

Shivshakti Nivas Ltd.

Park House Rest Home

Inspection report

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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

We carried out this comprehensive inspection on 22nd March 2017. This inspection followed three comprehensive inspections in December 2015, 19 & 20 May 2016, 11 and 14 November 2016. These inspections led us to follow our enforcement pathway. At each of the inspections since December 2015 we have noticed improvement in response to following our enforcement pathway and the provider is now in breach of just one regulation of the Health and Social Care Act 2008. We will continue to monitor the provider to ensure that improvements are sustained.

Park House Rest Home is a care home, which accommodates up to 18 older people, some living with dementia. On the day of our inspection 15 people were living at the home and one person was in hospital. We were advised five people were staying at the service on a respite basis.

The home had a registered manager. 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.

There had been a history of non-compliance with the regulations at this service since we inspected in December 2015. Following the inspection we started our enforcement action. The subsequent two inspections and this inspection have helped to inform what action we should take in regards to our enforcement pathway. At this inspection we found the provider had made further progress with compliance against the regulations. There was one new breach found at this inspection.

Potential risks to people's safety had been identified and specific risk assessments showed how people should be supported to keep safe. Medicine records supported the safe administration of medicines. People received their medicines from trained care workers. Infection control audits were taking place on a regular basis but we identified some areas which had not been picked up these by these audits, which were of a concern. We also found some equipment in the home had been properly maintained.

There was sufficient staff deployed within the home with agency staff being used. The provider completed a range of recruitment checks to help ensure new care workers were suitable to work with the people living at the home. Staff felt supported in their roles and the training they received equipped them with the knowledge they needed to do their jobs.

The provider followed the requirements of the Mental Capacity Act 2005 (MCA), including the Deprivation of Liberty Safeguards (DoLS). People had access to a range of health professionals, such as GPs, opticians, chiropodists and community nurses.

Care records included background information about each person including details of their care preferences. People's needs had been assessed and personalised care plans written. Care plans were

reviewed monthly to keep them up to date.

A complaints policy was in place and there had been two complaint's since the last inspection, which had been investigated.

We were informed the management were visible and there was a range of quality assurance audits were in place.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

Infection control audits had not picked up potential risks to equipment being ineffective and be cleaned in a way which meant there was a risk to the spread of infection. Some equipment was not fit for purpose.

People were protected against abuse because staff understood their responsibility to safeguard people and the action to take if they were concerned about a person's safety.

Recruitment procedures were in place to ensure staff were suitable to work with people at risk.

Staffing levels were planned to ensure the needs of people could be met.

Medicines were managed safely and people received their medicines on time.

Is the service effective?

Good 

The service was effective

Staff understood the principles of the Mental Capacity Act 2005[, which meant they promoted people's rights and followed least restrictive practice.

Staff received a range of training and support which enabled them to do their job safely and effectively.

People had a choice and enjoyed their meals.

People had access to health and social care professionals.

Is the service caring?

Good 

The service was caring.

Staff had developed good relationships with people living at the

home.

Is the service responsive?

Good ●

The service was responsive.

People received care which was personalised and met their needs.

The service had a complaints procedure and complaints were investigated.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Staff felt well supported by the management team.

There were regular quality assurance audits and people and staff were consulted about the service.

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 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 the 22 March 2017 and was unannounced. The inspection team consisted of two inspectors and one specialist advisor.

Before the inspection, we reviewed previous inspection reports, action plans from the provider, and safeguarding notifications. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we spent time talking to the nominated individual of the provider, registered manager, nine people, two relatives and five members of staff. We looked at the results of surveys, policies and procedures, and the complaints log. We looked at four staff recruitment files, training, daily records and the care records of six people.

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 observed interactions between people and staff.

Is the service safe?

Our findings

People told us they felt safe at the service. One person told us, "I love it here".

Staff had knowledge about what constituted abuse and the different types of abuse. The home had policies relating to safeguarding and whistleblowing which staff were aware of and had the knowledge of what action to take and agencies to report to if they had concerns. Staff had received training to support this knowledge.

Risk assessments and care plans provided a thorough review of risks associated with the care and support service users required. Risks associated with people's health conditions had been identified and information provided to mitigate these risks such as for people who lived with diabetes and mental health conditions. Staff were aware of the risks facing people and of what action they should take to mitigate these risks. Copies of people's individual Personal Emergency Evacuation Plan (PEEPS) were available. We had previously been sent certificates to demonstrate the gas and electrical installations were safe. However, during our tour of the home we found some windows did not have restrictors in place to ensure the safety and welfare of people and this risk had not been identified by the registered provider. We also noted some windows were locked. Following the inspection the nominated individual advised us they had purchased window restrictors and would be fitting them at the weekend following the inspection. In one person's bedroom we noted the area next to the bed had exposed metal which posed a risk to the person's safety. The nominated individual advised us within 48 hours the person's area next to their bed was made safe by the end of the day of the inspection.

There was enough staff to meet people's needs. There was a duty rota which demonstrated there was sufficient staff to meet the needs of people. Staffing levels were planned in accordance to the dependency levels of people, which were recorded in their care records. Three care staff worked from 8:00am – 8:00pm. The nights were covered by one awake and one sleep in staff member. The cleaner worked five mornings a week and the chef worked every day from 8-1. An extra member of staff was on duty to cover activities for three hours on three days. People told us they had a good relationship with staff. Staff told us there was enough staff on duty to meet people's needs. The registered manager told us four staff had left the service since the last inspection and the provider was currently recruiting more staff. As a result the provider was using agency staff, but the same agency staff were being used to provide consistency for people. An agency staff member on duty knew people and their needs well.

Recruitment records showed relevant checks had been followed to keep people safe. Application forms had been completed and where available staff's qualifications and employment history including their last employer had been recorded. Photographic evidence had been obtained ensuring staff were safe to work with people. Staff were subject to a Disclosure and Barring Service (DBS) check before new staff started working. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults. Staff confirmed they had been through a good recruitment process before they had started working in the home. Checks had been made and recorded on agency staff, to ensure they were safe to work with people.

Medicines were administered safely and there were clear protocols in place for the administration of PRN medicines [medicines which are taken as and when required]. These were recorded in both the care plan records and also with medicine administration records (MAR). Stock levels tallied with the medicine administration records [MAR] and medicines were disposed of according to the provider policy. Staff had completed specific medicines management training. Staff remained calm and professional with service users when administering medicines and allowed them time to take medicines and explained what they were. The room where medicines were stored was hot, above the required 25 degree maximum, (27 at the time we checked). This had been recorded on a daily chart for the last 21 days above 25 degrees and noted on the audit sheet but no plan had been put in place to deal with this.

The service employed a cleaner who worked five mornings a week. The laundry area was well organised and appropriate cleaning materials were available. There was a nominated lead for infection control. Infection control and prevention audits were being completed monthly and included areas for improvement. However we found these had not been effective in identifying risks associated with the spread of infection. We noted point 20 of the audit stated; "Any medical equipment is cleaned, maintained and stored appropriately" - this had been marked as yes on each of the last three monthly audits. However we found medical equipment which had not been cleaned appropriately. For example six out of seven pressure cushions in the lounge and two in people's bedrooms, a rotunda, a hoist and a stand aid were not clean. Point 18 on the audit stated, "Seating is free from rips and tears". This had been marked as yes for the last three monthly audits. However we found seven chairs in a lounge area and one in a person's bed room had tears and damage. This meant these areas were difficult to clean efficiently and posed a risk of infection. Some areas of home appeared to be in need of deep cleaning. One room had a stained ceiling, the toilet area in another room needed cleaning and the heater in this room was very dusty. We advised the registered manager and nominated individual of our concerns. They addressed some of the smaller cleaning concerns during the inspection.

The failure to ensure there was an effective process in place to identify and reduce the risk of infection was a breach of Regulation 12 (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service effective?

Our findings

"This is what I fancied, there is a good variety of foods here, I can't grumble. I love my jacket potato, butter and cheese"; was what one person told us about the food.

The Training matrix confirmed staff had received the training they needed for their role, which was being renewed as necessary. However it was noted the first sheet which listed 20 staff only six of these staff were still working in the home, one of which was the registered manager. This included training on; moving and handling, hydration and nutrition, first aid, fire safety, safeguarding, infection control and mental capacity. One member of staff was undertaking a leadership course which they were enjoying. The registered manager confirmed any staff who were new to care were required to complete the Care Certificate. The Care Certificate is an identified set of standards which health and social care workers adhere to in their daily working life. It aims to ensure workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Staff felt supported in their role and had regular supervision which enabled them to discuss their role.

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. Staff had knowledge of the Mental Capacity Act. Mental Capacity assessments had been carried out mostly appropriately. For one person we noted there was confusion as the person was deemed to have capacity but a relative had signed the care plan. The registered manager understood this and said this had been a mistake. We also noted the care plans made reference to relatives having enduring lasting power of attorney for people's health and welfare and finances. However the provider had not seen copies of these documents. The provider advised they had asked relatives for these documents and were still waiting to receive a copy of them. We advised without these document relatives did not have the legal right to make decisions on people's behalf.

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 Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are 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 were being met. We could see applications had been made appropriately to the local authority when it was considered necessary to deprive a person of their liberty.

People were happy with the food and drink on offer at the home. People could choose to eat in their room or in the dining area in the lounge. The daily menu was on tables in the dining room, but this was in very small print and it would have been more advantageous had this been in a larger print. We observed staff supporting people to eat and drink in all areas. Support was given in a patient manner and allowed the person to eat at their own pace. Staff sat at the person's height and made eye contact with them. People's care records contained a section dedicated to eating and drinking which recorded nutritional status and

dietary needs such as the need for fortified or pureed food, swallowing difficulties and assistance required to eat and drink. This information was also available in the kitchen. People's weight was monitored and recorded monthly. Food records showed nutritious meals were offered and received. People's fluid intake was monitored and recorded, for example one person needed a reduced fluid intake due to medical condition and this was well documented.

People had access to a range of health services such as the dentist and the optician. The service ensured that timely referrals were made to health and other professionals to maintain people's health and well-being. Staff had been trained and were using the Situation, Background, Assessment and Recommendation communication tool (SBAR). This is used to identify and log signs and symptoms of concern which need to be reported to health care professional for further advice and guidance. This included taking observations such as blood pressure, pulse and temperature and observing signs and symptoms such as breathlessness or pain. The information was recorded so staff were clear about the information they provided to the doctor or health care professional for further review and advice. There was evidence this was being used effectively by care staff to ensure people received the care they needed.

Is the service caring?

Our findings

"Everyone [staff] is just so lovely; they can't do enough for me. I like to stay in bed but get up to have my hair done. They [staff] don't force me to get up; they make sure I am happy and comfortable all the time."

Staff provided care for residents in a caring manner. All interactions observed were caring and staff provided time and opportunity for people to express their views and make decisions about their care. For example people could choose where they wanted to sit, what meals they wanted, what activity or interactions they participated in. One staff member spent considerable time patiently assisting a person to their seat; they were reassuring in tone and body language, crouching down to match the person's height. The staff member touched the person's hand and responded warmly when the person hugged them.

The service had a relaxed atmosphere and staff and people shared jokes. A group of people had a good relationship and we witnessed them sharing cakes and chocolates. Staffs knowledge of the individual people enabled them to give person centred care. Most people's rooms had been personalised. One person liked their room exceptionally hot and did not like their window open. Staff were aware of this person's preferences and their choices were respected.

We observed how staff made sure people's dignity and privacy was respected. For example, by knocking on doors before they entered and closing doors and curtains before commencing with personal care tasks. Staff confirmed they understood and valued the need to respect people's privacy and dignity. They described the methods they used when supporting people with personal care. We did note a toilet in the corner of a shared room. Whilst there was a mobile screen in the room there was concern this would be enough for a person to have their privacy respected when they used the toilet. At the time of the inspection there was only one person using the room.

End of life care plans were in place for two service users who had been in home for a long time. These had been discussed with the person and their family members. We could see one person's plan had been updated since they lived at the service to reflect they now wanted a 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) to be in place. This reflected the staff were aware of people's changing choices.

Is the service responsive?

Our findings

Pre admission assessments were undertaken before people moved into the home to ensure the person's needs could be met. From these, care plans were developed and reviewed to include all a person's needs preferences and choices. 'This is me', document had been completed and gave information regarding people's life style choices and preferences, likes and dislikes. Detailed care plans were available for people who had come to the home for a respite stay to ensure staff knew how to meet their needs. Care plans included information on different aspects of daily life for each person. For example, 'Maintaining safe environment' included information on how to ensure the environment was safe for good mobility. 'Physical health needs' included information regarding a person having recent urinary tract infection and how these should be treated and how to review symptoms. 'Communication care plans' gave clear information regarding the need for glasses for one person to ensure communication was good. Care plans included potential risks to the person and management plans were devised to minimise these risks such as mobility, pressure ulceration and risk of malnutrition and dehydration. We did note care plans regarding when to take certain 'take as necessary' medication for example, for anxiety could be improved. The plans did not include any information on the triggers to look for to reduce the person's anxiety; they just referred to giving the person medication when they became anxious.

Staff told us they felt there was sufficient information and guidance to be able to support people safely and in the way they wished. Care plans were in place on how the person communicated their wishes and how to support people with managing their emotional wellbeing. Care plans were regularly reviewed in consultation with the person and their representatives Where any changing care needs had been identified they had been documented in their care plan.

An activities co-ordinator had recently started working in the home three mornings per week. They were excited about their role and had discussed with people activities they may wish to like to try. During the inspection some people had chosen to be involved with making new bunting for the dining area.

The service had a complaints policy and procedure. The procedure was displayed in the home. There had been two complaints since the last inspection which had been recorded in the complaints book. These had been responded to within the timescales and were investigated by the provider.

Is the service well-led?

Our findings

"I know who the manager is, she pops her head round and says hello. The staff are wonderful", was a quote from one person.

At the last inspection in November 2016 we identified a breach regarding the maintenance of poor records. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had taken appropriate action and was now compliant with this regulation.

People's records were accurate, up to date and fit for purpose. Care plans and risk assessments were reviewed regularly by the registered manager. Staff records and other records relevant to the management of the service were accurate and fit for purpose. Records were kept locked away securely when not in use and were only accessible to staff. We found daily records were more informative and had been completed regularly. For example pain risk assessment using the Abbey Pain scale which is used to help in describing pain when people are unable to express this directly were being used. Records reflected regular change to position in bed for those in bed where necessary and food and fluid monitoring records were up to date.

The ratings of the last inspection were clearly displayed in the home and displayed on the provider's website.

People knew who the registered manager and nominated individual were and spoke of them in a positive way. However, during the inspection we observed little interaction between people and the manager and the nominated individual. Staff were aware of the whistle blowing policy and had confidence they would be listened to in confidence. An agency staff member described the home as "Relaxing". Staff told us the registered manager and nominated individual were always available on call if they were not in the home.

The provider had systems in place which ensured the effective running of the home. Surveys had been sent to staff and people and the results of these were displayed in the home, there was an action plan which detailed what action they were taking in response to the findings. For example, it had been requested people were able to spend more time in their rooms if they wanted to. The actions clearly identified staff were to provide choice for people and allow them to visit their rooms whenever they wanted to and choose where they spent their time. In the hallway was a notice of a 'Managers surgery', which stated "Managers surgery every Thursday from 1pm-5pm. Discuss any concerns, compliments or suggestions. If you cannot make Thursday, you can see manager on any other day that is mutually suitable". This demonstrated the provider was trying to be responsive to the needs of people and their relatives to improve the quality of the service provided.

The provider had systems of audits in place which ensured the effective running of the home. For example, we saw processes were in place to learn from events such as incidents and accidents on monthly basis. A range of monthly audits were carried out consistently. Audits were in place to try and ensure the service was effective. These included record keeping, staff training and supervision, care plan reviews and people's

views and management of medicines. We have identified concerns in the safe domain regarding the infection control audit and some of the equipment which had not been identified by the audits or the registered manager or nominated individual. We also identified areas of concern in the effective domain regarding records around people's capacity. It is of concern the service has been inspected four times since registering on 26 June 2015 and these areas had not been identified previously by the management and the nominated individual and needed us to identify these concerns.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Infection control procedures were not being followed to ensure all areas of the home were clean and free from the risk of spread of infection.