

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?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Holly Park Care Home is a residential care home providing personal care to up to 43 people in one adapted building. The service provides support to older people who may be living with dementia or other mental health conditions. At the time of our inspection there were 15 people using the service.

We undertook this inspection at the same time as CQC inspected a range of urgent and emergency care services in West Yorkshire. To understand the experience of social care Providers and people who use social care services, we asked a range of questions in relation to accessing urgent and emergency care. The responses we received have been used to inform and support system wide feedback.

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

The provider had taken sufficient action to address breaches found at the last inspection in relation to managing medicines safely, although some improvements were still needed in relation to protocols for 'as required' medicines, management of creams and storage of medicines.

We have recommended that the provider includes the issues we identified in their monthly auditing of medicine management.

People told us they felt safe and risks to their health and safety were assessed and reviewed regularly. Staff knew what to do to make sure people were protected from abuse. There were enough staff available to meet people's needs. The home was clean, and systems were in place to minimise the spread of infection. Regular checks on the safety of the environment were made.

Since the last inspection the provider had changed the registration of the service which meant they no longer provided nursing care. This meant that a breach recorded at the last inspection relating to supporting nursing staff was no longer relevant. Staff had received the training they needed to support people safely. Staff worked with healthcare professionals such as GP's and district nurses to make sure people's health and social care needs were met.

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.

People's needs and choices were assessed and reviewed regularly. People were supported to make choices for themselves but they, or where appropriate, their families were not always involved in developing their care plans.

Care plans were person centred, promoted people's rights to choose, promoted independence. and contained good detail of people's choices. However, some care plans did not always contain all the information staff might need to make sure people's needs were fully met.

People had 'This is me' documents which helped staff get to know and understand the person. People's wishes for end of life care had not been explored.

Care plans were in place to support people with their communication needs and staff understood how people's behaviours might communicate how they may be feeling.

People were supported to engage in activities they enjoyed, and links were being forged to support people to become part of local village life.

The provider had made some improvements in monitoring the quality and safety of the service, but some improvements were still needed. The provider was asking people, staff and relatives for their opinions about the service. Complaints made to the service were managed and responded to well.

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 inadequate (published 20 August 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since August 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 8 June 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve Safe care and treatment, Person-centred care, Staffing and Good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective, Responsive and Well-led which contain those requirements.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe, Effective, Responsive and Well Led sections of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Inadequate to Requires Improvement. This is based on the findings at this inspection.

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.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 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?

The service was not consistently safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Holly 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 (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.

This inspection was to check whether the provider had met the requirements of Warning Notices in relation to Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 two inspectors, a pharmacist inspector 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

Holly Park 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.

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 that 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 not a registered manager in post but the manager was in the process of

submitting their application for registered manager with the Care Quality Commission.

Notice of inspection

Both days of this inspection were unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with five people who lived at Holly Park and two relatives about their experience of the care provided. We spoke with five members of staff including the manager, a senior manager, a regional support manager, a care coordinator and the activity coordinator. We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested some documentation to be sent for us to review remotely.

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 Inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection the provider was not managing medicines safely. This was a breach of regulation 12 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. However, some improvements were still required.

- Staff followed national guidelines when administering medicines
- One person's emollient cream was applied correctly but the name of the cream was not written on the topical medicines administration record (TMAR).
- Most medicines were stored securely. However, a medicine awaiting collection by pharmacy had been left in the office. This was addressed immediately.
- The minimum and maximum temperatures of the medicine fridge were not always monitored properly.
- Protocols for 'when required' (PRN) medicines were person centred and had been recently reviewed. However, further improvement was needed to make sure they always accurately reflected the prescription and included detail about the effects of overuse of medicines that can cause drowsiness.
- One handwritten medicines administration record (MAR) did not include the amounts of medicines received.

We recommend the provider includes all of the above issues in their monthly auditing of medicine management.

Assessing risk, safety monitoring and management

At our last inspection the provider was not appropriately assessing risks to people or taking appropriate steps to mitigate risk. Steps were not taken to ensure the premises were safe. This was a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Individual risk assessments were in place and generally contained good detail. However, for one person, whilst a care plan was in place and staff were managing the risk the person presented appropriately, a risk

assessment had not been developed.

- Risk assessments were reviewed monthly and we saw examples of changes being made to the management of the risk as a result of the review.
- Additional monitoring of risks in relation to, for example, nutrition and skin integrity, was in place.
- Checks on the safety of the environment and equipment used were carried out on a regular basis and action taken where issues were identified.

Preventing and controlling infection

At our last inspection we were not assured that the provider had robust infection and prevention measures in place. This was a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Systems and processes to safeguard people from the risk of abuse

- All of the people we spoke with said they, or their relatives felt safe. When asked if they felt safe, one person said, "Safe? Yes. To be honest I don't know why, it's just everybody gets on okay".
- Systems were in place to protect people from the risk of abuse and harm.
- Staff understood the procedures to follow when concerns were identified.
- Where safeguarding incidents had occurred, referrals had been made to the local authority safeguarding team and notified to CQC.

Staffing and recruitment

- Staffing levels were determined using a dependency tool which considered people's mental health as well as physical needs.
- The senior manager confirmed to us that daytime staffing levels were about to be increased, in line with the dependency tool, to make sure people were safe when staff were supporting people who needed two staff to meet their needs.
- People told us there were enough staff to safely meet their care needs.
- Safe recruitment processes were in place to ensure staff were suitable to work with vulnerable people.

Learning lessons when things go wrong

- The provider had taken positive action to address issues highlighted at the last inspection, although some areas still required further improvement.
- Safeguarding incidents, accidents and other incidents were analysed and reviewed to identify and patterns and trends in order to reduce the likelihood of the incident happening again.

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.

The last time we inspected this key question we rated it as Requires Improvement. The rating for this key question has remained Requires Improvement. This meant the effectiveness of people's care, treatment and support was not always consistent.

Staff support: induction, training, skills and experience

At our last inspection we found clinical supervision and reflective practice was not in place which meant nursing staff did not have the support they required. This was a breach of regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had changed the registration of the service since the last inspection and no longer provided nursing care. This meant the provider was no longer in breach of regulation 18.

- All staff new to the service who did not have National Vocational Qualifications (NVQ) completed the Care Certificate. This 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.

- Records showed staff followed, and were up to date with, a comprehensive programme of training.

- Staff received regular one to one supervision with their manager.

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

At the last inspection we found there was insufficient information to demonstrate the provider was working with others to ensure timely care planning. This placed people at risk of harm. This is a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- There was evidence of routine healthcare, for example through GP and local healthcare team support.

- Staff knew who to make referrals to if people needed more specialist support, such as speech and language therapists and occupational therapy. Referrals had been made as needed.

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

- People's nutritional needs were assessed and, where people were assessed to be at risk, monitoring of their food and fluid intake was in place.

- People's weights were monitored, and appropriate action taken if people were losing weight.

- Some improvements were needed to the dining experience. For example, making condiments, gravy and garnishes such as cheese available for people to add to their meal as they chose.
- People told us they enjoyed the food and got plenty of choice. Drinks and snacks were available to people throughout the day.

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

- People's needs and choices were assessed and delivered in line with their care plans.
- Records lacked evidence of people or, where appropriate, family being involved in the assessment process.
- Staff kept people's needs under review and understood when reassessments were needed. Where assessments highlighted the need for specialist support, referrals to appropriate health care professionals were made.
- The provider continuously reviewed people's needs in order to determine their levels of dependency and staffing.

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

- The provider had recognised that the home was in need of some redecoration and refurbishment in some areas and this had been identified in their action plan.
- A small outside area was available to people but needed some tidying to provide a pleasant place for people to sit. Plans were in place to develop a safe decked area for people to enjoy.

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.

- People were supported to make choices for themselves. Staff understood people's rights and they worked within the principles of the MCA to ensure these were upheld.
- Where DoLS were in place, care plans had been developed to make sure staff knew what to do to make sure any conditions were met. The service had received good feedback from the visiting DoLS assessor in relation to their managing of people's DoLS.
- Where people's relatives had Power of Attorney for health and welfare, this information was included in the person's care file.
- Individual capacity and decision specific best interest assessments were in place. However, they were not always signed by the decision maker and it was not always clear how families had been involved where appropriate.

Is the service responsive?

Our findings

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

The last time we inspected this key question we rated it as Requires Improvement. The rating for this key question has remained Requires Improvement. This meant that although people's needs were met there was little evidence of their involvement in planning their care.

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

At our last inspection the provider had failed to involve people in relation to their care planning and reviews.

This was a breach of regulation 9 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9. However, some improvements were still required.

- Care plans were person centred and contained good detail of people's choices. There was some evidence of people being involved in the development and review of their care plans, but further work was needed to demonstrate a person-centred approach to care planning.
- Care plans did not always contain sufficient detail to make sure staff knew what to do to make sure people's needs were met. For example, a care plan relating to health condition a person took medicines for, did not give details of signs staff should look for to indicate the person might require medical assistance. Another did not fully detail the support staff were providing when a person showed signs of agitation.
- Care plans promoted people's rights to choose and promote independence. For example, one personal care plan described how to encourage the person to accept personal care and encourage their independence. The care plan also acknowledged the person's right to refuse and what staff should do when that happened.
- 'This is me' documents were in place and had been recently updated by the activity's co-ordinator. The documents were very person centred and detailed, demonstrating people's likes, dislikes and what is important to them.

End of life care and support

- Documentation for planning people's end of life wishes and care was in place, but none of the one's we saw had been completed. The senior manager said they would address this.

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.

- Staff understood people's behaviours might communicate how they may be feeling. They worked in person-centred ways to understand and pre-empt any triggers for behaviour which might indicate people were becoming anxious or upset.
- Communication care plans were in place and considered the importance of people wearing their glasses and hearing aids and how confusion due to dementia might affect people's communication abilities.

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

- The activities co-ordinator spoke passionately about their role in supporting people to engage in person centred and meaningful activities.
- The activities co-ordinator gave examples of supporting people to become part of village life by joining in community activities.
- People told us they enjoyed going out but would like to be able to do so this more often.
- Two people's relatives raised concerns about the lack of comfortable outdoor space. Whilst they appreciated the provider's plans for developing this, they felt the existing space could be made more pleasant for people.

Improving care quality in response to complaints or concerns

- Complaints about the service were managed well.
- Complaints were thoroughly investigated and responded to with follow up actions taken. For example, regular meetings had been organised with a family who had expressed concerns about their relative's care.

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 Inadequate. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection we found systems and processes were not effective in managing risks, accurate and complete records were not kept in relation to people who used the service.

These failings meant people were at risk of receiving poor care. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17

- The provider had taken action to address issues identified at the last inspection and had discussed them with staff.
- Systems for auditing safety and quality were in place but needed some further development particularly in relation to reviewing medicines management.
- Action plans were developed to address issues identified through the audit process.
- A new manager had been appointed at the service. They were in the process of applying to CQC for registered manager status.
- The provider understood its responsibility around the duty of candour. The manager was aware of their responsibilities of when to notify the CQC and the local authority safeguarding team of any concerns.
- People felt the service was well managed and felt they could approach the managers. Some people commented on changes in management one said they did not know who the current manager was.

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

- Surveys had been completed in October 2021 by staff, people using the service and relatives. Feedback from the surveys had been analysed and a report developed detailing actions to be taken as a result of the feedback. This was on the noticeboard in the entrance to the service.
- Feedback about the service was sought from people and staff during provider auditing.
- The activities organiser held meetings with people living at Holly Park. Minutes showed people were asked

for their opinions about what they would like to see happen in the home.

- Minutes from staff meetings showed how staff were kept informed about the service and given opportunities to ask questions.
- The process of helping people who required nursing care to move from Holly Park to another of the provider's services was done with a very person centred approach. Staff supported people to prepare and then moved to the new service with them to help with settling in.

Continuous learning and improving care

- The provider used auditing, feedback and review of such as accidents and incidents to learn lessons about how improvements could be made at the service.

Working in partnership with others

- The provider had been working with the local authority to affect positive change at the service.