The Park Gate Care Home LLP

Hamble Heights

Inspection report

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Date of inspection visit:
06 August 2020

Date of publication:
09 November 2020

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Hamble Heights is a residential and nursing home providing personal and nursing care to 52 people aged 65 and over at the time of the inspection. Hamble Heights is a purpose-built care home with nursing located in Park Gate, near Southampton. The home can accommodate up to 60 people who require either residential or nursing care. Some of the people using the service lived with dementia. The home is arranged over four floors, however, at the time of the inspection the home made the decision to keep one floor vacant to support their management of, and response to, the COVID-19 pandemic.

People's experience of using this service and what we found
Systems were in place to regularly audit and review the health, safety and quality of the service. However operational difficulties relating to COVID-19 meant that some audits and reviews had not always been completed consistently. The registered manager had plans to address this.

Feedback from relatives was mixed. Relatives were mostly happy with the care and support people receive. Some relatives told us they thought communication from the service could improve and did not always find the management team approachable. Some relatives felt that were not as involved in people's care as they wanted to be and had to initiate contact. Staff told us they were focussed on ensuring people received care which was person centred and treated people as individuals. The provider had utilised technology to support contact between people and their relatives but acknowledged their IT connection was insufficient and had invested in an updated system.

Staff knew how to protect people from abuse and report concerns. The provider had a whistleblowing process which staff were aware of. The registered manager had worked closely with the local authority to ensure people were safe and were responsive.

Risk assessments were in place to ensure people were protected from known risks associated with health conditions. Staff were aware of these and described how risks were reviewed and acted upon. Risks associated with the building were managed.

Staffing levels were meeting the care needs of people living in the service. The emotional well-being of people during the COVID-19 pandemic had been prioritised by the provider. Recruitment records showed staff were recruited safely and in line with current legislation.

People received their medicines as prescribed. A clear policy was in place and staff receive training and their practice was observed. The provider had implemented an improved medicines administration, storage and auditing system to ensure medicines were safely managed. This was in the process of being embedded within the home.

Systems were in place to ensure risks associated with infection control were managed. Staff were following

national guidance in relation to COVID-19. Cleaning schedules were in place and the service appeared clean and was free of malodour. The service operated an effective one-way system around the home.

A system was in place to ensure accidents and incidents were recorded. Staff described confidently how accidents were reported and responded to. Most staff told us how the culture had become more positive with a consistent management team and that they felt there was an open and honest culture with a strong leadership.

Why we inspected
This was an inspection based on the previous rating and was prompted in part due to concerns received about unsafe medicines management. The concerns were shared with the local authority who carried out a safeguarding investigation. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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 coronavirus and other infection outbreaks effectively.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe sections of this full report.
We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.
You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hamble Heights on our website at www.cqc.org.uk.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Hamble Heights

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.

This was a focused inspection to review the Key Questions of Safe and Well-led only. Our report is only based on the findings in those areas at this inspection. The ratings from the previous comprehensive inspection for the Effective, Caring and Responsive key questions were not looked at on this occasion. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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 three inspectors.

Service and service type
Hamble Heights is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced. However, having consideration of the coronavirus pandemic, we gave the registered manager notice of our arrival from outside the premises. This was to ensure safe systems were

in place to protect everyone.

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

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection
We spoke with two people who used the service. Some people were not able to fully share with us their experiences using the service. Therefore, we spent time observing interactions between people and the staff supporting them in communal areas. We reviewed a range of records. This included care records for three people and multiple medicine records. We looked at four staff files in relation to recruitment and observed a medicines round. A variety of records relating to the management of the service, including policies and procedures were reviewed. We spoke to five members of staff including the provider, registered manager, clinical lead, registered nurse and the maintenance manager.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from 15 relatives and eight staff members.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

● People told us they received their medicines when they wanted them. One relative told us "Certainly during visits we see medication being administered appropriately."

● People received their medicines as prescribed. During the inspection we observed that topical medicines were not always being consistently recorded for one person. However, the registered manager provided assurances that the person had received their prescribed medicines and took prompt action to address this.

● Systems were in place to ensure people's medicines were mostly managed safely. The provider had implemented an improved medicines administration, storage and auditing system to ensure medicines were safely managed. At the time of the inspection this was in the process of being embedded within the home. The registered manager had implemented various measures to support this, including spot checks and adding medicines as a reoccurring monthly agenda topic for staff meetings.

● Staff received training about managing medicines safely and had their competency assessed. Staff told us, and evidence showed that overall, medicines were administered and disposed of in accordance with current guidance and legislation.

● The provider had worked closely with their pharmacist and prescribing GP to review people's medicines to ensure they were appropriate and met their needs. The pharmacist completed an external medicines audit annually, or when requested by the provider, which supported the provider to comply with best practice and current guidance.

Systems and processes to safeguard people from the risk of abuse

● People told us that they felt safe. One person told us, "I do feel safe."

● The majority of the relatives told us they felt people were safe. Comments included, "When I have visited, the home is a happy, safe environment", "I have no concerns on safety", "My relative is very happy in this home and feels very safe" and "I do believe the service is safe and certainly during lockdown they were quick to act."

● However, some relatives told us they felt that communication could be better and that they had experienced instances previously where incidents of concern had needed to be raised by them to the home. For example, mismanaged health needs, falls and medicine errors.

● The provider told us how the home had experienced a period of unsettlement when they had had a high turnover of management which had had an impact on some relative's confidence in the service. Since January 2020 they had had a consistent manager in post who had implemented clear safeguarding processes and procedures. We saw evidence of how they had worked closely with the local authority and safeguarding adults' team to ensure people were safe.

● There were appropriate policies and systems in place to protect people from abuse. Staff knew how to recognise abuse and protect people. Staff told us, "I would report anything that I felt was abusive towards our residents or other staff members", "I would follow the whistleblowing policy and procedure and report this to a manager" and "I have had safeguarding training and understand about whistleblowing, I have had an issue and reported it, it was dealt with immediately and in a very professional manner."
● There were robust processes in place for investigating any safeguarding incidents that had occurred and these had been reported appropriately to CQC and the local safeguarding team.

Assessing risk, safety monitoring and management
● Risks to people were recorded in their care plans and reviewed regularly, including any analysis of relevant events. For example, a falls risk review would include analysis of any recent falls and any trends or lessons learnt to inform updates. Staff demonstrated good knowledge of people and how to mitigate potential risks to them.
● Environmental risks, including fire safety risks, were assessed, monitored and reviewed regularly.
● Equipment was maintained and had been regularly tested to monitor effectiveness and safety.
● Health and safety audits identified when work was required, and the provider ensured that work was completed in a timely way. External health and safety audits were completed regularly by an external company to ensure good practice and current guidance was being followed.
● Business continuity plans were in place to ensure that individuals were prioritised in terms of risk during crisis situations.

Staffing and recruitment
● There were enough staff to meet people's needs and keep them safe. One person told us, "It's never too long… I have this to call them [indicating the call button handset on the table]." Another person told us, "Most of the staff are very nice and most of the time I know them, they tell me if there are any changes."
● Records of rosters showed staffing levels were often higher than the number of hours determined by the dependency tool. We considered the additional staffing pressures associated with the COVID-19 pandemic when reviewing this information. The registered manager told us how they had reduced the home to three floors from four floors during the COVID-19 pandemic but had kept the staffing levels as if all four floors were in use. This enabled people's emotional wellbeing to be supported and prioritised, especially when people were unable to have visits from friends, family and external entertainment.
● Staffing levels were based on the needs of the people living at the service. We observed sufficient staffing levels throughout the inspection and appeared unhurried and responsive to people. Staff had time to sit and speak with people. We observed one person's request for a bath in the early afternoon being promptly responded to and supported by staff.
● People's relatives and staff mostly confirmed that staffing levels were sufficient to meet people's assessed needs. Some people's relatives and staff stated that they thought additional staff would improve people's emotional care. Some staff felt the service would benefit from additional registered nurses but didn't feel that staff levels were having a negative impact on people. Relatives highlighted that they had not been inside the home for a number of months due to the COVID-19 pandemic and were commenting from when they were visiting regularly prior to COVID-19.
● Recruitment records showed staff were recruited safely and in line with current legislation. New staff had criminal records checks carried out by the disclosure and barring service (DBS). The DBS enables organisations in the public, private and voluntary sectors to make safer recruitment decisions by identifying candidates who may be unsuitable for certain work, especially involving children or vulnerable adults.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections. There

was a designated area for staff and visitors, such as healthcare professionals, to put on and take off PPE.
● 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. Staff confirmed they had access to an adequate amount of PPE and were aware, and following, the national guidance in relation to the COVID-19 pandemic. One staff member told us, "We have an unlimited supply of PPE available in each area of the home. We have had continuous sufficient supplies of PPE."
● 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 observed the use of an effective one-way system in operation of the whole home with strategic PPE stations and disposal areas used effectively. The home appeared clean and was free of any malodours. Regular checks were undertaken to ensure cleanliness and hygiene standards were achieved.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. There was a clear protocol for testing and recording people's and staff temperature regularly as well as visitors to the home, where this was considered essential. Hand washing facilities and hand sanitiser were easily accessible. The provider had reviewed and updated their contingency plan in preparation for winter pressures and possible COVID-19 outbreaks.

Learning lessons when things go wrong
● Accidents and incidents were recorded and reported to the registered manager and investigated appropriately. One staff told us, "All concerns are taken seriously and always investigated thoroughly." Staff were aware of the process to follow if a person had a fall.
● A process was in place to review accidents and incidents on a regular basis. Any lessons to be learned were discussed with staff. This meant the necessary action was taken to reduce the risk of further incidents and accidents. Where appropriate, accidents and incidents were referred to the CQC, together with other authorities, and advice sought from relevant health care professionals.

Good

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;

● The registered manager had developed systems to audit and check the quality and safety of the service. However, the systems had not been fully embedded, and some audits and reviews were not carried out consistently. The registered manager was very open and honest about the lack of consistency and had developed a plan to address this. We acknowledged that recent pressures relating to staffing and COVID-19 had impacted on the registered managers ability to ensure audits and reviews were routinely carried out. Inconsistent auditing had not had a direct impact on people using the service.

● Timely statutory notifications to CQC had been received following any notifiable events at the service.

● The provider and manager had systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements providers of services must follow when things go wrong with care and treatment.

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

● Most people's relatives told us they were happy with the service and staff were committed to ensuring people received good care and support. "On the whole I feel that the home goes above and beyond" and "Some of the carers are amazing…their care is second to none." Two relatives raised concerns about the care their relative was receiving and felt standards of the home had declined. They had raised this with the home directly.

● Feedback about communication between the service and relatives was mixed. Whilst some relatives felt there had been some improvement in communication from the home in response to the COVID-19 pandemic, most felt it could be much better and identified it as an area for improvement. Comments included, "I do feel that there could be more communication from them about [relative's name] without me asking questions" and "There have been occasions over the last year when [relative's name] has seen the GP or had a concern and we have not been told but found out by chance."

● Some relatives felt they were not as involved in people's care as they wanted to be and that they had to initiate contact and chase for information. Whilst some relatives attributed this to the COVID-19 pandemic and the pressures being faced by the service, others told us it had been a long-established concern and that they found the management team were not always approachable or responsive to them when they raised concerns. Whilst some relatives told us their complaints and concerns had been addressed, two relatives

told us they had not had their complaints responded to by the registered manager.

● We looked into how the registered manager responded to concerns and complaints raised and found a robust complaints procedure in place. The concerns we looked at had been taken on board and dealt with appropriately. The provider did acknowledge the high turnover of management had impacted on some relatives' confidence in the service and had prioritised addressing this.

● The registered manager had implemented a weekly update call for each person with a relative to share any changes and relevant information. Only one named relative per person received calls. Some relatives spoke positively about these updates whilst other relatives were not aware of these calls or told us they did not always receive them weekly.

● Some relatives have found the lack of access to their relatives during the COVID-19 very difficult. It was recognised by the provider that the COVID-19 pandemic had had an impact on relatives being able to visit people and had also prevented relatives from seeing some of the positive changes within the home. The provider had risk assessed garden visits for people and their relatives which had been received positively by people and their relatives.

● The provider acknowledged that their IT and phonelines had not been sufficient to meet their demand. They told us of a recent investment in their IT package that would improve their communication opportunities. This was in the process of being implemented at the time of the inspection. One relative told us, "There were problems recently with the phone system and we were notified about this."

● Staff spoke positively about their roles and were enthusiastic about ensuring people received good care and support. One staff member told us, "What I enjoy most about my job is the difference I can make to the service users and being part of an extended family."

● Most staff told us the new registered manager was clear about their role, responsibilities and led the service well. Comments included, "I am able to raise any concerns with the manager. I think that they are approachable to all staff and has an open-door policy", "The management team are the best team since I've worked there …they make me feel valued" and "The home culture has changed positively since January 2020."

● Staff were particularly positive about how the COVID-19 pandemic had been managed. One staff member told us, "The management have led us through a very uncertain time with the Coronavirus pandemic. Always being calm, open minded and there to help. It takes great courage and a strong leadership team to be able to do that and they have."

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

● The registered manager told us, and staff confirmed, how people had been supported to keep in contact with their relatives during the COVID-19 pandemic and how creative they had been. For example, supporting video calls, private social media groups for people and their relatives, weekly news updates and video newsletters. One relative told us, "I think the weekly newsletter has been excellent."

● The registered manager and staff told us how people are involved in their care planning and sharing their views on the service. One staff member told us, "The care plans are put together involving the resident. If they do not have the capacity or their communication has been affected by a cognitive impairment, then the relatives/family/friends are also involved in the care plan process."

● The registered manager told us they were passionate about including, and empowering, staff. They told us, "The culture of the home is very vibrant, and staff are empowered and that is a big change."

● Staff said they felt part of a team and most felt well supported and listened to. Most staff said that they found the current management team supportive and approachable and that there had been a significant improvement in staff morale. Comments included, "I do feel supported in my role, if I have any problems or ideas they are listened to and acted upon", "We are treated with understanding and respect", "I feel supported by the current management team" and "They promote a positive culture…I feel empowered and

as a staff member and supported to work to my full potential."

● The registered manager held regular meetings with staff to discuss quality of care and the development of the service. They had introduced 'care huddles' which were opportunities for staff to review support needs for people throughout the day. This had resulted in improved communication and better outcomes for people.

● The provider had implemented measures to ensure staff continued to receive training and support throughout the COVID-19 pandemic. They ensured staff received updated information and guidance promptly and provided opportunities for staff to feedback. Most staff felt clear in their roles, however, two staff felt registered nurses would benefit from additional support and clearer expectations from the provider.

Continuous learning and improving care

● The registered manager and the provider had regular teleconference meetings during the COVID19 pandemic. Information about the quality and safety of the service was discussed and an action plan had been developed and was reviewed on a regular basis. The provider informed us following the inspection they would now begin to visit the service to provide the registered manager with the support they required to ensure regular quality and safety audits were carried out.

● The provider had recognised that the previous high turnover of management had impacted on driving improvements for the service. They had employed an external auditor to support systematic improvement. We saw evidence of the actions identified being achieved by the management team.

● In addition, the provider told us how having a consistent management team in place had resulted in the staff team stabilising. This had resulted in a better retention rate and a reduction in agency staff. Staff, and records, supported this.

● The registered manager was passionate about involving people, their relatives and staff in improving the service. They told us, "All staff are encouraged to contribute their ideas and be part of the improvement plans." Staff confirmed this. One staff member told us, "I can make suggestions about improvements and raise concerns." Another told us, "The systems in place to monitor quality and improvements are very effective. They work well and the learning is always communicated across the home."

● The provider had invested in additional electronic systems to improve record keeping and had trained staff in preparation for its implementation alongside the improved IT systems.

Working in partnership with others

● The registered manager and staff team worked collaboratively with a range of health and social care professionals such as district nurses and GP's. The registered manager was part of a local care association and had actively sought guidance from the local authority and national health service to ensure they were following correct procedures during the COVID-19 pandemic.

● Since the service went into lock-down in March 2020, visiting health and social care professionals had reduced their face to face contact with people in the service. However, the staff continued to keep in contact with them using a range of technology. This meant people continued to get support from their local healthcare services.