Park Homes (UK) Limited

Norman Hudson Care Home

Inspection report

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31 January 2018

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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

Norman Hudson Care Home is registered to provide residential and nursing care for up to forty-two people some of whom may be living with dementia. The home is located in Huddersfield.

At the last inspection, the service was rated Good.

Staff had opportunities to update their skills and professional development. Staff demonstrated an understanding of the Mental Capacity Act (MCA) 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

We spoke to the registered manager around one staff file where employment dates had not been recorded in the recruitment process. This was acted on and completed by day two of our inspection.

Care records contained clear information covering all aspects of people's individualised care and support and staff had a caring approach to working with the people who used the service.

Staff were confident in supporting people with medicines and knew people well.

There was a clear management structure and staff clearly understood their roles and responsibilities. There was an open and transparent culture in which staff felt valued and able to approach the registered manager. Staff told us they felt valued and enjoyed their job. The management team continued to improve and work with relatives at the home if they had any concerns or complaints. The home had received many compliments in relation to the care and support they provide.

Further information is in the detailed findings below

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Norman Hudson Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This was a comprehensive inspection which took place on 24 and 31 January 2018 and both days were unannounced.

The inspection, on the first day, was carried out by one adult social care inspector, an inspection manager, a specialist advisor [Nursing] and one expert by experience who had experience with supporting people with dementia. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the second day, one inspector attended the home. Before the inspection we reviewed the information we held about the provider, including information they had supplied in the Provider Information Return (PIR). A PIR 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 all the information we held about the service. This included any statutory notifications that had been sent to us. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During our visit we spoke with four people who used the service, seven members of staff including the cook, the deputy manager, the registered manager and the quality assurance and marketing Manager. We spoke with seven relatives of people who lived in the home. We spent time observing support given to people in their home. We looked at documents and records that related to people's care and the management of the service. We looked at four people's care plans.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "Yes I do feel safe." Another person said, "It's nice and clean here."

Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed. This included requesting a criminal record check with the Disclosure and Barring Service (DBS), two written references and explanation of gaps in employment. However we spoke to the registered manager because one staff member's dates of employment were not listed. On the second day we visited new documentation had been put in place ensuring all dates of employment were recorded. This was completed for the member of staff.

People we spoke with told us a member of staff was around to help them if needed. One person said, "Seems to be enough staff when you want one." Another person said, "If I need staff they are there." Through our observations on both days of inspection we found staffing levels were sufficient to meet the needs of people who used the service.

We saw information on recognising and reporting abuse was on display and staff had received safeguarding training. One member of staff said," I would not hesitate if I heard or saw anything I would report this straight away."

We saw the use of falls mats and falls portable sensors which had been appropriately assessed, monitored and reviewed for people. Fire safety checks had been regularly carried out and people had personal emergency evacuation plans in place.

We found medicines were managed safely within the home. Medicines were stored safely with temperatures of the storage area recorded daily. Systems were in place to make sure people were given their medicines at the right time. For example, medicines to be taken before the person received any food were administered over thirty minutes before breakfast.

Where medicines had been prescribed on an 'as required' (PRN) basis, protocols were in place detailing the circumstances in which the medicine should be given. We saw staff recorded when the PRN medicine was administered and if it had been effective.

We saw accidents and incidents were appropriately managed, and evidence of lessons learnt were spoken about in meetings with staff.

Good

Is the service effective?

Our findings

People and their relatives felt they were well looked after. One relative said, "Mum is well looked after." One relative said, "They are good at calling medical services, staff called the GP, they went into hospital, came out, but staff were not happy and called for her to go back in, they kept me informed I have nothing but praise for the team."

The registered manager had a training programme in place. We saw staff had received training in mandatory topics, such as first aid and fire safety. In addition some staff were in the process of completing or had completed National Vocational Qualifications. We saw evidence staff members receiving supervisions and an annual appraisal.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).We saw the registered manager had a clear record of who had a DoLS in place, and which were pending. The care plans we reviewed were detailed, and contained a range of risk assessments. These assessments lead to a series of personalised care plans, which are also influenced by detailed Mental Capacity Assessments, and if necessary Deprivation of Liberty Safeguards (DoLS). We saw evidence of people, families and outside professionals involved in these decisions.

Care records we reviewed showed people had access to a good range of healthcare services. We saw regular visits from GPs, Community Psychiatric Nurses, Speech and Language Therapists, and Dieticians. We saw people been seen by the optician, chiropodist and dentist. We had the opportunity to discuss issues with a visiting Dietitian from the local community team who told us the service was responsive to advice and suggestions regarding care.

We saw food and fluid charts were in place for people who were nutritionally at risk, as well as updated MUST assessments. The service has created a new role of dining room assistant, who takes responsibility for individuals who may have nutritional difficulties. They also take a lead in ensuring fluid intake charts were completed.

People and their relatives who we spoke with were positive about the food. One person said, "The food's lovely." Another person said, "Very good can't complain." Another person said, "It was lovely I liked the bacon." We saw staff providing pictures and also plates of the food so people could make their own choices. One person asked for something different to which was on the menu, the staff member went to the kitchen and brought this through straight away. We saw staff supporting people throughout to eat and drink and make their own informed choices as to what they would like.

Everyone we spoke to was happy with the layout and appearance of the home.

Good

Is the service caring?

Our findings

We spoke to people and their relatives about the care they or their relative received. One person said, "Staff are nice." One relative said, "[Staff name] and [staff name] are fantastic they know chapter and verse on my mum." Another relative said, "All the staff are very welcoming." A third relative said, "Staff are understanding and friendly." A fourth relative said "Staff are almost universally brilliant."

We spoke to staff about the care they provide. One staff member said, "It's a home, staff walk in with respect. We are all a family. We are not going to work we are going into their home." Another member of staff said. "We all care, if we didn't we would not be working here."

We observed staff knocking and waiting a long time for a response, knocking again and waiting, respecting the person wishes and not entering the room. We heard staff welcoming a visitor and giving a very positive handover of the person's wellbeing. We observed a person who was reportedly not very well was napping in the lounge in an arm chair; staff covered her with a blanket promoting their privacy and dignity.

Staff were felt to be caring. Interactions between care or ancillary staff and people living in the home. We made discreet observations of interactions between care of staff and people. We saw these were friendly and professional in tone. In several cases the conversation of residents between themselves and with staff was humorous.

People said they were involved in making decisions about their care and support. We saw people had input into their care plans and were involved in their reviews. Where required, staff were respectful of people's cultural and spiritual needs.

Staff told us people's diverse needs in respect of the seven protected characteristics of the Equality Act 2010; age, disability, gender, marital status, race, religion and sexual orientation were met where applicable. We spoke to the quality assurance and marketing manager who said, "We do not treat anyone differently; we have a zero tolerance to discrimination. We treat everyone as an individual and support their preferred choices and culture. We have staff with cultural needs and we ensure they can practice their beliefs at work. For example: To be able to pray at work on their shifts."

Good

Is the service responsive?

Our findings

We spoke to people and their relatives about activities in the home. One person said, "I've been on quite a few day trips." A relative said, "They don't go out now, they used to, but they are not up to it now." We saw evidence of people engaging in activities in the home and outside. We discussed the activities displayed on the board, one of which was playing cards. The activity coordinator explained that if people wanted to do other things then she would do that instead. We saw all activities were laminated pictures so people were able to see what the choices were.

Each person had a care plan tailored to meet their individual needs. We saw people had been involved in creating their care plan and any subsequent reviews of their care. Staff kept daily records which gave sufficient information about people's daily lives. Care plans seen contained information on people's preferences, likes and dislikes, how they wanted to be cared for and their level of involvement they liked in their care.

We saw evidence of people and their relatives being involved in developing care plans and relevant documentation. We saw evidence there were 'Personal Life History Booklets' in the care records, We saw two of these were complete and contained detailed histories of the individual, which would be invaluable to staff in their interactions with people. We saw two had not been completed in full. We spoke to the quality assurance and marketing manager who said, "We speak to families to ensure we have all the information especially when people cannot always tell us themselves. This is always on going."

At the time of inspection one person was about to commence end of life care and there was evidence in the care records that discussion was on going with the care staff, GP, and the individual's family.

People and relatives we spoke with told us they knew how to complain One relative said, "I complained in the past before about my mum's care. They looked into it straight away, and the staff member was offered retraining, I know they would phone me if there was a problem." "Things go missing like there top denture, laundry and glasses, I complained to the office and they had some new glasses made." We looked at the record of complaints and saw this included low level concerns raised by people or their relatives. In each case, we saw people had been listened to and supported by staff who resolved their concerns. For example: A full audit of a person's items due to slippers going missing. These could not be found so a new pair was purchased and paid for by the provider. We spoke to one relative in relation to concerns raised at the time of inspection to speak to the management team. The management team told us they were arranging a meeting with the person to discuss their concerns.

Good

Is the service well-led?

Our findings

There was a registered manager in post when we inspected. 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. The registered manager and the quality assurance and marketing manager told us they worked hard together to maintain and improve standards in the home. The registered manager said, "We do this for people who live here. We want them to have a good quality life. We are not perfect but we respond to any issues and we learn from these."

People spoke positively about the registered manager. One person told us, "The manager is really nice." A relative said, "The manager is ok, still new, easy to get on with." Another relative said, "You can bring anything up at the meetings and they try their best to sort things out."

We saw evidence of staff meetings in the home. Items of discussion included; maintenance, cleaning, safeguarding and laundry. Staff told us they felt valued and listened to in the staff meetings. One member of staff said, "Yes I feel valued by my manager we all do a good job."

The registered manager sought feedback about the service through surveys, meetings and reviews, involving other professionals, relatives and people who used the service. We saw this completed in 2017. People were complimentary about the home. Activities were discussed and we saw actions we taken as needed.

There was a robust system in place for auditing areas including environmental safety, fire safety, staff training, care plans and medicines. Environmental audits were completed by the registered manager and we saw actions had been taken where issues had been identified. We saw monthly provider visit reports which identified any outstanding issues and how they had been addressed as well as recording what improvements had been made within the service.