

Mrs Barbara Rogers

Park Hills Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Park Hills Nursing Home is a care home providing personal and nursing care to up to 17 people. The service provides support to people with nursing needs and specialises in end of life care. At the time of our inspection, there were 17 people using the service. The provider also runs a domiciliary care agency under this location's registration and they provide personal care to 8 people living in their own homes.

People's experience of using this service and what we found

People and their relatives felt care was provided safely by staff both within the home and by the homecare service. Medicines were managed safely and staff's competencies were checked by the management team regularly. Staffing levels were sufficient to meet people's needs. Health and safety checks were completed. The provider had systems in place to manage risks associated with the provision of people's care. However, some risk assessments while providing basic guidance for staff on how to mitigate risk, lacked specific details. We discussed this with the provider, who had highlighted this before our inspection and purchased a new electronic recording system. Further detail would be added as risk assessments were transferred to the new system. The system was due to go live within four weeks of this inspection.

Care plans were completed for all people receiving care across both services. Information in people's care plans was clear and most contained personalised guidance for staff to provide care in line with people's likes, dislikes and preferences. People and relatives praised staff for the care and support they provided. People were supported to stay in contact with families and friends; the service facilitated visits for times which were convenient for visitors. The provider recorded complaints and responded to them in a timely manner; very few complaints had been received and people and their relatives feedback corroborated this.

The management team carried out regular audits and quality assurance checks. The provider worked proactively with external bodies such as the local authority, hospital discharge team and other health professionals to tailor people's care to their needs. The provider and registered manager were open and transparent about the difficulties they'd faced in relation to recruitment and had implemented measures to ensure this did not impact people's care. The provider responded well to feedback and provided evidence of addressing and how they would continue to address our findings from this inspection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection

The last rating for this service was good (published 10 August 2018).

At our last inspection we recommended the provider should take steps to develop ways of providing meaningful stimulation and activities to people living in the home. At this inspection, we found improvement had been made in this area; however, it was not always evidenced in people's records. We discussed this with the provider who responded immediately by adjusting records to prompt staff to record all activities. The provider also explained they would link in with other end of life services in the community to see if any further activities could be sourced for people.

Why we inspected

The inspection was prompted in part due to concerns received about end of life care, management of people's pain relief and the management teams support and communication for relatives. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe, responsive and well-led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Park Hills Nursing Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 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.

Park Hills Nursing 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Park Hills nursing Home is a 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under one contractual agreement dependent on their registration with us. Park Hills Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service also offers support via a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection, there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure the provider

or registered manager would be able to support the inspection.

Inspection activity started on 29 June 2022 and ended on 2 August 2022. We visited the location's service on 29 June 2022 and the 7 July 2022.

What we did before the inspection

We reviewed information we had received about the service since our last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with three people and five relatives about their experiences of the care and support provided. We also spoke with eight staff members, including the registered manager, deputy managers, nurses, senior health care assistants and health care assistants.

We reviewed a range of records. This included three people's care plans, daily records, medicine administration records and documentation for several other people. We also looked at other records relating to the management of the home and home care service and records relating to risk management. We looked at safety information and certificates, staff rotas, accident and incident monitoring, menus and meal monitoring, meeting minutes, surveys, audit and governance information. We reviewed four staff files which included records relating to recruitment and we also looked at training records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks associated with the provision of people care were assessed and well managed by staff.
- Staff had a good understanding of how to raise concerns and where to record information about any increased risk they identified while caring for people. One staff said, "We'd record it in the person's notes and escalate it to the nurse in charge or the [registered] manager."
- Risks relating to the environment were mitigated through regular checks by the management team and through checks and inspection by qualified professionals such as gas engineers and electricians. The service had certificates in place for environmental checks including, legionella, gas safety and fire safety.
- Risk assessments in some cases while providing sufficient detail to keep people safe could have been developed further to provide personalised and specific guidance for staff to follow. We discussed this with the management team who acknowledged this and demonstrated they would be moving risk assessments with additional detail over to a new electronic recording system (ERS) approximately four weeks after this inspection.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives felt they were kept safe from the risk of abuse and poor practice. The provider had a clear and robust system for reporting safeguarding concerns and staff had a good understanding of how and who to raise a safeguarding concern with.
- Staff across both services had received safeguarding training.
- One staff member said, "Obviously if I had any safeguarding concerns I'd go to my manager, then we might go to the local authority, or the CCG and obviously CQC."
- One relative said, "Yes definitely, my [relative] has had no concerns at all, I think it's very safe."
- Relatives of people who received a home care service also reported care was provided safely by staff.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- The provider had robust systems in place to recruit staff safely. Recruitment checks to ensure the suitability of candidates to work with vulnerable people were carried out. This included references, eligibility to work, proof of identification and DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staffing levels were sufficient to meet the needs of people across both the home care service and care home. The provider assessed and reviewed people's needs regularly and had implemented a new dependency tool into their ERS to assess people's dependencies.
- When asked if they felt staffing levels were sufficient one staff member said, "Staffing levels are fine, no problems at all. You do get the odd days which are busier than others, but you get through it. Luckily, we all work well together and because we're a small service we'll pick up shifts if someone's off work."
- A relative of a person who received care from the service home care service said, "It's very good, yes, considering COVID it's been very very good, I can't complain at all. They come on time and if for any reason they are delayed they'll let me know, but that's very rare."

Using medicines safely

- Medicines were managed safely and people received medication as prescribed and in accordance with the information recorded in their care plans.
- Medication was stored safely in a locked treatment room. Controlled drugs were stored behind two locked doors and only staff had access to the keys. Medications which needed to be stored at specific temperatures were stored in a fridge and temperatures were consistently checked.
- Records associated with the administration of medicines including, 'as required' medicines were consistently completed. Errors in record keeping were rare; however, when they did occur they were highlighted, addressed and rectified in a timely manner.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider had identified an area of the home to facilitate safe visiting. Checks were in place and visitors to the home had to evidence a negative lateral flow test result. Risks associated with visitors coming into the home were assessed.

Learning lessons when things go wrong

- The provider had robust systems in place to record accidents and incidents and when things had gone

wrong these were completed consistently. Reflective practice was carried out and this used to inform improvements in practice.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

- At our last inspection, we recommended activities needed development to ensure they were arranged in line with people's likes, dislikes and interests. At this inspection, we found improvements had been made to activities and people's interests were considered in the activities people were engaged in.
- Staff were supporting people with activities in line with information recorded in their care plan. However, activities were not always recorded. We obtained assurances activities had improved from relatives feedback and staffs understanding of providing activities which included aromatherapy and massage.
- The provider was open to feedback on how activities could be further developed. Following our inspection, they sent a new activity record which would enable staff to demonstrate the time they spent with people carrying out individualised daily activities such as music therapy.

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

- Care plans explained how people wished to be supported and cared for. People's likes, dislikes, needs and preferences were recorded. Relatives felt involved in the planning of people's care and reviews of care plans were carried out regularly.
- In some people's care plans, additional detail was needed to guide staff on how to specifically support people. For example, one person's care plan highlighted observations needed to be carried out; however, the plan did not state how often or what staff should do on each observation. This had not impacted good practice as staff were carrying observations regularly in appropriate timescales and feedback around the persons care was positive.
- The provider had highlighted before our inspection where additional detail was needed in people's care plans. This was discussed and the provider was able to demonstrate how this will be addressed when information is transferred to the new ERS.
- The provider completed initial assessments before admission into the home and, where possible, people and their relatives were included in this process. Where this wasn't possible the provider had worked closely with social workers, hospital discharge teams and other health professionals to obtain important information to individualise and tailor people's care.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says people should get the support they need in relation

to communication.

- The provider had identified how people could communicate and where people were unable to communicate verbally the provider had identified how staff should communicate with them. The provider used relatives' feedback and advice from professionals involved in people's care in their assessment and this was used to provide staff with guidance on how most effectively communication should be carried out for each person.
- The provider only shared information when appropriate to do so.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. People and relatives reported feeling confident in raising any concerns with the registered manager and wider management team.
- Relatives we spoke with reported they had not needed to make a complaint and were consistently happy with the care provided. One relative said, "I've never had to make a complaint. I've never seen carers like it and I'd be the first to complain if it wasn't working, but if you saw how they support my [relative], your heart would melt, there are no problems whatsoever with any of them."

End of life care and support

- The provider specialised in supporting people with care at the end of their lives. Relatives praised the support people received with end of life care and reported feeling involved and encouraged to maintain as much contact as possible.
- Certificates to demonstrate the provider's participation in training courses relating to end of life care were displayed in the home.
- People were given the opportunity to express their wishes for the care they would like to receive at the end of their life. A remembrance area which included books of remembrance and memories was in place.
- Where information had been shared, care plans detailed the decisions and arrangements people had made so staff had information to follow to ensure people's choices and needs were met.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Evidence gathered from observations of care, our review of records and from people and relatives feedback evidenced a person centred culture throughout both the nursing home and the home care service. We found the home to be inclusive and people's views were sought and documented.
- People's specific cultural needs were catered for. For example, one person who had limited understanding of English was provided with reading material from their country of origin and common phrases had been put up in the persons room for staff to use and for their understanding.

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 home was meeting the requirements of the duty of candour.
- Relatives felt they were informed when things had gone wrong. One relative said, "If for any reason somethings gone wrong they ring me straight away they're very good. I can't speak to highly enough of them."

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

- The provider and registered manager used a range of audits, monitoring systems and spot checks to assess the quality of the care provided. These had been used to identify shortfalls and errors in practice. Where these occurred, they were identified and addressed in a timely manner.
- The provider reported accidents and incidents and concerns to the appropriate professionals and submitted statutory notifications to CQC as necessary.
- The provider responded effectively and efficiently to our feedback from this inspection. This included feedback regarding activities and record keeping. Immediate changes were made and issues addressed due to the management team being open, transparent and consistently striving to improve.
- As part of the management team's quality checks they had evidenced some staff's compliance with completing mandatory training courses needed to improve. The provider evidenced robust actions had been and were being taken to ensure all staff were compliant with training. This included evidencing supervision records and team meeting minutes where non-compliance had been addressed and a further plan which included disciplinary proceedings if non-compliance in completing mandatory training courses continued.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider worked in partnership with other professionals and organisations to meet the needs of people. People and relatives were consulted about any protected characteristics during initial assessments which the home needed to be aware of, promote and respect.
- People and relatives were given surveys to complete annually which enabled the provider to assess their experience of care provided. These had been used to inform improvements including, contacting people in the homecare service if people were going to be late.