Healthcare Homes Group Limited

Park House Nursing Home

Inspection report

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Date of inspection visit:
14 August 2018

Date of publication:
02 October 2018

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection of Park House Nursing Home took place on 14 August 2018 and was unannounced.

Park House Nursing Home provides, accommodation, nursing and personal care for up to 52 people; some of whom are living with dementia. It is also registered to provide the regulated activity; treatment, disease, disorder and injury. At the time of this inspection there were 47 people living in the service.

At the last inspection on 19 July 2017, the service was rated 'requires improvement' in the areas of safe and well led. At this inspection, we found the service had made improvements under the questions is the service safe and well-led? The service is now rated as good.

Park House 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.

There was a registered manager in post at the time of this inspection. 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.

Care plans did not all provide detailed guidance to staff to ensure that people were receiving the appropriate care at all times. People felt safe and staff knew how to respond to possible harm and how to reduce risks to people. People were looked after by enough staff, who were trained and supervised to support them with their individual needs. Pre-employment checks were completed on staff before they were assessed to be suitable to look after people who used the service.

Lessons were learnt about accidents and incidents and these were shared with staff members to ensure changes were made to staff practices and to reduce further occurrences.

People's medication was well managed by staff that had received training and have been assessed as competent.

People were looked after by enough staff, who were trained and supervised to support them with their individual needs. Pre-employment checks were completed on staff before they were assessed to be suitable to look after people who used the service.

People's privacy and dignity was promoted and maintained by staff. People received a caring service as their needs were met in a considerate manner and staff knew the people they cared for well. People were involved in their care and staff encouraged people's independence as far as practicable. Activities were offered to support people's interests and well-being. Equipment and technology was used to assist people

to receive care and support which included the use of call bells.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People's confidential records were held securely.

Systems were in place to promote and maintain good infection prevention and control.

People received a choice of meals, which they liked, and staff supported them to eat and drink. People were referred to health care professionals as needed and staff followed their advice. The registered manager and staff team worked with other health and social care organisations to make sure that people's care was coordinated and person centred.

Compliments were received about the service and complaints investigated, responded to and resolved where possible to the complainants' satisfaction. Staff worked well with other external health professionals to make sure that peoples end-of-life care was well managed and this helped ensure people could have a dignified death.

Quality monitoring procedures were in place and action was taken where improvements were identified. There were clear management arrangements in place. Staff, people and their relatives were able to make suggestions and actions were taken as a result.

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?

Good

The service safe.

Staff understood their roles and responsibilities in safeguarding people.

Risks to people were assessed and managed by staff. Accidents and incidents were recorded and appropriate was action taken and communicated to staff to reduce the risk of recurrence.

People's prescribed medication was managed safely.

There were enough staff to meet people's needs in a timely manner.

Is the service effective?

Good

The service was effective.

Mental capacity assessments and best interests' decisions had been made for people in line with the legal requirements.

People had choice over their meals and were being provided with a specialist diet if required.

People were supported to access the healthcare services they needed.

Is the service caring?

Good

The service was caring.

People were supported by kind and patient staff who met their individual needs.

People and their relatives were involved in planning their care and staff showed people that they mattered. Visitors were welcomed.

Staff respected people's privacy and dignity and encouraged people to be as independent as they were able to be.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Records relating to people's care did not always give staff sufficient information about people's individual care and support needs.

Activities were arranged and people benefitted from these by having regular social stimulation.

A complaints procedure was in place and complaints and concerns were investigated and resolved to the complainants' satisfaction where possible.

End of life care were discussed with people to ensure their wishes were known.

Is the service well-led?

Good

The service was well-led.

Quality assurance systems were in place which reviewed the quality and safety of people's care.

People were enabled to make suggestions to improve the quality of their care.

Staff were aware of their roles and responsibilities in providing people with the care that they needed.

Park 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.

Two inspectors undertook this unannounced inspection on 14 August 2018.

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. We reviewed the PIR and other information we held about the service. This included notifications. A notification is information about important events which the service is required to send us by law. We also asked representatives from the local authority commissioning team for their views on the service.

We spoke with eight people living at the service who were able to give us their verbal views of the care and support they received. We also observed care throughout the inspection.

We spoke with seven staff, the registered manager; the regional director, a nurse, three members of care staff, one ancillary staff and two activities co-ordinators. We spoke with three relatives and a healthcare professional visiting the service.

We looked at care documentation for four people living at Park House Nursing Home, medication records, three staff files, staff supervision and training planning records. We also looked at other records relating to the management of the service including audits and action plans, accident and incident monitoring records, surveys; staff dependency tools, the statement of purpose, meeting minutes and, complaint and compliment records.

Good

Is the service safe?

Our findings

People and relatives told us that they or their family member, felt safe living at the service. This, they said, was because of the care and support provided by the members of staff. One person said, "I feel safe here because [staff] are always about and they do everything for me." A relative told us, "I feel my [Family member] is safe here. I don't have to worry when I leave. I know there's someone here all the time and they look after them really well."

At the last inspection on 19 July 2017 we found that the service needed to make improvements to ensure that risk to people were managed effectively. These included areas around skin integrity and people at risk of choking.

At this inspection we found improvements had been made. People's risk assessments gave clear guidance for staff to follow to reduce risk to people's health and welfare and deliver safe care. For example, the level of support a person required to be repositioned if they were at risk of skin breakdown. Care plans for those who were at risk of choking also included risk assessments to reduce the risk of occurrence. Risk assessments were reviewed on a regular basis or if there had been any deterioration in people's care and support needs. Records showed that people and their relatives were involved in their family members decisions about any risks they may take. For example, the use of bed rails to ensure the person is safe when in bed. A relative told us that, "Staff and the [registered] manager are very good at keeping us informed. If anything changes suddenly or if something happens then [staff] call me or they let me know the next time I come in, communication is very good."

People had emergency evacuation plans in place to guide staff on the assistance they would need to evacuate safely in the event of an emergency, such as a fire. Training records showed that staff were trained in fire safety. We did however note that the fire risk assessment did not take into account the use of oxygen cylinders in the home. The registered manager took immediate action to update the risk assessment.

Safeguarding systems, policies and procedures were in place, accessible and understood by staff. Staff had training on how to safeguard people from harm and poor care. One member of staff said, "We must always report anything of concern to make sure [people] are kept safe. Staff explained to us that they would report poor care and suspicions of harm. They were able to explain both internal and external bodies that they were able to report to. Staff were also aware of how to whistle-blow. This is a process where staff are provided with a confidential telephone number to report any poor standards of care they may witness. A staff member confirmed to us, "I wouldn't hesitate in reporting any abuse – whoever it is. I would also report any signs of bruising on a [person]."

Arrangements were in place for recording, reviewing and investigating safety incidents and accidents. The registered manager monitored incidents and accidents to check for emerging trends and patterns which could be addressed to prevent or minimise reoccurrence, for example people falling at certain times of the day. Themes identified and actions taken as a result were discussed at staff meetings and staff handover meetings. People's risk assessments and care planning strategies were reviewed and revised following

safety incidents or accidents. Sensor mats were put in place for people at risk of falls to alert staff of any movement and to help and support.

Technology was used by staff to assist people to receive safe, care and support. These included care call bells and sensor mats which were in place for people to summon or alert staff when needed. A sensor mat alerts staff of any movement; e.g. if the person gets themselves out of bed. They are used where people are at risk of falls. Records of checks and servicing of these pieces of equipment were held on file.

The provider ensured new staff were suitable for the role by carrying out required checks before they were employed. These included a criminal record check (DBS), checks of qualifications and references from previous employment.

There was an infection control policy and staff continued to receive training in relation to the prevention and control of infection, including food hygiene. Hand gels were placed around the home, gloves and aprons were used to minimise the risk of cross infection.

Major incident contingency plans were in place which covered disruptions to the service which included fire, loss of gas, oil, electricity, water or communications. Business continuity plans were also in place for severe weather.

Good

Is the service effective?

Our findings

People's assessed needs were met by staff who were trained with the skills to support people to be as independent as they were able. Observations showed that staff had the required skills and knowledge to meet people's needs. Where people displayed complex needs associated with dementia, staff were skilled in managing these. Guidance from various social and healthcare organisations were used to support staff to provide people with care based upon current practice. For example, the Public Health England, 'Beat the heat; staying safe in hot weather' had been shared with staff.

Staff on commencing employment with the service all underwent a thorough induction, this included being enrolled to gain their care certificate. They undertook a range of training topics, delivered face-to-face by a trainer or via e-learning on the computer. They then shadowed more experienced staff until they felt confident and had had their competency assessed by the senior staff to work on their own. All staff spoken with said they had received training appropriate to their roles.

Our observation at lunchtime showed that people were assisted or encouraged to eat and drink independently. For example, one person had been provided with adapted cutlery that enabled them to hold so they were able to do it themselves. Staff supported people in a patient and unhurried manner. People were given a choice of food and drinks. Hot and cold drinks were available throughout the day. For those people who had been identified at risk of losing weight fortified foods were available. These foods provided additional nourishment to people and helped to maintain weight. Mealtimes were a relaxed experience which people enjoyed. This was evidenced by positive comments from people including one person who told us, "I love my food and enjoy meeting my friends."

People had access to external healthcare services such as a GP, dentist or chiropodist. The registered manager and staff team worked in partnership with these external healthcare services to promote people's well-being. A person told us, "I am able to see a GP if I become unwell. The [staff] arrange this for me. The chiropodist also comes regularly to deal with my feet."

People lived in a well-maintained home. It was warm, homely and cleanly decorated. However, there was little signage to assist people in finding their way around. There were handrails and other adaptations to support people to mobilise independently. Many of the people were living with dementia and the service did not promote an enabling environment in accordance with current best practice. We discussed this with the manager and they told us this had been considered as part of the redecoration plan.

The 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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The service was continuing to work within the principles of the MCA. Principles of DoLS had been considered for people living in the service and applications to the relevant authority were made where required. Staff understood about DoLS. One member of staff said, "DoLS are to protect residents and we have best interest information in their care plans. A staff member confirmed to us that you, "Always assume people have the mental capacity to make decisions about washing and dressing, eating and choosing their meals." The service had clear records for people who had families appointed as lasting powers of attorney, to act on their behalf when they did not have the capacity to do this for themselves. Staff were seen to seek consent from people about their daily routines. Staff spoke about how they supported people make decisions and about the importance of offering people choice. Mental capacity assessments and best interest decisions were recorded for aspects of people's care.

Good

Is the service caring?

Our findings

People's dignity and privacy was promoted and maintained by the staff supporting them. Staff knocked on the door of people's rooms before entering them and personal care was carried out behind closed doors. A person said, "[Staff] always knock and ask if it is alright to come in. They always call out saying who they are." Another person told us, "[Staff] always keep me covered as much as possible." This demonstrated to us that staff were aware that they needed to maintain and promote people's privacy and dignity at all times.

People's care and support needs were met by staff who understood their role and responsibilities. People and their relatives spoken with were all complimentary about the care and support they or their family member received from staff. One relative told us, "We are so pleased with the care here. [Family member] is in hospital and we want them back home where they belong as soon as possible." One person said, "[Staff] help me get washed and dressed and there are so patient and kind." Staff knew the people they supported well. For example, we saw how staff members dealt with people's whose behaviour challenged others. Staff took time to reassure people and offer distractions, such as activities, that helped reduce the person's anxiety. This was as detailed in peoples care plans.

People and their relatives told us that they were encouraged to express their views and were involved in the decisions about their and their family members care. One person told us, "The [registered] manager is always on hand to talk and will always ask us how things are going." Another relative said, "We have been able to bring items into [family members] room to personalised it."

Meetings were held to engage people and their relatives with updates about the service provided. These meetings were also a place where people could make any suggestions or raise any concerns they may have had. A relative said, "I've been asked my opinion and I have in the past completed a questionnaire. I go to the meetings when I can because keep you're updated in what's happening at the home. It's good to keep updated with what is happening."

Staff supported people in a patient manner. Staff explained to people what they were going to do before helping them. For example, when supporting a person with their moving and handling needs or guiding a person to a seat. People were enabled to be as independent as much as possible, for example, mobilising around the service using walking aids. Staff provided people with guidance reminding them how to use their frame safely. One member of staff suggested, "Take smaller steps then you won't wobble." During our inspection, people's visitors were seen coming and going from the service. Relatives we spoke with told us that they were welcomed by the staff at any time of the day.

Information about local advocacy services were available to support people if they required assistance. However, staff told us that there was no one in the service who currently required support from an advocate. Advocates are people who are independent of the service and who support people to raise and communicate their wishes.

Requires Improvement

Is the service responsive?

Our findings

Peoples needs were assessed prior to them moving into the service, this was to ensure the staff could meet people's care and support requirements. Records showed that people and their families were involved in the development of care records. Relatives told us that the communication with staff was good and they are involved in their relative's care.

Although the quality of the recording varied in care plans. Some contained good information to show how people were to be supported and cared for. There was not the necessary information to provide detailed guidance for staff about how the person prefers the care needs to be met. Also follow up information was not always recorded. For example, for one person who had a catheter in place we found that it stated that their catheter was due to be changed on the 30 July 2018 but that last recorded of a change was 8 July 2018. The nurse spoken was unable to say for sure if the catheter had been changed but said, "I am sure it would have been done." Daily notes recorded for one person noted they had sore heels and a reposition chart was in place. The chart only shows four out of eight entries in 24 hours and no comments were recorded in the daily notes of any improvement or decline in the heels. We also found charts were incomplete when monitoring people's fluid input and output. The lack of information put people at risk of not receiving appropriate or follow up care that was needed. The registered manager told us they would deal with this immediately.

In other care plans that we looked at we found that they provided information so that staff could get to know the people they supported and meet people's needs. This included what people liked to eat and what time they wished to get up and or go to bed. A person told us, "The [staff] are wonderful and they always make sure they ask if I have everything I need before they leave."

There was information that advertised a daily activity programme. Activities were based on people's preferences and likes and dislikes. We spoke with an activities co-ordinator who was able to tell us peoples social needs and who likes to join in which activities. They told us that they speak with people's relatives and encourages them to take part in activities when they are visiting. People told us they enjoyed going to the local park to visit the café or enjoy a gentle walk. People told us that activities are discussed at resident/relative meetings. One person said, "We are asked at the meetings what we would like to do. I enjoy the quizzes and music sessions. But I will have a go at other things, we have such a laugh." Another person told us, "We are always being asked if there is anything we would like to do." On the day of the inspection people were sat out in the garden enjoying afternoon tea. One person told us, "We love spending time in the garden, especially when the weather is so nice. We are very lucky to have such a beautiful garden."

Compliments had been received about the service. Compliments included, "I would just like to express my sincere thanks for the love, care and devotion you gave [family member]."

The service had a complaints process in place that was easy and accessible for people to use. Information on how to raise a complaint was provided to all residents and their families on admission. There was also information on notice boards throughout the service. People and relatives spoken with told us that they had

not needed to raise a complaint but would be confident to do so. One person said, "If I was worried about something I am sure I could speak to the [registered] manager." The service had received one complaint since the last inspection. Records showed these were handled effectively, in line with the providers complaints policy and resolved to the complainants' satisfaction. Staff told us that complaints are taken seriously and any actions that are needed to be taken would be discussed at handovers and staff meetings.

People could be assured that at the end of their lives they would receive care and support in accordance with their wishes. Where people had been prepared to discuss their future wishes in the event of deteriorating health staff had clearly identified these in people's care plans. The information included how and where they wished to be cared for and any arrangements to be made following their death. We saw that Do Not Attempt Resuscitation (DNAR) forms were in place for people who had chosen not to be resuscitated. This helped to make sure staff knew about people's wishes in advance. There was one person at the time of the inspection receiving end of life care.

Although not all staff had received specific end of life training. The nurse told us they had sought the advice from other healthcare professionals to ensure that the person would receive a dignified and pain free death. They told us that they would always try to enable people to remain in the service at the end of the life if that was their wish. The nurse told us that relatives are able to spend as much time as they wanted with their loved one. We read cards from relatives thanking the staff for all they had done when the person had been at the home prior to their death.

Good

Is the service well-led?

Our findings

At the last inspection on 19 July 2017 we found that the service needed to make improvements to the system to monitor and improve the service.

At this inspection we found improvements had been made. Senior staff and the registered manager undertook a number of audits of various aspects of the service to ensure that, where needed, improvements were made. Audits covered a number of areas including medication, health and safety, environment, and care plans. The provider's representative continued to visit the service and undertake a quality audit on a monthly basis. Areas for improvement had been noted by the manager and actions were underway to address these. For example, further development of some care plans to ensure they included all information relevant to the person's care and support needs.

The registered manager and staff demonstrated a good understanding and knowledge of people's care and support needs. A person told us, "I see [registered manager] most days and they always say hello." Staff were clear about the expectation and values of the service. They told us it was always to provide people with the care they need. One staff member told us, "We are all one family here and we are looking after our family."

Staff spoken with told us that they felt supported by the management of the service. One staff member said, "[My line manager] or any of the management team will give you time if you need to ask any questions or you are concerned about anything." Staff meetings took place regularly to support staff. These were an opportunity to keep them informed of any operational changes. They also gave an opportunity for staff to voice their opinions or concerns regarding any changes. There were handovers between shifts and during shifts if changes had occurred. This meant information about people's care could be shared, and consistency of care practice could be maintained.

People and their relatives spoken with were complimentary about the service provided, and how the service was run. A person said, "I can't fault them." A relative told us, "This place is wonderful my [family member] couldn't have asked for anywhere better." Records showed that 'resident and relatives' meetings are held to gain feedback on the quality of the service provided. At the meeting people and their relatives were updated about any future plans such re-decoration or any events that are being held.

Services are required to notify CQC of various events and incidents to allow us to monitor the service. The service had notified CQC of any incidents as required by the regulations.

Staff at the service worked in partnership and shared information with other key organisations and agencies to provide joined up care to people who used the service. This included working with a variety of health and social care providers such as representatives from the local authority contracts and quality team to review contract compliance and to monitor the level of care provided in line with the local authority contract.