

Park Homes (UK) Limited

Holly Park Care 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



Overall summary

We inspected Holly Park Care Home on 5 November 2015 and the visit was unannounced.

Our last inspection took place on 25 June 2014. At that time, we found breaches of legal requirements in six areas, respecting and involving people who use services, care and welfare of people who use services, safety and suitability of premises, staffing, assessing and monitoring the quality of service provision and complaints.. We

asked the provider to make improvements and they told us they would be fully compliant with the regulations by August 2015. On this visit we found improvements had been made.

On 12 August 2014 the home was struck by lightning and suffered significant water and storm damage. Everyone living there at the time was moved to other accommodation whilst major building and refurbishment work took place. The home did not re-open until December 2014. This is why the timescales for improvement took so long.

Summary of findings

Holly Park Care Home is part of the Park Homes (UK) Ltd group. The home is registered to provide accommodation, personal and/or nursing care for up to 43 people who may be living with dementia or other mental health problems. Accommodation is provided over two floors, which can be accessed using a passenger lift. At the time of our visit there were 17 people using the service and nursing care was not being provided.

There is 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.

When the service re-opened in December 2014 the operations manager for the organisation became the registered manager and has, until recently, been in day to day control of the service. Although they are still the registered manager they have returned to their role as operations manager for the company, overseeing a number of services. The organisation are trying to recruit a permanent manager and in the interim the deputy manager is the 'acting manager' and is being supported by an external consultant.

We found a number of audits had been put in place which were picking up areas which needed to be improved. These improvements need to be sustained over time to show they are robust and support the change in management arrangements.

The communal areas of the home had been reconfigured and now offered a selection of seating areas for people in bright and airy surroundings. The home was clean, tidy and fresh smelling.

Recruitment processes were robust and thorough checks were completed before staff started work to make sure they were safe and suitable to work in the care sector.

There were enough staff on duty to make sure people's care needs were met and activities were on offer to keep people occupied.

Staff had a good understanding of what constituted abuse and the reporting mechanisms to make sure people were kept safe.

On the day of our visit we saw people looked well cared for. We saw staff speaking calmly and respectfully to people who used the service. Staff demonstrated they knew people's individual preferences and what they needed to do to meet people's care needs.

We found the service was meeting the legal requirements relating to Deprivation of Liberty Safeguards (DoLS).

Generally people told us the meals were good. There was a choice available for each meal and the cook was aware of people's preferences.

We found people had access to healthcare services and these were accessed in a timely way to make sure people's health care needs were met. The medication system was generally well managed and people received their medicines at the right times. However, improvements to the way medicines were booked in needed to be made.

Visitors told us they were always made to feel welcome and if they had any concerns or complaints they would feel able to take these up with the registered manager or deputy manager.

A complaints procedure was in place and we saw the manager had taken action to resolve the complaints they had received.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Although people received their medicines at the correct times, safe practice for booking in medicines were not always being followed.

Recruitment processes ensured staff were suitable and safe before they started working with people. There were enough staff to meet people's needs and to keep the home clean.

Staff understood how to keep people safe and the premises were well maintained.

Requires improvement



Is the service effective?

The service was effective. We saw from the records staff had a programme of training and were trained to care and support people who used the service. The service was meeting the legal requirements relating to Deprivation of Liberty Safeguards (DoLS).

The menus we saw offered variety and choice and provided a well-balanced diet for people who used the service.

Records showed people had regular access to healthcare professionals, such as GPs, opticians, district nurses and podiatrists.

Good



Is the service caring?

The service was caring.

People using the service were treated with dignity and respect. Most told us staff were kind and caring.

Visitors were made to feel welcome and could visit at any time.

Good



Is the service responsive?

The service was responsive. People's health, care and support needs were assessed and individual choices and preferences were discussed. Care plans were in place and had been reviewed on a monthly basis.

There were activities on offer to keep people occupied and trips out were arranged.

We saw from the records complaints were responded to appropriately and people were given information on how to make a complaint.

Good



Is the service well-led?

The service was well-led, however, changes to the management of the service need to be closely monitored to ensure they remain effective.

Requires improvement



Summary of findings

A number of audits had been introduced which were picking up where improvements needed to be made. These need to be sustained over time to show continued development of the service.

People using the service were being asked for their views and these were being responded to.

Holly Park Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 5 November 2015 and was unannounced.

The inspection team consisted of one inspector and an expert by experience in dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the home. This included notifications from the provider and speaking with the local authority contracts and safeguarding teams.

On the day of our inspection we spoke with nine people who lived at Holly Park Care Home, three relatives/visitors,

two care workers, one night care worker, the cook, the handy person, the housekeeper, the registered manager, deputy manager, the external consultant (who was employed by the service), district nurse and community matron.

We spent time observing care in the lounges and dining rooms and used the Short Observational Framework for Inspections (SOFI), which is a way of observing care to help us understand the experience of people using the service who could not express their views to us. We looked around some areas of the building including bedrooms, bathrooms and communal areas. We also spent time looking at records, which included three people's care records, staff recruitment records and records relating to the management of the service.

On this occasion we did not ask the provider to complete 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 all information we held about the provider.

Is the service safe?

Our findings

We looked at the medicines with the deputy manager. Medicines, including controlled drugs, were stored securely in a locked clinical room. We found appropriate arrangements were in place for the ordering and disposal of all medicines. A medicine fridge was used for medicines requiring cold storage and fridge and room temperatures were monitored and recorded daily. Records we saw showed temperatures were within the recommended safety range.

We found some anticipatory medicines were being stored for one person. These medicines are prescribed for use on an 'as required' basis to manage symptoms that can occur at the end of life. The deputy manager told us the district nurses had recorded the medicines they would be responsible for administering in the controlled drugs register, but they had not recorded the medicines the home's staff would be administering in the controlled drugs register. They told us because the home had previously provided nursing care, the nurses had taken responsibility for the medicines and the administration of controlled drugs. This was brought to the registered manager's attention and the medicines were then correctly recorded.

We looked at the Medication Administration Records (MAR) and saw medicines were signed for consistently, indicating people were receiving their medicines. We looked at the records and checked the stock levels for two people and found these were correct.

We saw some handwritten entries on the MAR charts where staff had booked in medicines. These entries had been made by one person. We looked at the medication policy and procedure and saw there was a lack of guidance for staff around booking in medicines, however, the deputy manager confirmed medicines should be booked in by two members of staff. **We recommend the service review their procedures to reflect the National Institute for Clinical Excellence (NICE) guidance for managing medicines in care homes.**

When we inspected the service in June 2014 we found there were not enough staff to care for people safely. We asked the provider to send us an action plan telling what action they were going to take. In the updated action plan we received in September 2014 the provider told us staffing levels would be reviewed when the home re-opened.

We asked people if they thought there were enough staff on duty. Some people did not think there were; one person said, "They are busy all day." Another told us they thought more than two staff were needed at night because one member of staff did the medicines round and the other one was needed to stay in the lounge. Staff we spoke with told us there were enough staff on duty to meet people's needs.

The district nurse told us, "There are always staff around and they know what is going on."

We discussed staffing levels with the registered manager and they told us that the required number and skill mix of staff was determined by the needs of the people living in the home. They told us staffing numbers would be increased if people's needs changed or if more people moved into the service.

Our inspection took place during the day and the staffing in place matched that documented within the staffing rotas. The registered manager and care staff were supported by housekeepers and a cook.

We saw that staff were available throughout our visit and people's needs were attended to promptly. People told us that staff responded quickly when they required assistance. This meant there were enough staff on duty to meet people's needs.

People told us they felt safe in the home. One person said, "I do feel safe here." Another person told us, "Yes, I feel safe and my belongings are safe."

We saw there were safeguarding policies and procedures in place. We saw people using the service responded in a positive way to staff in their gestures and facial expressions. This showed people were relaxed and at ease in the company of the staff who cared for them.

We spoke with two members of staff about their understanding of safeguarding and what they would do if they thought people who lived at the home were at risk. Both staff were able to tell us about different types of abuse and both knew how to report any concerns. They also told us they would not hesitate to use the whistleblowing procedure to report any concerns they had about colleagues practice, even if it was a senior colleague.

During the visit three people told us they felt one member of staff could be rough, one person said they did not think it was deliberate but was their 'manner.' We passed this information to the registered manager. Following the

Is the service safe?

inspection the registered manager reported the member of staff had received supervision to talk to them about what had been said and for them to be able to reflect on their practice. The registered manager said the member of staff had been, 'Shocked' and further supervision of their practice had been arranged. This meant the registered manager took appropriate action once they had been made aware of people's concerns.

We looked at the training matrix and saw staff training in relation to safeguarding was up to date. We spoke with the registered manager who had a clear understanding of safeguarding procedures and who had made appropriate referrals to the safeguarding team when concerns had been identified. This meant staff knew how to keep people safe.

Safe recruitment procedures were in place. These included ensuring prospective staff completed an application form, detailed their employment history and qualifications. Checks on staff character to ensure they were suitable for the role were completed. This included obtaining a Disclosure and Barring Service (DBS) check, obtaining references and ensuring an interview was held. This meant checks were being made to make sure staff were suitable and safe to work with the people living at Holly Park Care Home.

When we inspected the service in June 2014 we found issues with the on-going maintenance of the building. We asked the provider to send us an action plan telling what action they were going to take. In the action plan the provider told us improvements would be made to the premises.

Staff spoke very positively about the changes which had been made to the environment. Following the closure of the home after the lightning strike the communal areas had been redesigned to make them more 'dementia friendly.' We saw the interconnecting lounge and dining areas had different sitting and dining areas for people to use. This meant people could choose to sit as part of a group, near a television or in a quiet area.

We looked around the communal areas, some bedrooms, bathrooms and toilets. We found the building was well maintained and nicely decorated. The handy person told us about the on-going redecoration and refurbishment plans for the bedrooms, which they were completing. We saw a range of checks were undertaken on the premises and equipment to help keep people safe. These included checks on the fire, electrical and gas systems. Lifting equipment, water temperatures and bed rails. A system was in place for staff to report building faults to ensure they were promptly repaired. This meant the environment was kept in a good state of repair.

We spoke with one of the housekeeping staff who demonstrated a commitment to, and a pride in their work. They told us, "There are no unpleasant odours in the home. People's first impressions are really important." People we spoke with and visitors all told us the home was kept clean and tidy. We looked around the building and found all areas clean, tidy and fresh smelling. We saw there were disposable aprons and gloves readily available for staff and these were being used appropriately. This meant staff were following infection prevention and control measures to make sure people were safe.

We saw the food standards agency had inspected the kitchen in April 2015 and had awarded them 5* for hygiene. This is the highest award that can be made. This meant food was being prepared and stored safely.

Procedures were in place to act in the event of an emergency to help keep people safe and comfortable. These included individual fire evacuation plans for people who used the service. Staff told us how well the emergency procedures had worked when the home had been struck by lightning and all of the people living there at the time had to be moved very quickly to other accommodation. They reported this had been done in a very efficient and organised way.

Is the service effective?

Our findings

We spoke with four care staff who told us the training they received was very good. They said all of the training was 'face to face' and they were fully up to date. We saw there was a training matrix in place which identified any training staff needed to update. This meant staff training was kept up to date and staff were being offered training that was relevant to their role.

We looked at the staff supervision matrix and saw supervision sessions were scheduled to take place six times a year. Staff we spoke with confirmed they received supervision and that they felt supported in their role. This meant good systems were in place to support and develop individual staff members skills.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw mental capacity assessments had been completed and where appropriate DoLS had been applied for and put in place. The registered manager understood their role and legal responsibilities in assessing people's mental capacity and supporting people in the least restrictive way.

We saw staff gained consent from people before any care tasks were undertaken. For example, before people were assisted to move and before assisting people with food and drinks. For example one carer said, "(Name) Do you want to come back to your room with me to get ready for church?" This showed staff were making sure people were in agreement before any care was delivered.

Generally people we spoke with told us meals at the home were good. One person said, "The food is very good, especially when (name) is on, she's a good cook." We saw the menus were displayed in the entrance hall for a four week period. These showed there was both a choice and variety of meals available. We saw people were offered a choice of meals at breakfast and at lunchtime. Tables were set with tablecloths, napkins and condiments; lunchtime was a social occasion and the community matron told us it was usual to see staff sitting at the dining tables with people at meal time.

There were jugs of juice available and various snacks were offered mid-morning. We saw people being offered drinks during our visit.

We spoke with the member of care staff who was cooking on the day of our visit. They told us about the different diets they catered for, for example, diabetic and vegetarian. They told us they got information about people's individual preferences and we saw there was a list in the kitchen of people's preferences.

In the three care plans we looked at we saw people had been seen by a range of health care professionals, including, community matrons, GPs, district nurses, opticians and podiatrists. We spoke with a district nurse and community matron. The district nurse told us, "Staff are really on the ball, they contact us as soon as they notice any change in people's health. The care of people's skin integrity is very good, if they notice any deterioration they get in touch with us straight away and we get any equipment in. They also notice if people have a urinary tract infection and get a sample and send it to the surgery for testing. If they are given a prescription they take it to the pharmacy and pick up any medication, there is never any delay. I would recommend Holly Park." The community matron said, "This is the best service I go to the staff are competent and really care." The community matron said, "The palliative care here is excellent. If I leave instructions I never have to worry because I know the staff will do what I have asked. The staff contact me appropriately for advice and I have no concerns at all. I would let my Mum and Dad live here." This meant people's health care needs were being met.

Is the service caring?

Our findings

When we inspected the service in June 2014 we found people using the service were not being treated with dignity and respect or being involved in planning their care and support. We asked the provider to send us an action plan telling what action they were going to take. In the action plan we received in April 2015 the provider told us they would make improvements.

On this visit we saw all of the staff treating people with dignity and respect. The deputy manager was the service's dignity champion and staff told us they had received training in this area. Staff told us how they maintained people's dignity when they were delivering personal care. We saw people's personal care needs were attended to in a discreet way.

We saw people looked well cared for. People's hair had been brushed or combed, their clothing was clean and matching and the men had been supported to shave.

We saw people's bedrooms were neat and tidy and personal effects such as photographs and ornaments were on display and had been looked after. This showed staff respected people's belongings.

The community matron said, "This is the best service I go to the staff are competent and really care."

We looked at the care files for three people who used the service. They all contained information about people's likes and dislikes and personal preferences. Staff we spoke with knew people well and understood how they liked to be cared for. They also knew what people were interested in and about their families.

There was a warm, friendly and relaxed atmosphere in the home. Staff were always present in the communal areas and used this time to sit and talk to people. Staff we spoke with told us the home was like, "One big family."

We asked people if they liked the staff. One person said, "They are all very nice!" Another person told us, "I like them all more or less. There is only one I don't care for." This information was shared with the registered manager for them to follow up.

Some people who had complex needs were unable to tell us about their experiences of the service. We spent time observing the interactions between the staff and the people they cared for. We saw staff approached people with respect and support was offered in a sensitive way. We saw staff were kind, caring and compassionate.

We met one person who was visiting prior to moving into the service for a period of respite care, with their relative. The relative told us this was their second visit to the home. We saw staff made them welcome and the deputy manager spent time with them talking about the care and support staff would be providing. This meant staff had information about the person's needs and preferences before they came to stay at the home.

We saw staff greet a bereaved relative with kindness and compassion. The relative asked to speak with us and told us how well staff had cared for their relative. They told us about a special birthday party which had been organised by staff and the enjoyment this had given their relative and the family.

We spoke with two visitors who told us they were made to feel welcome and that there was a homely, friendly atmosphere in the home.

Is the service responsive?

Our findings

One person told us they did not want to be at Holly Park Care Home and wanted to go home. We spoke with the deputy manager about this who told us they had been in contact with the person's social worker but nothing had happened. They went on to tell us they thought the social worker may be on holiday and agreed they would contact the local authority safeguarding team to discuss how this person could get appropriate support.

We looked at three care files and saw people were assessed before they moved in to make sure staff could meet the person's care needs.

We found the care files were easy to navigate and saw risk assessments had been completed in relation to, for example, people's moving and handling needs, nutrition and tissue viability. Where a risk had been identified we saw action had been taken in order to reduce the risk. For example; we saw one person had a history of falls. A risk assessment had been completed and the district nurse had been involved for advice. Their care plan stated the person needed their walking frame with them at all times and a member of staff needed to be with them when they stood up. We saw both of these actions were in place during our visit. This showed us staff were responding to individual risks and putting measures in place to eliminate or reduce those risks.

We saw care plans were reviewed on a monthly basis to check if any change was needed to be made to the way people's care and support was being delivered.

We asked people if there were activities on offer. People told us there were but some people felt more could be done to keep them occupied. One person told us, "I'm

bored, I can't get much conversation here, you know with a lot of the residents having dementia. I'm frustrated." However, we saw staff were engaging this person in conversation at every opportunity.

We saw throughout our visit there was a member of staff present in the interconnecting communal areas. Whilst they were providing general supervision and support they also used the time to talk to people using the service and to engage them in conversation. Staff were talking to people about current events and the new shopping centre which was opening on the day of our visit in Bradford City Centre. They also asked people if they would like to go and see it in the future when it would not be so busy.

One person was going out to an art class at the church and some people were involved in making Christmas cards. Staff told us trips out had been arranged, for example, eight people had been to Blackpool to see the illuminations. Some people also attended the local church.

When we inspected the service in June 2014 we found the provider did not have an effective complaints procedure in place. We asked the provider to send us an action plan telling what action they were going to take. In the action plan we received in April 2015 the provider told us they would make improvements.

We saw the complaints procedure was on display in the front entrance. There was also a 'suggestion box' and cards available for people to complete if they wished. We looked at the complaints log and saw any concerns or complaints were being documented, together with the action taken and outcome. For example, part of someone's electric toothbrush had gone missing and was replaced by the service. This meant staff were recognising any concerns and made sure they resolved them to the complainants satisfaction.

Is the service well-led?

Our findings

When we inspected the service in June 2014 we found the provider did not have effective systems in place to assess and monitor the quality of the service people received. We asked the provider to send us an action plan telling what action they were going to take. In the action plan we received in April 2015 the provider told us they would make improvements to their quality systems.

When the service reopened in December 2014 the operations manager applied to the Care Quality Commission for registration as the manager. Whilst they remained as the registered manager in October 2015 they informed us they would be returning to their role as operations manager for three months and in the interim the deputy manager would be the acting manager.

On this inspection the registered manager explained they were trying to recruit a permanent manager. They had appointed one person but this person had left, as it was felt by the organisation they did not have the right skills to move the service forward. Until a permanent manager is recruited the deputy manager was the acting manager and they were being supported by an external consultant three days a week.

People using the service, staff, relatives and visiting healthcare professionals told us they had confidence in both the registered manager and deputy manager. There was a view that they were responsive and 'got the job done.'

We found a number of audits had been introduced to ensure the service was being well managed. As these were relatively new the provider needs to ensure the development of their quality systems continue so they can be assured the service is being well managed.

We saw there were some systems in place to assess and monitor the quality of the service. For example, we saw accidents and incidents were being analysed to look for any trends or themes. This meant the registered manager was actively looking to see what action they could take to reduce accidents and incidents.

We saw two care files had been audited on 3 November 2015 and a number of actions had been identified. We asked the registered manager how they knew these had been completed. They told us staff would 'tick' the action off when they had updated the plan. The external consultant told us they were going to update some of the audit tools so they would give information about the 'action taken' to resolve the issues identified.

We saw a meal time observation had taken place two days prior to our visit. This had identified improvements in the process from the previous observation, noting tables had been set correctly and condiments and drinks were available. The assessor identified the mealtime experience could be further enhanced if the television was turned off and one table was served at a time. This meant the provider was actively looking at ways to improve the service.

We also saw an out of hours visit had taken place at 6:10am one morning to check, for example, that people had their emergency call bells within reach and drinks in their bedrooms. This meant checks were being made on staff to ensure they were doing their jobs properly.

The registered manager told us residents and relatives meetings were held every three months. We looked at the minutes for the last two meetings and saw people were being asked for their views about the service and what activities they would like. At the meeting in May 2015 people using the service had asked for a trip out to the garden centre this had happened by the time the next meeting had taken place. This meant people were being asked for their opinions about the service and these were being acted upon.

We also saw people using the service and relatives had been asked to complete a quality assurance survey. We saw from the results people were happy with the service. We saw statistical information had been completed in relation to the results but people had not been given a report about the findings. The registered manager agreed this would be something they could produce in the future.