

Shivshakti Nivas Ltd.

Park House Rest Home

Inspection report

220 Havant Road
Hayling Island
Hampshire
PO11 0LN

Tel: 02392465274
Website: www.parkhouse-resthome.co.uk

Date of inspection visit:
11 November 2016
14 November 2016

Date of publication:
02 February 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out this comprehensive inspection on 11 and 14 November 2016. This inspection followed two comprehensive inspections carried out in December 2015 and May 2016, which had led us to follow our enforcement pathway. We received action plans from the provider informing us of the action they were taking to make improvements and achieve compliance with all the Regulations of the Health and Social Care Act 2008 following the inspections.

Park House Rest Home is a care home, which accommodates up to 18 older people, some living with dementia. On the day of our inspection 12 people were living at the home.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are "registered persons". Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There had been a history of non-compliance with the regulations at this service from the last two inspections. At this inspection we found progress had been made. We made two recommendations and there was a continued breach of Regulation 17 regarding record keeping.

Staff understood the principle of keeping people safe. Risk assessments had been completed and staff were aware of the risks facing people and how to minimise these risks. Staffing levels met the needs of people.

Recruitment checks had been completed before all permanent staff started work but records for agency staff were not available.

Medicines were administered and stored safely. We have made a recommendation regarding night staff completing medicines training.

There was a training programme and staff enjoyed the training and felt it equipped them to do their job. Staff had a good knowledge of the Mental Capacity Act (2005) which had been incorporated into people's records. People enjoyed their meals and there was support for those who needed it. People were supported to access a range of health professionals.

People received personalised care which took into account their choices and preferences. We have made a recommendation regarding personalising activities for people. People felt confident they could make a complaint and it would be responded to. Complaints were logged and there were recordings of investigations into complaints.

People felt the staff were caring, kind and compassionate. The home had an open culture where staff felt if they raised concerns they would be listened to. Staff felt supported by the provider. Records were not

always accurately maintained. There was an effective quality audit system.

We found a repeated breach in one of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found progress had been made in all areas and where the provider remained in breach of one regulation the impact and possible impact on people was low. The service had demonstrated that they were no longer inadequate overall or in one domain and therefore were no longer in special measures. CQC is now considering the appropriate regulatory response to the shortfalls we identified during this and previous inspections. Where providers are not meeting the fundamental standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Staff had a good understanding of safeguarding and keeping people safe.

Staff understood the principle of keeping people safe. Appropriate risk assessments had been completed and staff were aware of the risks facing people and how to minimise these risks.

Recruitment checks had been completed before all permanent staff started work but these records were not available for all agency staff

Medicines were administered and stored safely by competent staff. We have made a recommendation staff working at night should receive medicines training.

Is the service effective?

Good ●

The service was effective.

Staff received training to ensure they had the skills to meet the needs of people. Staff felt supported and a programme of supervision was in place.

People were protected from inadequate nutrition and hydration but records around people's intake needed to be improved.

Staff understood the need for consent and the principles of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

People were supported by caring staff who respected people's privacy and dignity.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People received personalised care, which took into account their interests and preferences. We have recommended people receive personalised activities.

People felt they could complain and complaints were investigated.

Is the service well-led?

The service was not always well led.

People's records were not always accurate and well maintained. The quality assurance system in place was not always effective as an internal audit had not identified some shortcomings in one person's room.

A registered manager was in post. The provider was available and provided a positive and open culture. Staff felt listened to and supported.

Requires Improvement 

Park House Rest Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 11 & 14 November 2016 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection, we reviewed previous inspection reports, action plans from the provider, and safeguarding notifications. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we spent time talking to the nominated individual of the provider, registered manager, nine people, three relatives, five members of staff and a community nurse. We looked at minutes of staff meetings, residents meetings, policies and procedures, and the complaints log. We looked at four staff recruitment files, training and supervision records and the care records of four people.

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 observed interactions between people and staff.

Is the service safe?

Our findings

We had previously identified at our inspections in December 2015 and May 2016 a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to the safe care and treatment of people. We had found people did not have appropriate risk assessments to ensure staff knew the risks associated with people's care. Risk assessments had not been completed to identify risks and provide clear information for staff on how the risk could be minimised and therefore staff had not known how to keep people safe. At this inspection we found the provider was now compliant with Regulation 12.

People told us they felt safe in the home. One person who had at the last inspection told us they did not feel safe reported things had improved and they now felt safe in their room and in the home.

People had relevant risk assessments in their care records. These were up to date and gave staff the information on how to minimise risks for people. For example one person had recently developed a pressure ulcer. There was clear information relating to the risks for this person and information on how the risk could be minimised. Staff were aware of this person's risk and were often encouraging the person to keep their leg elevated and to move its position demonstrating they were aware of how to reduce the risks. Staff felt there was better communication amongst the staff team, which helped them keep up to date with people's changing risks. Copies of people's individual Personal Emergency Evacuation Plan (PEEPS) were available. We were sent certificates to demonstrate the gas and electrical installations were safe. The fire officer from the local authority confirmed the provider had worked well to improve the fire safety within the home, which when first registered had been a concern.

We had previously identified at our inspections in December 2015 and May 2016 a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to staffing. We had found people's needs were not always met by sufficient and consistent numbers of staff. At this inspection we found the provider was now compliant with Regulation 18.

We were given a copy of the duty rota which covered two weeks prior to the inspection, the week of the inspection and the week following the inspection. This recorded the registered manager worked week days from 9am to 5pm in the office. Three care staff worked from 8am to 8pm, the cook worked 8am to 1pm seven days a week and a cleaner worked week days. Two staff worked a night duty with one of the staff working a sleep-in duty between 10pm and 6pm. The nominated individual of the provider worked in the home on most days but this was not recorded on the duty rota. Staff told us there was adequate staff on duty to meet people's needs but the mornings were busy. One staff member said, "There used to be only two on shift. Now there are three on every shift including a senior. It means that during mealtimes if two care workers have to go and provide personal care there is still someone left on the floor." Another staff member commented, "It is a lot better than it was." The provider's policy on staffing levels was brief, but stated adequate staffing levels would be maintained in accordance with service user dependency levels within the home. Dependency levels were recorded in people's care records. During the inspection we observed people being supported in a timely manner. Visitors told us they felt the staffing levels were adequate to meet people's needs. All but one person who was able told us the staff met their needs in a timely fashion.

One person told us they would like a drink later in the evening but this had not happened they believed because there was not enough staff. However when this was reported to the provider they were unaware of this but advised this would happen following the inspection.

We had previously identified at our inspections in December 2015 and May 2016 a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to the recruitment of staff. We had found recruitment procedures had not always been followed to ensure the safety of people. At this inspection we found the provider was now compliant with Regulation 19.

The home continued to have staff changes and we were advised by one member of staff that 14 staff had left the home since February 2016. We looked at the recruitment records of existing staff where we had previously identified gaps in their recruitment records and of newly recruited staff. Checks with the Disclosure and Barring Service were made before staff started work and had been completed for existing staff. The DBS checks help employers make safer recruitment decisions to minimise the risk of unsuitable people working with people who use care and support services. Application forms had been completed and where available staff's qualifications and employment history including their last employer had been recorded. However we found the provider did not have the recruitment details to evidence a robust process had been followed for all external agency staff. We have discussed this in more detail in the 'Well Led' section of this report.

We checked the arrangements for ordering, storing, administering and disposing of medicines. The service had a comprehensive medicines management policy. Medicines were ordered and checked in by two senior staff. Medicines during the day were administered by care staff who had received training. However the training matrix identified the three members of staff who regularly work nights had not completed training on medication. However there was no evidence there had been any medication errors at night. We observed medicines being administered safely and competently. People had medicine and PRN (as needed) medicine care plans and these included details of when a particular medicine should be offered to a person. There was clear information in people's care plans relating to medical conditions. For example there was clear information on diabetes for one person and an associated risk assessment to guide staff what they should be looking for. The disposal of drugs was recorded.

We recommend that the service take action to ensure staff working a waking night duty complete training on medicines.

Staff were able to tell us about what constituted abuse and what action they would take if they suspected anyone was not being treated well. They advised they would report their concerns to the nominated individual of the provider and they felt they would act on the information. One staff member told us they did not have access to the contact numbers should they need or wish to report concerns themselves directly to the local authority. However they were not concerned about this as they believed the provider would forward the information. The incidents of behaviours of some people which could be considered challenging had significantly reduced.

Is the service effective?

Our findings

We had previously identified at our inspections in December 2015 and May 2016 a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to the lack of clear records relating to people's nutritional needs. At the inspection in May 2016 we had found a breach of regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as there had been a lack of effective planning to ensure people had their nutritional needs met. At this inspection we found there had been some improvements to people's recording of nutritional needs and intake, but the breach remained regarding records in general, which will be covered in the well-led section. At this inspection we found the provider was now compliant with Regulation 14.

Details of people's nutritional needs including any support they needed with their nutrition were included in people's care plans. For example if people were on a pureed diet this was included in the person's care plan. Where people had been prescribed 'Thick and Easy' which is a starch based fluid and liquid food thickener which is prescribed for people who have difficulty swallowing; the precise amount of thickener had been detailed. People's nutritional care plans also detailed people's weight on a monthly basis. Where it was recorded the person had lost weight this was clearly identified in the person's care plan and details were included on how this should be monitored. It was noted records relating to people's fluid and food intake were not always completed but this will be detailed in the well-led section. At meal times it was noted people were supported to sit and eat their meal where they wanted. In the dining area there was a relaxed atmosphere with banter between people and staff. People who needed support were provided this by staff who were respectful and showed patience towards people. We saw where people required support to eat and drink this was recorded in their care plan. We observed staff to support people appropriately, with discretion and as detailed in their care plan. One person's relatives came in every lunch time to support them eat their meal.

The menu was displayed in the home and most people told us they enjoyed their meals. One person who spent the majority of time in their room reported they did not have a menu, but found it strange their relative had been sent a menu. One person told us they did not enjoy their meals and thought there was too much repetition and the quality of the food was not what they were used to. However they did report they had in the past spoken to the provider about this, who was also aware of the person's concerns.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff had a good knowledge of The Mental Capacity Act and confirmed they had received training. People had mental capacity assessments regarding specific decisions throughout their care plans with best interests decisions made where necessary with the relevant people being involved.

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 2005. The application procedures for this in care

homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff had a good understanding of the Deprivation of Liberty Safeguards (DoLS). Applications to deprive people of their liberty had appropriately been made to the local authority responsible for authorising them. Details of these were included in people's records. The provider had made efforts to chase these applications up with the local authority.

People and relatives advised us care staff had the skills and knowledge to offer care appropriately. The provider kept records to demonstrate how many staff had completed each course. Staff enjoyed the training and felt it equipped them to be able to carry out their roles. A staff member from the community nursing team advised they had and would be offering support and training to staff on health issues, for example diabetes care. All new staff underwent an induction programme, which worked towards the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. A programme of staff supervision had started and records were available to demonstrate this had taken place on a regular basis. Staff felt supported by the provider.

People were supported to have their health needs assessed by relevant professionals. People reported if they wanted visits from the local GP appointments would be made. From records we could see referrals and appointments had been made with the speech and language therapy service, community psychiatric nurse, tissue viability nurse and social services. A health care professional told us the staff would call them in appropriately and they would support staff with following their advice.

Is the service caring?

Our findings

"The staff are very caring" was what people told us regularly. Visitors also were made welcome and reported the care staff worked very hard and were always approachable.

Staff were very caring in their approach to supporting people. Staff were cheerful, the atmosphere at the home was relaxed and people seemed contented and happy. One person was brought into the lounge and the use of a hoist was needed to move the person into a chair. Staff talked to the person during this manoeuvre offering reassurance at all times. Staff then spent considerable time placing pillows and cushions to make sure the person was conformable and warm. When one person showed signs of distress in the lounge, staff immediately spent time talking to the person and offered reassurance to the person. People were treated well and were not discriminated against with regards to their age, abilities and religion

People were encouraged to make choices during the day, including the clothes, makeup and jewellery they wore, and in respect of the food they ate. People's cultural and spiritual needs were taken into consideration and documented in people's care plans. Records included information on people's preferences and what was important to them. Information on people's personal histories was included. Efforts had been made to ensure people had been involved with making decisions about the care and support they received from staff. Resident meetings had taken place and it was clear from the minutes the views of people had been sought. People had been asked what they would like to improve and it was noted a new cook had been employed to try and improve the meals which had been a suggestion.

People's privacy and dignity was respected and promoted. Staff always knocked on people's doors before they entered their rooms. When the community nurse visited a person who was in the lounge a screen was placed around the person so the visit could be carried out in private. There was consideration as to whether the person should be seen in their own room but it was decided this would cause distress to the person. Care was taken to ensure people's care plans and daily records were held securely to maintain people's privacy. Staff confirmed they understood and valued the need to respect people's privacy and dignity. They described the methods they used when supporting people with personal care such as; covering people with towels, and undressing them in bathrooms so as they did not compromise their privacy. Staff also understood the need for confidentiality and could distinguish between when information needed to be shared and when it did not.

Is the service responsive?

Our findings

We had previously identified at our inspections in December 2015 and May 2016 a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as people were not receiving personalised care to meet their individual needs. At this inspection we found the provider was now compliant with Regulation 9.

The provider had improved people's care records. These were now personalised and reflected people's needs. People's care needs were clearly identified and were up to date. There was information informing care staff how to meet people's needs. Where necessary risk assessments had been completed identifying the risks and how these could be minimised. Care plans had been reviewed on a monthly basis.

People's records included personalised information on people's histories and their likes and dislikes. For example records recorded the time people liked to go to bed and get up in the morning. Staff were aware of these wishes and reported people were supported in these choices. We observed people were able to have breakfast at a time that suited them. On the second day of our inspection one person had decided they did not want to get up until after lunch. Staff respected their choice. Staff told us some people liked to stay up late in the evening in the communal lounge watching television. Staff said this was their choice and they supported them to go to bed at a time of their own choosing.

The home does not have a bath so people can only have a shower, which reduces choice in terms of showering or having a bath.

Staff told us the paperwork had been through many changes, but they now understood the paperwork and could see the reasons behind this. Each person had a key worker. They were responsible for ensuring the person's care plans were up to date and making other staff aware if people's needs changed.

During the inspection there were very little activities taking place. The television was on and people told us they could choose what they wanted to watch. There was an activities calendar but the activity detailed on the first day of the inspection did not take place. On the second day staff told us none of the people in the lounge were interested in playing board games. When looking in on one of the board games it was clear there was a lack of parts needed to play the game. The provider agreed there was a lack of personalised activities and stated they had been prioritising working on other areas but were planning on organising more personalised activities.

We recommend that the service seek advice and guidance from a reputable source, about activities suitable for people and take action to provide personalised activities.

We had previously identified at our inspections in December 2015 and May 2016 a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider did not have an effective complaints procedure. At this inspection we found the provider was now compliant with Regulation 16.

The provider had a complaints policy and procedure. Details of the complaints procedure were displayed in the home. A complaints log was being maintained. This recorded there had been two complaints since the last inspection. It was possible to establish the complaints had been investigated and a response had been sent to the complainant. We had received details of two further complaints which we had advised the complainants to discuss with the provider. However the provider advised us they had received no further complaints.

Is the service well-led?

Our findings

We had previously identified at our inspections in December 2015 and May 2016 a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as accurate records were not maintained and an effective system to monitor the service to drive improvement had not been developed. At this inspection we found the provider was now compliant with maintaining an effective quality assurance programme but there was a repeated breach of Regulation 17 with regards to maintaining accurate records.

Whilst there had been many improvements in how the home was being managed and led there were still problems with records being up to date and accurate. Care plans had often been updated, but it was difficult to find the updated information. Care plans would make reference to extra records being maintained, which staff advised were kept in supplementary folders. Throughout the inspection we saw staff regularly write in these folders. However the daily records didn't always demonstrate the care that had been given. For example in one person's daily record it recorded in 19 hours the person had only one incontinence pad change. In another example for one person their fluid charts did not record a target intake. In a six day period the fluid intake ranged from 650ml to 1070ml with no action being taken on these recordings. For the same person it was noted the records of food intake were not well completed, with one day the records indicating the person had only eaten one slice of toast and two days earlier eating nothing since midday. For another person the fluid target was not recorded and over five days the amount ranged from 470ml to 1380 ml. Staff told us these were issues with records and not to do with the care people had received. During the inspection we noted people were regularly offered drinks and snacks. The records especially of daily care were not demonstrating the care plan was being followed, which placed some people at risk of not receiving the appropriate care.

Appropriate recruitment processes had been followed for permanent staff. However, for some agency staff required records relating to their safety to work in the home were not available. This meant the provider could not evidence they had taken responsibility to ensure all agency staff had been through all the necessary safety recruitment checks to ensure they were suitable to work with people. The lack of these records made it difficult to establish agency staff were safe to work in the home.

The failure to maintain accurate, complete records was a repeated breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home had appointed a registered manager since our last inspection. People, visitors and staff all spoke positively about the provider and had confidence in their ability and approach. People spoke of a positive and open culture where they could talk to the provider about any issues. The provider had recognised they had been very available and were now trying to ensure people went to the registered manager to sort out any issues and build on their role as the registered manager.

The ratings of the last inspection were clearly displayed in the home. When we looked at the providers website with the provider it was pointed out this had out of date information displayed. This could have

been misleading for anyone looking at the website. The information which was out of date has since been updated.

The provider had engaged with a care quality company who had been supporting them to reach and maintain compliance with the regulations. As part of the process a lot of quality audits had been put in place to ensure the service provided was of a good quality. There had been consultations with people living at the home, staff and visitors. This information had been collated and shared with those who had been involved. It was noted some of the analysis was not dated so it was difficult to establish when these results related to. For example the staff questionnaire survey and staff feedback suggestions had not been dated. Residents, family and staff meetings had taken place and these had been minuted and it was clear people were being encouraged to share their views. Meal time audits had taken place at least weekly and feedback had mostly been positive. A health and safety audit had recently been completed, but this did not identify some of the concerns we noted. For example in one person's bedroom there was a strong smell of urine, which could be smelt outside of the person's bedroom. We also noted exposed hot water pipes in this room. The hot water tap was not securely fixed to the basin. This was a potential safety risk and confusing for a person living with dementia. This room also was in need of decorating as the paint in places had come off and the plaster was exposed. This was only noted in one bedroom. When we asked the provider they advised us they had only recently noted the issues with this room and have sent us confirmation the room will be re-decorated. Audits had been carried out at night time to ensure staff were carrying out their duties. Incidents and accidents were being logged, but it was noted these had greatly reduced. An audit on infection control had been completed.