cared for them in the way they liked. Work was taking place to ensure these were captured in their care records and this helped people to receive the right support.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were fully involved in care planning, were consulted with and supported to make their own decisions. Care records we looked at confirmed people and where appropriate, their families had been involved with and were at the centre of developing their care plans.
- Care plans contained information about people's diverse needs, wishes and preferences and were being updated at the time of the inspection.
- Information was available about advocacy services should people require their guidance and support. This ensured their interests would be represented and they could access appropriate services outside the home to act on their behalf if needed.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's choices around privacy and dignity. We saw they knocked on bedroom and bathroom doors before entering and had a sensitive and caring approach when talking about the people they supported. One person said, "The staff knock on my door. They cover me up when they take me for a bath".
- Confidentiality was considered and people's care records were kept securely.
- People told us, and we saw staff treated them with dignity and respect and promoted independence. Staff told us, they encourage people to have a "can do" attitude and give them time to do tasks for themselves rather than doing it for them.

- Relatives told us their loved ones were encouraged to be independent with activities of daily living; eating, drinking, washing and dressing within their limitations.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

End of life care and support

- End of life nursing care was provided safely and with compassion at Kings Park Nursing Home. We saw a number of cards that had been sent from families who had lost their loved ones at Kings Park Nursing Home, thanking the staff for their care and support.
- The service had not yet explored end of life wishes with all the people who wished to do so and their families. This work formed part of the action plan having been highlighted as an area to focus on.
- Nursing staff demonstrated knowledge and awareness around end of life care and support. However, some care staff we spoke with had a good knowledge of how to support people at the end of their life but had not received any formal training in this area.

We recommend the provider consider current guidance and facilitate training to staff in this area.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care files contained information, providing staff with guidance about people's specific needs and how these were to be best met. The registered manager told us, "I felt staff knew people well but this was not always captured in the care plans so we are updating them all." Recently updated care records highlighted how people liked to be supported and their daily routines.
- Some care files contained information on people's life history. This provided a platform to support genuine engagement with people.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The assessment process included a review of people's communication needs. These were recorded within the care plans and included practical tips like ensuring hearing aids were used adjusted and were working.
- Staff demonstrated that they responded and took account of people's communication needs. Care plans identified each person's communication abilities and difficulties. For example, one person's plan stated that staff should sit down with the person and take the time for the person to express themselves.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People's social, recreational and meaningful relationships were assessed to inform the care and support

provided.

- Providing a variety of meaningful activity and entertainment to people was given priority within the service. The activity staff were seen as a key element in promoting people's general and emotional well-being. There was a new activities coordinator working in the service who planned to expand on the activities currently available.
- Activity staff were motivated and engaged with people individually and in groups. They tailored activity to the interests of people. For example, one person was playing skittles on the first day of the inspection and an entertainer visited in the afternoon which prompted a sing-a-long and dancing.
- Activity staff had explored how they could enable people with different disabilities to feel motivated and involved. They also worked with people who spent all or most of their time in their rooms to prevent social isolation. One person who was cared for in bed regularly had their hands massaged and sang hymns with the activities coordinator.

Improving care quality in response to complaints or concerns

- The people and relatives we spoke with knew how to make complaints. They told us they would be confident to speak to the registered manager or staff if they were not happy or had issues and any concerns would be dealt with.
- We saw that there was a record of complaints and that when complaints had been raised these had been investigated and action taken to address the concerns. This had included offering an apology. There were systems in place to have oversight of complaints and analyse this information for themes and trends.
- People and relatives knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this. This included 'have your say' (an electronic feedback screen located in the lobby); informal chats at people's request; regular residents' meetings, surveys and care reviews.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership had changed since the last inspection and we wanted to ensure that planned improvements were implemented and sustained.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Internal provider audits had identified some shortfalls in care planning, medicines administration and staff training. The new registered manager had been in place for six weeks at the time of the inspection and had immediately formulated an action plan to address the concerns. We plan to review the effectiveness of these changes when we next inspect Kings Park Nursing Home.
- The registered manager told us, "The provider has been very supportive and a manager from another home is here a few days a week to support me with the organisational aspects of the role. We are currently appointing a deputy manager for extra support so we hope to see the impact of the improvements we are making as quickly as possible."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had met with staff to build relationships and discuss how they could adopt a more positive culture at the home. This was empowering for staff and the people living at Kings Park Nursing Home.
- We observed that the registered manager welcomed people, relatives and staff into the office at any point in the day to speak to them about anything they wished.
- Staff we spoke with were optimistic about the new manager. They told us; "I feel confident that [manager] will sort things out"; "I think [new manager] will do ok leading the team"; "The manager had to deal with a lot. I'm confident that he will. He had a big meeting with us all when he came and it really reassured us" and "[Manager] is kind to the residents and staff and has dealt with everything I have brought to him."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and relatives knew who the registered manager and provider were and said they would be happy to speak to them at any time.
- Staff told us, "We had this meeting and [Manager] listened to us and said what he planned to do. [Manager] answered everything we asked."
- The registered manager was visible in the home, completing a minimum of two daily walk rounds to speak to people, relatives and staff and have oversight of the environment.
- The registered manager was aware of, and they and the provider had systems in place to ensure

compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback from people and their families was collected. This included annual surveys, the last of which had been very positive, and meetings. This allowed the service to update people and families about what was happening with in the home and discuss any concerns, issues and ideas.
- Regular staff meetings were in place and staff told us they could raise suggestions as to how the service could be improved.

Continuous learning and improving care; Working in partnership with others

- The provider had home meetings where managers from all the providers services would meet to discuss issues and concerns and share good practice. Records demonstrated that a wide variety of topics were discussed and learning shared.
- The registered manager and provider had worked closely with the local authority commissioners and had been receptive to their advice and guidance to improve the service to effectively meet the needs of people and in particular, reduce the risks around falls.
- The management team completed regular in-house audits of all aspects of the service. These had been used to identify areas to improve and to develop the service.
- Accidents and incidents were recorded and regularly reviewed at provider level so any patterns or trends would be quickly identified.