

Kendalcourt Limited

Home Park Nursing Home

Inspection report

Home Park, Knowle Lane
Horton Heath
Eastleigh
Hampshire
SO50 7DZ

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Tel: 02380692058

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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

Home Park Nursing Home is a nursing home providing personal and nursing care for up to 35 people. At the time of our inspection there were 34 people using the service.

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

People were safeguarded from abuse by staff trained to protect them. People felt safe and regular servicing and maintenance ensured the premises were safe. Recruitment was safely completed, and agency staff were used to maintain safe staffing levels. Medicines were safely managed, and improvements had been made since we last inspected. We were assured the provider maintained good infection prevention.

People's care records contained useful information to ensure they received the care they needed in a way they were happy with. Staff completed an induction on commencing in post and completed additional and refresher training to ensure they were familiar with current good practice. Kitchen staff were responsive to people's needs and wishes and prepared meals people enjoyed. People were supported to remain active and as independent as possible. 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.

There were a wide range of plans addressing aspects of people's health and well-being and daily activities. People were supported to access the local community and where possible and safe to do so they were encouraged to engage independently. The service was managed in a positive way and staff could access the management team when needed as they had an open-door policy. The provider understood their responsibilities under the duty of candour and informed CQC of significant events in the service. Regular meetings and surveys ensured the provider maintained good communications with staff, people and relatives.

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

Rating at last inspection and update

The last rating for this service was good (published 22 June 2019) and was rated good. At this inspection we found the service remained good.

Why we inspected

The inspection was prompted in part due to concerns received about the quality of care and because we previously identified areas for improvement in well-led.

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 that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has remained good.

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 remains good.

Details are in our safe findings below.

Is the service effective?

Good ●

The service remains good.

Details are in our effective findings below.

Is the service caring?

Good ●

The service remains good.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service remains good.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service improved to good.

Details are in our well-Led findings below.

Home Park 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 Care Act 2014.

Inspection team

The inspection team consisted of 2 inspectors, a specialist nurse advisor and an Expert 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

Home Park Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under 1 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 was unannounced.

What we did before the inspection

We used information the provider sent us in the Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We looked at information we held about the service including notifications they had made to us about important events.

Why we inspected

We received information of concern relating to the quality of care provided. During our last inspection we

identified areas requiring improvement. During this inspection we found improvements had been made.

During the inspection

We spoke with 6 people and 2 relatives about their experience of the care provided. We spoke with 5 members of staff, the deputy manager and the registered manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 3 people's care records and 6 people's medication records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, clinical and care audits and feedback questionnaires were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. The registered manager sent us supporting information in relation to care plans, risk assessments, quality audits and documents relating to consent and registration with the Information Commissioners Office.

Is the service safe?

Our findings

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

Systems and processes to safeguard people from the risk of abuse

- Relatives provided positive feedback about the providers safeguarding processes. One person said, "I've been here about 6 months, I'm happy here it's a nice safe place to be. I don't remember if I've fallen over here, they look after me well"
- Records demonstrated accidents, and incidents of possible abuse were investigated and reported to the local authority and CQC as required.
- Staff were aware of their responsibilities in relation to safeguarding. They were able to describe the different types of abuse and what might indicate that abuse was taking place. Staff told us there were safeguarding policies and procedures in place, which provided them with guidance on the actions to take if they identified any abuse. They told us the process that they would follow for reporting any concerns and the outside agencies they could contact if they needed to.

Assessing risk, safety monitoring and management

- Risks were clearly assessed and appropriate plans to reduce these risks for people were in place. These were developed based on individual needs and provided a good level of guidance for staff. This included a variety of areas such as skin integrity, continence and malnutrition.
- Staff had good knowledge of the people they supported. They were aware of risks associated with their care, how to monitor for these and the action to take to reduce these risks, meaning that the risk to people was minimised.
- Equipment such as hoists, call bells and fire safety equipment were serviced and checked regularly.
- There was a business continuity plan in place that advised staff on the action to take in the event of emergency situations such as staff emergencies, heatwaves, flood, fire or loss of services. This also included information about evacuating the premises, alternative accommodation and important telephone numbers. There were also personal emergency evacuation plans (PEEPs) in place which recorded the support each person would need to evacuate the premises in an emergency.

Staffing and recruitment

- The registered manager employed a diverse workforce which promoted equality and diversity. The provider had obtained a license to recruit staff from abroad via a Home Office Sponsorship Scheme. For staff recruited as part of the Home Office Sponsorship Scheme, an overseas criminal record check had been undertaken and then a Disclosure and Barring Service (DBS) check was also completed once the staff member was settled in the United Kingdom. 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.
- Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There

was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. All staff were subject to a DBS check. Checks to confirm qualified nursing staff were correctly registered with the Nursing and Midwifery Council (NMC) were also held on file. All nurses and midwives who practice in the UK must be on the NMC register. Staff who were employed from overseas had the appropriate documentation and authorisation to work in the UK.

- There were enough skilled staff deployed to support people and meet their needs. The registered manager said, "We have 34 residents. At the moment we have 1 nurse and 1 practitioner. We have 8 care staff, 3 domestic, 1 chef, a kitchen assistant and 1 administrator. There is me and the deputy".
- During the day we observed staff providing care and 1-to-1 support at different times. Staffing levels had been determined by assessing people's level of dependency and staffing hours had been allocated according to the individual needs of people. Staffing levels were kept under review and adjusted based on people's changing needs. Staff told us there were enough of them to meet people's needs. Comments from people included, "There's carers on at night, they come to see us." and "Here is my call bell, I used it the other night as I felt sick but wasn't actually sick. They soon came in to see me, it didn't take long for them to answer".

Using medicines safely

- People could be confident that medicines were managed safely and administered by competent staff who had access to appropriate guidance and information.
- Medicines were stored securely. The temperature of the medicine's storage was checked regularly to ensure medicines were stored at the correct temperature. Medicines that required extra control by law, were stored securely and regularly checked.
- Medicines had pharmacy labels and were in date. They were kept in suitable quantities without large excesses. Bottles and creams were dated when they were opened to ensure they were not used past their expiration time.
- Accurate records were maintained of medicines received into the service, administered and disposed of. Medicine administration records (MAR) were completed as required.
- Where medicines were prescribed to be administered on an 'as required' basis, clear protocols to guide staff about the use of this were in place. Staff ensured medicines were reviewed with people's GP's on a regular basis. The clinical lead monitored the usage of medicines for mental health conditions and behaviours to ensure this was effective and still required.
- Staff told us they received training in medicines administration and that their competence was assessed on an annual basis, in line with national guidance.

Preventing and controlling infection.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong and continuous learning, improving care and working in partnership with others

- The registered manager said, "The incident with (Person), we reviewed everything. (Person) had a fall from the bed. We put in place extra supervision. You can never have enough training, so we looked at that, we reiterated training around challenging behaviour and also in supervisions".

- Investigation records demonstrated lessons had been learned and care plans and risk assessments had been updated to reflect learning.
- Records demonstrated staff worked effectively with various healthcare professionals. At the time of our inspection, 2 members of the integrated care board were visiting the home. They told us they had no concerns and they were happy with the service. One said, "I think they are doing a great job; I have no concerns".

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.

At our last inspection we rated this key question good. At this inspection the rating has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- At the time of the inspection we observed work being carried out in the home. Due to the need for an electrician to work on the ground floor some corridors were dimly lit but residents were guided and supported along these areas and were aware of the situation.
- The environment was not a purpose-built care home; however, people were not restricted by this and the layout of the service suitably met people's needs. We observed people engaged in communal areas chatting and participating in activities.

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

- Assessments of people's needs were completed before people moved to the service. These identified people's needs and the choices they had made about the care and support they wished to receive.
- Staff delivered care and support in line with best practice guidelines; for example, they used nationally recognised tools for assessing the risk of skin breakdown and the risk of malnutrition and planned care to reduce any risks for people.

Staff support: induction, training, skills and experience

- All new staff were subject to completing the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff completed an induction when commencing in post at Home Park Nursing Home including training in areas such as moving and handling, safeguarding and basic food hygiene. Additional training was completed, and staff completed regular updates of mandatory training.
- The ability of nursing staff was regularly assessed to ensure they were clinically competent to delivery safe and effective care.

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

- People were protected from risks of poor nutrition, dehydration and swallowing problems. Where people required their food to be prepared differently because of medical need or problems with swallowing this was catered for.
- A Malnutrition Universal Screening Tool (MUST) and Waterlow scores were regularly reviewed. Any person who had weight loss was monitored with a food and fluid chart which was put in place for a period of three days to review intake. Several were in place; however, one residents' weight had been incorrectly entered and therefore the clinical lead had not been alerted.

- Staff were knowledgeable about people's differing dietary requirements. Kitchen staff were kept informed of people's needs, likes and dislikes.
- Throughout the inspection, we observed that people were offered drinks and snacks regularly. Where people were supported to eat, this was done in a relaxed and encouraging manner.
- Comments from people and relatives included, "I don't know what we are having for lunch yet, I'll just wait and see. The food is excellent really", "I like ham and chips, I have it when I can", "I haven't got a big appetite, I often choose a sandwich, which I'm going to have today", "(Peron's) always been a fussy eater all her life, she doesn't eat too big a meal" but they cater for that here" and "I like the lamb casserole they do here, in fact I think that's what I'm having for lunch, and also, I like the sausages, they're very nice".

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

- Records confirmed people were supported to access external healthcare support. Comments from people and relatives included, "The podiatrist comes in about every 6 weeks to see me, looks after my feet", "Mum has an outpatients appointment tomorrow" and "If you need to see a doctor they'll get one in, otherwise a doctor comes in regularly".
- There was clear evidence in people's care records of professional involvement, including Speech and Language Therapy (SALT), GP, Mental Health Services, Chiropody, Dentist and Opticians.

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 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 MCA. 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- 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.
- Staff were observed seeking consent from people before providing any care or treatment.
- Mental capacity assessments had been carried out where required and best interests' decisions made, involving people's relevant representatives.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- During our inspection we observed people being treated respectfully and found staff to be responsive to people's needs.
- Comments from people and relatives included, "They've been kind to you, haven't they? in fact here comes your favourite carer now", "Yes and there's another favourite I have, always so quiet and kind", "The carers are very good; they talk with me, and we have fun", "I like to get up about 8.30 in the morning, that's my choice. I don't need much help to wash but the help is always available if I choose" and "I find people (the staff are incredibly kind and thoughtful. They bend over backwards to make sure you are warm and comfortable and to answer your questions if you have any".

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

- People were encouraged to make decisions for themselves and were given information in an accessible format to support this. The home had two stations which provided information about meals, drink preferences and activities. Information was provided in picture form and written form.
- At various time of the day people were asking for staff assistance. One person asked for a cup of squash, another person asked for a sandwich and another person asked for assistance to use the toilet. The decisions were all respected by staff who responded with dignity.

Respecting and promoting people's privacy, dignity and independence

- The Equalities Act 2010 is designed to ensure people's diverse needs in relation to disability, gender, marital status, race, religion and sexual orientation are met. There was evidence that people's preferences and choices regarding some of these characteristics had been explored with people and had been documented in their care plans. We saw no evidence that anyone who used the service was discriminated against and no one told us anything to contradict this.
- Staff were observed to engage very positively with residents and visitors. They demonstrated good knowledge of the people, their likes and dislikes. Information in care records relating to people's life stories were used to ensure staff take a holistic view of the person.

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 good. The rating for this key question has remained 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

- Care records were detailed and accurately reflected people's needs. These records were regularly reviewed with involvement from people and their family members. Information in care plans was person centred and contained strategies for assisting staff to deliver care in respect of moving and handling, pressure area care, mental health needs, personal care and medication.

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 that people should get the support they need in relation to communication.

- The registered manager said, "We have 2 accessible information stations. We have a magnifier, a basic Makaton book and a British Sign Language book. Picture cards for general things like the TV, toilet, window open, window closed. We also have a colour chart to help grade the strength of tea". We observed these stations to be effective.

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 and relatives were complimentary about activities within the home. Comments included, "We've started a knit and natter group. The aim is to encourage people to knit and together make a blanket. It's not got off the ground today as several people are still in their rooms. I bring my knitting in and have made several squares for the blanket. Staff here gave me some wool. I can help residents to knit but my relative's hands are too stiff to knit, so we all chat together.", "I like to sit out in the garden in the warm weather. There's lot of shade if the sun is out, you can sit where you want to", "We have activities. There's Burns night this week, we are going to make cakes, oat biscuits and have haggis. I'm looking forward to it" and "We have film afternoons and bingo and quizzes".

- We observed there were several small floral arrangements around the lounges. One person said to their relative, "You did this one the other day didn't you? You told me how much you enjoyed doing it. Fresh flowers in oasis, they are lasting well".

Improving care quality in response to complaints or concerns

- There was a robust complaints procedure within a customer feedback policy. Concerns would be thoroughly investigated, and outcomes shared with relevant persons.

- Those involved in complaints including staff, people and relatives were supported throughout the process and interviews and evidence gathering were carried out appropriately.
- Concerns raised had either been addressed and closed or were in process of investigation.

End of life care and support

- At the time of our inspection nobody was receiving end of life care and support. The registered manager said they would access advice and guidance from the local authority, the CCG and from the hospice should the requirement arise.

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 requires improvement. At this inspection the rating has changed to 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

- At the last inspection we identified concerns in relation to good governance. We issued a breach of regulation 17 of the HSCA. At this inspection we found improvements had been made and the provider is no longer in breach of regulation.
- The management team had effective oversight of the service. When we asked questions about the service they replied promptly with in-depth responses. This demonstrated a thorough knowledge and understanding of the challenges the service faced as well as the positives.
- Quality audits and development plans drove improvement in relation to incidents and accidents, health and safety, infection control, supervisions, appraisals, training, safeguarding and medication. The registered manager was confident when describing the quality audit tools and was clear in what their responsibilities were.

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

- People told us they were satisfied with the care and support they received. We observed people chatting and laughing together and records demonstrated relatives, professionals and people had various opportunities to provide feedback.
- The registered manager and the provider were receptive to feedback during and after the inspection visit. They responded promptly to information requests and reviewed and updated documents at our request.

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

- Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found the provider was working in accordance with this regulation within their practice.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were provided with sufficient opportunity to be involved in the development of the service.
- The service worked in partnership with other organisations to ensure best practice and ongoing learning.

- Relatives and people were involved in care reviews and resident meetings provided opportunity for people to express their views and provide feedback about the quality of care provided.