

Care Concern Regional LLP

Haling Park Care Home

Inspection report

46
Bramley Hill
South Croydon
CR2 6NS

Tel: 02081818898

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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

About the service

Haling Park Care Home provides residential, nursing and dementia care and accommodation for up to 62 older people. It also offers respite care. At the time of our inspection there were 33 people living at the service. The home is spread over three floors and is situated within a quiet residential area of South Croydon.

People's experience of using this service

People and their relatives spoke highly of the service and staff. People commented staff were kind, caring and very supportive. Throughout our inspection we observed staff interacted positively with people and had built respectful relationships with them and their relatives.

There were safeguarding and whistleblowing policies and procedures in place and staff understood how to keep people safe and respond to concerns. People's needs, and preferences were assessed and risks were identified to manage risks safely. Medicines were administered, stored and managed safely and staff followed infection control practices to prevent the spread of infections. Robust recruitment checks were in place and there were sufficient staff available to meet people's needs promptly. Staff had the skills, knowledge and experience to support people appropriately. Staff were appropriately supported through induction, training and supervision.

People were supported to maintain a healthy balanced diet that met their cultural and dietary preferences. 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. People were involved in and consulted about their care and support needs. People had access to health and social care professionals as required. People were supported to participate in activities of their choosing that met their needs and interests. Staff worked with people to promote their rights and understood the Equality Act 2010 supporting people appropriately addressing any protected characteristics.

There were effective and robust systems in place to assess and monitor the quality of the service. The service worked in partnership with health and social care professionals to plan and deliver an effective service. The service took people's and staff's views into account to help drive service improvements.

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

Rating at last inspection

This was the first inspection of the service since the provider registered with the CQC.

Why we inspected:

This was a planned inspection based on our inspection programme.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit in line with our re-inspection programme. If any concerning information is received, we may inspect the service 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?

Good ●

The service was safe

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Haling Park Care 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 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.

Inspection team

The inspection team consisted of one inspector and two Experts-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

Haling Park Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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

This inspection site visit took place on 19 December 2019 and was unannounced.

What we did before the inspection

Before the inspection we reviewed the information we held about the service. This included details about incidents the provider must tell us about, such as any safeguarding alerts they had raised. We used this information to help inform our inspection planning. The provider was not asked to complete a provider information return prior to this inspection. 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.

During the inspection

We spoke with 16 people using the service and 24 visiting relatives to seek their feedback on the service. We

also 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 spoke with 15 members of staff including the registered manager, deputy manager, nursing and care staff, two chefs, activities co-ordinator and staff and housekeeping. We reviewed a range of records including six people's care plans and records and five staff recruitment and training records. We also reviewed records used in managing the service for example, policies and procedures, monitoring records and minutes of meetings.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse or harm.
- People and their relatives told us they felt safe and staff supported them safely. One person said, "The staff cannot do enough to keep us safe, they really care." Another person told us, "I feel very safe and well looked after. There are always staff here to support me." A relative commented, "The difference is incredible, [relative] is so safe and we just don't worry anymore, the staff are simply fantastic."
- Staff understood safeguarding procedures and what to do if they suspected harm or abuse. There were robust and effective safeguarding systems in place and people were protected from potential abuse and avoidable harm by staff who had good knowledge and up to date safeguarding training.
- The registered manager had oversight and knowledge of safeguarding within the home and was aware of their responsibilities to safeguard people. Safeguarding records demonstrated that concerns were appropriately managed and referrals were promptly sent to local authorities and the CQC when required.

Learning lessons when things go wrong

- Staff were proactive in identifying risk to ensure people were safe and understood the importance of reporting and recording accidents and incidents.
- Records demonstrated staff had identified accidents and incidents and had taken appropriate action to address them. Where required accidents and incidents were referred to local authorities and the CQC and advice was sought from health care professionals.
- Accidents and incidents were monitored and reviewed on a regular basis to identify themes and trends as a way of preventing recurrence. Any lessons learnt were shared with the staffing team through staff meetings and supervisions.

Assessing risk, safety monitoring and management

- People were kept safe because risks and potential hazards were assessed and guidance was provided to staff to support, manage and minimise risks to people.
- Risk assessments identified people's individual needs and ways in which staff were to help them stay safe. Care plans and risk assessments were detailed and contained up to date information. Staff had good knowledge and understanding of people's needs and associated risks. Risk assessments documented areas of risk such as nutrition and hydration, moving and handling and skin care including wound management.
- The home environment and equipment was safely maintained. There were systems in place to deal with foreseeable emergencies and people had individual emergency evacuation plans in place to ensure safe evacuation of the building in the event of an emergency.
- Maintenance and environmental checks were conducted and included electrical and gas safety checks,

water temperatures and Legionella testing and the servicing of fire equipment amongst other areas.

Using medicines safely

- Medicines were managed, administered and stored safely in line with good practice guidance.
- During our inspection we observed medicines rounds. Medicines were managed and administered by qualified nursing and trained senior care staff only. People were consulted about how they wished to take their medicines and staff were patient when administering medicines. We looked at a sample of medicines administration records which showed medicines were given as prescribed.
- There was guidance in place for staff on when to offer people 'as required' medicines and medicines room temperature monitoring was in place to ensure medicines were safe to use.
- Medicine audits were conducted on a regular basis to ensure continued safe practice. Findings from audits were shared with staff and any areas for improvement were identified and acted upon.

Preventing and controlling infection

- Staff received training on infection control and were provided with personal protective equipment such as aprons and gloves to promote good infection control practice.
- People and their relatives told us the home environment was kept clean. One person said, "To be honest it is more like a hotel than a nursing home." A relative commented, "It's always spotless. Its presented lovely and always smells nice."
- We observed the home environment was clean, free from odours and there were appropriate infection control policies, procedures and audits in place.

Staffing and recruitment

- There were enough staff to meet people's needs and recruitment systems worked to reduce the risk of unsuitable staff.
- People and their relatives told us they felt there were enough staff to support them safely. One person commented, "They [staff] are always popping in to ask me how I am, they are always around." Another person said, "Yes definitely, there are lots of staff around, I'm very happy." A relative commented, "So much better staffed than other homes we know. [Relative] is getting the best care here."
- Staff rotas confirmed planned staffing levels were consistently maintained. Throughout our inspection we observed call bells were answered promptly, and staff were attentive to people.
- Staff were recruited safely. Full employment checks were completed in line with best practice before staff started working with people. Disclosure and Barring Service (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's physical, mental and emotional needs were holistically assessed in line with best practice.
- People and their relatives were involved in assessments and were supported to make choices about their care. One relative commented, "We had a talk a few months ago about [relative's] care and what's going on. Yes, we are always involved and consulted."
- Assessments covered areas such as physical and mental health needs, personal history and preferences and capacity and consent, amongst others. Nationally recognised assessing and planning tools such as the multi universal screening tool (MUST) were used to assess individuals' nutritional risks and people were supported in accordance with best practice, guidance and legislation.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported by health and social care professionals when required in a timely manner.
- People and their relatives told us staff supported them to maintain their health and responded promptly to any requests. People were referred appropriately to health care professionals such as, GPs, opticians, occupational therapists and dieticians amongst others when required. One person said, "The doctor comes every week and you can ask to see anyone." A relative commented, "There are regular visits and you only have to ask the manager and he will arrange appointments."
- Staff had built effective working relationships and communication systems with health and social care professionals and other agencies to ensure people's needs were appropriately met.
- People's physical and mental health care needs were effectively assessed, documented and reviewed. Records of health care appointments were documented so staff were informed of any changes in people's needs.

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

- People's nutrition and hydration needs and preferences were met and supported by staff.
- People and their relatives spoke positively about meal times and told us the quality of foods and choices offered were excellent. Comments included, "The food is excellent it is like being in a 5-star hotel, beautifully presented and cooked", "The food is extraordinary, such a high standard", "I love the food here I look forward to it", and, "We love it, we often eat here. The food is so well done and the chefs are interested in what everyone likes and dislikes. I think there are two chefs with high standards."
- We spoke with the chefs during our inspection. They were very knowledgeable about people's nutritional needs and specialised diets and catered for everyone's preferences. Foods were delivered fresh daily from local providers and prepared within the home.

- During our inspection we observed meal times in the dining rooms on different floors. On the day of our inspection a special Christmas dinner was planned with people's relatives invited to the event. Seasonal decorations and music made the dining rooms pleasant and people, their relatives and staff were jovial and in the festive spirit. Table decorations included seasonal table cloths, napkins and menus, party hats and Christmas crackers. People were offered choices from the Christmas dinner menu and received any special diets required in line with health care professional's recommendations. There was good staff presence and people were supported or encouraged to eat their meals where required.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff were knowledgeable and aware of the need to assess people's capacity if required to support them to make decisions. Staff had received training on the MCA and DoLS and people's rights were protected because staff acted in accordance with the MCA.
- People told us staff sought their consent and respected their decisions and rights. One person commented, "The carers always ask me and then help me."
- Where the supervising body (the local authority) had authorised applications to deprive people of their liberty we found that the authorisation paperwork was in place and kept under review by staff.

Staff support: induction, training, skills and experience

- Staff had appropriate knowledge and skills to meet people's needs and were supported through an induction programme, supervisions and on-going training.
- Staff completed an induction programme in line with the Care Certificate, this is a nationally recognised programme for health and social care workers.
- Staff were knowledgeable about the people they supported and received appropriate training to meet their needs. For example, training in areas such as moving and handling, infection control, safeguarding and dementia awareness amongst others.
- Staff told us and records confirmed they received regular supervision and support. One member of staff commented, "I love working here, all staff work so well together. The support from management is excellent and I have regular supervisions."

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

- The home was purpose built to meet people's varied needs. Facilities within the home included bedrooms with en-suite bath rooms, a sensory room, cinema, library, café bar, hair salon and private gardens. People were encouraged and supported to personalise their rooms with their own items.
- People had access to equipment that enabled greater independence whilst ensuring their physical and emotional needs were met.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported to make decisions about their care. One person said, "The carers and the nurses all communicate so well. I make my own decisions." Another person commented, "I'm treated extremely well, it's like being on holiday all the time. I'm always involved and can do as I choose."
- People were provided with information about the service in the form of a service user guide in a format that met their needs, for example, large print. People were provided with the opportunity and encouraged to give feedback or to suggest service improvements. Opportunities for people and their relatives to express their views about the care and support were managed through care reviews, key worker meetings, resident and relatives' meetings and surveys.
- Staff spent time with people to enable them to express their views and care plans documented people's preferences and choices about how they wished to be supported.

Ensuring people are well treated and supported; equality and diversity

- People were treated well and staff supported people appropriately meeting any diverse needs.
- People and their relatives spoke highly of staff and told us of their kindness and the support they provided to meet their needs and wishes. One person said, "It's just wonderful. Everyone is so kind and caring." A relative told us, "We observe the staff here, everyone one of them treating people with respect, love and dignity. Nothing seems to be too much trouble. Before coming here, we used to cry with frustration and anger now we cry with joy."
- Throughout our inspection, we observed staff demonstrating acts of kindness and thoughtfulness when supporting people. For example, taking time listen to people enabling them to communicate their wishes and spending time with people and visiting them in their rooms for a chat. Where people had specific communication needs staff followed guidance within care plans. For example, one person whose first language was other than English. Their relative told us, "There are staff who speak [other than English] to my [relative] so culturally [relative] is recognised, [relative] no longer speaks English. I've got to say staff get the thumbs up from us."
- People's diverse needs were respected, assessed and documented as part of their plan of care. Staff respected people's differences and explored and worked with them to meet their cultural and diverse needs. For example, supporting people to practice their faith by attending religious services held at the home. Staff had a very good understanding of people's diverse needs and preferences and were sensitive in identifying and assessing their needs.
- Staff received training on equality and diversity to ensure people were not discriminated against any protected characteristics they had in line with the Equality Act 2010. The registered manager told us staff were also attending sexuality training to enable them to support people appropriately.

Respecting and promoting people's privacy, dignity and independence

- People were treated with the utmost dignity and their privacy was maintained and respected.
- People and their relatives told us how staff treated them with respect, maintained their dignity and privacy and supported them to enhance their independence. One person said, "Always with dignity and they [staff] know how to respect us." A relative told us, "To observe the way the staff treat my [relative] with dignity and respect is fantastic, so caring and so aware. I was trying to do so much on my own but you just can't, here nothing is too much trouble and all the things you worry about like dignity is handled so well by wonderful staff."
- People's personal information was treated with respect and held securely. Staff understood the need to respect people's privacy and throughout our inspection we observed staff knocking on people's doors before and seeking permission before entering.
- We observed people were supported and encouraged to remain independent. For example, staff provided support to people in a caring and respectful manner helping them to ensure they could mobilise independently but without unnecessary risks.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- People received care that was personalised, responsive and supported choice and control. One person said, "The nurses know all about the help I need, they chat to me." Another person told us, "I'm very happy here as they know me well and the care I need. I am always kept well informed." A relative commented, "The difference here is amazing, we are kept informed, it feels they [staff] really know what is happening and they liaise with professionals."
- People were supported by staff who were responsive to their needs and worked as a team to provide personalised care and support. For example, people were encouraged to choose their own keyworkers enabling them to have greater control over their care, build on relationships, meet diverse needs and to enhance individuals' experiences. People's care and support needs were assessed and reviewed to ensure their needs and wishes were met appropriately.
- Care plans contained detailed information on how people's needs should be met in view of their wishes. Detailed guidance for staff on how best to support people to meet their needs and wishes was documented. For example, individuals' preferences for their support to be provided by male or female staff.
- Staff were knowledgeable about the people they supported and were able to describe how people liked to receive their care. For example, supporting people with personal care and how they liked their hair to be treated and styled or the style of dress they preferred. We saw this matched information recorded in individuals care plans. Care plans included information about people's likes and dislikes, a personal history of them including cultural, diverse and spiritual needs as well as activities they enjoyed.

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.

- People were supported to access important information relevant to them, for example, easy to read documents were made available.
- People's communication needs were identified, assessed and recorded in their care plans. Staff understood and acted in accordance with the AIS.

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 were supported to access and participate in meaningful activities that were socially and culturally relevant to them. One person told us, "There is always something going on even if I am not joining in. I like

reading and every now and then I look up and something else is happening. [Staff] is always planning something, so many activities, bowls and music and singing and art work." A relative commented, "[Staff member] is brilliant he just never stops, always entertaining he was born to do it. There was a summer BBQ, always music and singing and we can go to that together so it makes you feel like you can enjoy that time together again. We love going to the cinema, it feels just like a cinema."

- Weekly activity timetables were on display within the home and also provided to people and their relatives. We saw that activities were discussed at monthly residents and relatives' meetings to ensure people received activities of their choosing. Activities were provided either within groups or on a one to one basis according to people's needs and preferences. Activities included, exercises, arts and crafts, games, live music and entertainment from visiting entertainers, sensory room, café, private dining facilities for people and their relatives to spend time together and namaste which is an approach that focuses on engaging with each individual person's senses through sound, touch, smell, taste and sight.
- We spoke with the activity co-ordinator who told us and we saw activities and events that were held which addressed individuals' diverse needs. These included regular visits from different religious denominations, celebrated annual events such as Diwali, Miss Jamaica day, Halloween, Burns night, Valentine's day and LGBTQ Pride week which was celebrated with music and dancing and arts and crafts sessions creating rainbows. The home also did 'make a wish' which was linked to people's birthdays. Individuals would make a wish before their birthday, for example, to be able to visit a place of interest or to do a specific activity and staff endeavoured to accommodate their wish. The activity co-ordinator told us, "There are no script here, we are encouraged and supported to find what works for people and anything that does not work we don't do."

End of life care and support

- People received responsive care and support at the end of their lives.
- Care plans documented discussions had with individuals and their relatives about any advanced directives and end of life care wishes including choice of funeral arrangements.
- Staff had received training in end of life care and had a good understanding of current best practice and guidance in relation to end of life care.
- There were positive responsive links with external health and social care professionals', including GPs and the local hospice. The registered manager told us they had started a 'Steps to care – end of life Care' programme working in collaboration with a local hospice. We saw that the home was also part of an end of life care community which enabled staff to actively engage in workshops and training programmes.

Improving care quality in response to complaints or concerns

- There were appropriate arrangements in place to respond to people's concerns and complaints.
- Throughout our inspection we observed the registered manager and deputy manager operated an open-door policy and engaged well with people and their relatives.
- People and their relative told us they felt comfortable and able to raise and complaints or concerns. One person said, "I have nothing to worry about here. Everyone is so caring and helpful, if I had any issues I could speak with anyone and know that its dealt with." A relative commented, "I would chat to any member of staff or bring it up at meetings, they keep you so well informed here and, in the loop, that it is not a worry."
- The complaints procedure was available in different formats to meet people's needs and was on display and made accessible to all. Complaints records showed that when complaints were received they were responded to appropriately in line with the provider's policy to ensure best outcomes for people.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had an experienced registered manager in post. They knew the service well and were aware of their registration requirements with CQC. They knew the different forms of statutory notifications they were required to send the CQC by law. They were aware of the legal requirement to display their CQC rating.
- The registered manager understood their responsibilities under Duty of Candour. Feedback from people and their relatives confirmed management was open and transparent when incidents occurred or concerns and complaints were raised.
- There was an organisational structure in place and staff understood their roles, responsibilities and contributions to the service. The registered manager and deputy manager demonstrated an in-depth knowledge of people's needs and the needs of the staffing team.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were enthusiastic and overwhelmingly positive about how staff communicated with them, how managers and staff interacted with them and how there was an open and inclusive culture within the home. Comments included, "[Relatives] happy, the care is very good. [Relative] is very safe here I have no worries about [relative] at all", "Staff team are excellent, I would not fault any of them, every man and woman who works here is just excellent, we are very lucky indeed", and, "The dignity and care, I really think this place has brought [relative] back. We cannot be more grateful, the love and care, all the staff, the manager, the respect to individuals is immense."
- The service actively encouraged feedback from people, their relatives and staff to help drive improvements through various means such as social media, key worker meetings, staff meetings, resident and relative meetings and surveys.
- Staff told us they felt supported by management and able to raise issues and make suggestions on how things could be improved. One staff member commented, "Management is very supportive and always available, interested in how we are feeling and if anything can be done to help us. I love working here." The provider supported staff to develop their skills and knowledge which created a culture of learning and improving.

Continuous learning and improving care

- The registered manager and deputy manager recognised the importance of regularly monitoring the quality and safety of the service to help drive improvements. There were robust systems and processes in place to monitor and make improvements when required.
- Audits and checks were routinely conducted in areas such as health and safety, environment and premises, infection control, medicines management and care plans and records amongst others. Management and staff worked closely with other professionals involved in people's care to promote and enhance continuous learning within the service.
- Daily staff meetings were held and provided staff with the opportunity to discuss people's individual needs and any issues or concerns so they could be promptly remedied. Monthly staff meetings were also held and provided staff with the opportunity to discuss issues relating to the management and safety of the service and home environment.

Working in partnership with others

- The registered manager, deputy manager and staff worked effectively to develop and enhance good working relationships with health and social care professionals ensuring people's needs were met appropriately. For example, working closely with service commissioners, mental health professionals, GPs, speech and language therapists and hospices and palliative care teams.