

Hall Park Healthcare Limited

Hall Park Care Home

Inspection report

Squires Avenue
Bulwell
Nottingham
Nottinghamshire
NG6 8GH

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We inspected this service on 11 December 2018. Hall Park Care Home is a 'care home' situated in the Nottingham suburb of Bulwell. It provides accommodation for up to 62 older people or people living with dementia. At the time of this inspection, 57 people were living at the service. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring, that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

A registered manager was in place. 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.

People continued to feel safe and staff ensured that risks to their health and safety were reduced. We found that sufficient staff were deployed to safely meet people's needs and that staff had received training to ensure they had the knowledge to protect people from the risk of avoidable harm or abuse, whilst providing care.

People were protected from the risk of an acquired health infection, as the service employed dedicated cleaning staff to ensure the environment was clean and had appropriate policies and procedures to monitor and reduce the risk

Systems were in place to support people to take their medicines safely. Staff received relevant training and felt well supported. People were asked for their consent to their care and appropriate steps were taken to support people who lacked capacity to make decisions.

People were supported to eat and drink enough to maintain good health.

There were positive and caring relationships between people using the service and the staff who cared for them. Staff promoted people's right to make their own decisions about their care where possible and respected the choices they made. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were treated with dignity and respect by staff who understood the importance of this.

People received person-centred and responsive care from staff who had a clear understanding of their

current support needs. Care plans were in place, which provided information about the care people required.

People knew how to make a complaint and there was a clear complaints procedure in place. When people were at the end of their life the service had effective measures in place to support them and ensure their wishes and needs were met.

An open and transparent culture enabled people and staff to speak up if they wished to. The management team provided strong leadership and a clear direction to staff.

There were robust quality monitoring procedures in place. The management structure of the service was clear.

Further information is in the detailed findings below

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 remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service remains Good	Good ●

Hall Park Care 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.

We visited the service on 11 December 2018; this was an unannounced comprehensive inspection. The inspection team consisted of one inspector, a bank inspector and an expert by experience. An expert-by-experience is a person who has experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the service. This included information received since our last inspection and any statutory notifications from the provider. A notification is information about important events, which the provider is required to send us by law. We contacted local authority care commissioners (who fund the care for some people who use the service) and asked them for their views about the service.

We asked the provider to send us their provider Information return (PIR). A PIR is a form that asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make. We also offered the provider the opportunity to share any other information they felt was relevant to their service, for this inspection.

During our inspection we spoke with seven people who were using the service and five relatives. We spoke with three members of care staff, the registered manager, a senior care worker, hostess, housekeeper and activities coordinator. We also spoke with two visiting health professionals. We looked at the care plans of five people and any associated daily records such as, the daily log and medicine administration records. We also looked at a range of records relating to the management and running of the service such as staff training and recruitment records and quality audits.

Is the service safe?

Our findings

People told us they felt safe living at Hall Park Care Home, and that staff promoted and protected their safety. One person told us "It's good that there is always someone who can help me". A second person added, "I like knowing that if I press the bell day or night there is someone there to help me." Peoples relatives confirmed this stating, "[relative] is very happy and we feel that [they are] well taken care of, so we have peace of mind."

People were protected from the risk of abuse and avoidable harm. Staff were aware of their role in protecting people from harm and had received regular safeguarding training for the protection of vulnerable adults. The provider had clear procedures in place to enable staff to raise a concern, if they needed to. Staff were able to explain their role and gave examples of signs of abuse they would look for and how they would raise a concern. One staff member informed us of a concern they had raised with the registered manager which they felt had been dealt with well using the providers safeguarding procedures.

People were further protected from avoidable harm as assessment of risks of injury or harm were included in all care records and regularly reviewed. We observed that measures identified to reduce risk were followed by care staff. For example, one person's care record included an assessment of the person's risk of falls due to their reduced mobility. This included initial guidance for staff to follow when they provided care, to help reduce that risk and a referral to the local community health providers, falls management team for their assessment and advice. Staff we spoke with were aware of the guidance and records showed this was followed.

The registered manager had measures in place to manage environmental risks to people, for example staff showed a good knowledge of managing people's safety in the event of any fire alarm at the premises. Personal emergency evacuation profiles (PEEP)'s were in place for people to assist staff and the fire service, should people need evacuating in the event of an emergency. We noted these were included in people's individual care records but not displayed on doors to people's rooms. We informed the registered manager of this who confirmed they would take action to address this.

People and their relatives told us they felt sufficient numbers of suitably qualified and experienced staff were deployed, to safely meet people's needs. One person told us, "I think there are enough staff. They are always flitting about". A second person said, "I have all the attention I need, when I need it. I'm very happy here". This was confirmed by our observations during the inspection. Staff we spoke with told us they generally had enough staff on duty to meet people's needs. The registered manager showed us the staffing tool they used to determine the required staffing numbers based on the care and support needs of people using the service. We looked at staff rotas for the months preceding our inspection which confirmed these staffing levels were generally met. We observed staff were generally able to respond to people's requests for assistance in a timely manner and had the opportunity to sit with people to talk and support them with activities. We saw that people had access to call buzzers to alert staff to requests for assistance and care staff told us they had enough time and support from colleagues to safely meet peoples care needs.

People were supported by staff who had been recruited safely. The registered manager looked at potential staff's work history and obtained references from their previous employer. They also used the Disclosure and Barring Service (DBS) to check if potential staff had a criminal record which would preclude them from working with vulnerable people. This helped to protect people from risks to their safety from unsuitable staff.

Medicines were managed and stored safely. People received their medicines as prescribed and at the correct time. We saw that all the people at the service had been assessed as needing assistance with their medicines. We observed a medicines round and saw that staff were knowledgeable and administered medicine as prescribed. One person told us, "They come regularly with my pills in a little pot and they watch me take them." A second person said, "I get my pills twice a day and I know what they are all for. If I forget, they soon remind me." A relative confirmed, "I have seen [relative get their medication and they always watch her take it. One of them has to be chewed and that takes a while... but they (staff) stand by her until it's gone."

We found that people were protected from the risk and spread of an acquired health infection. A relative told us, "[Relatives] room is spotless and full of her own things. They keep it incredibly clean even though she has all these knickknacks." Staff we spoke with showed a good understanding of protecting people from the risk of infection. Personal protective equipment (PPE), such as disposable gloves, was in place, and staff were seen using this appropriately when required. The provider employed a dedicated cleaning team who had access to sufficient cleaning materials, guidance and PPE to maintain a clean environment.

We found that the provider had systems in place to monitor and review any health incidents, accidents and complaints and that any learning from these was shared with staff. For example, the provider submitted timely notifications to CQC regarding any incidents at the service and carried out regular analysis of these. Any changes that needed to be made to people's care as a result, in order to keep them safe, were discussed at staff meetings and individual supervisions.

Is the service effective?

Our findings

People's care needs were assessed using evidence based assessment tools to ensure care was appropriate to their needs, including monitoring of diet and weight. Staff supported people to make decisions and choices in relation to their care and were aware of the characteristics of the Equality Act which helped ensure peoples diverse, cultural and spiritual needs could be met. A relative told us "[relative] goes to the weekly religious service in the Home which they enjoy." We witnessed staff asking people questions in several different ways and sitting with people to give them time they needed to understand and respond.

People received a detailed assessment of their needs prior to admission to the service and these were reviewed regularly. We saw that where possible, people and their relatives were involved in the design and review of their care.

People were cared for by a staff who received training to help them meet people's needs, and they felt well supported. One person told us, ""Everything here is top quality. Staff, GP's, District Nurses. They will do anything for you." A second person said, "I wouldn't want to be anywhere else than here. I am very happy and they look after me extremely well." A relative added, "[Relative] is really happy here. [Relative] is safe and well looked after and the family have peace of mind."

The staff we spoke with told us that the training they received was relevant and helped them carry out their roles. One staff member commented, "We get so much training here. Also, we do 'train the trainer' so whoever has been on that can come back and teach the rest of us." The provider's training matrix confirmed staff had received relevant recent training that would help them meet people's needs including, safeguarding, moving and handling and food safety.

Staff held regular, informal, one to one support meetings with their line manager to assess their performance and allow them to raise any issues and formal supervision meetings every six months or when issues arose. Staff told us they found these meetings helpful and felt able to be open and honest. Staff said they felt confident that any issues raised during these meetings would be addressed. A staff member told us, "I get good support from my team leader and the [registered] manager. You can always ask questions if you need to."

People were supported to maintain their nutrition and hydration as they received sufficient amounts to eat and drink and staff were aware of any specific dietary requirements people had and ensured they received these when required.

People we spoke with told us they enjoyed the food provided. One person said, "Food is usually good. There is a choice and I get enough to eat. There is fresh fruit too, which is lovely. I sometimes take a banana back to my room. I don't think they mind." Another person said, "You can see I like my food – my plate is clean (showing us an empty plate). No grumbles here." A Relative told us, "Food here is good and they encourage [relative] to eat as they can get lazy sometimes."

We observed the lunchtime meal on both floors of the service and noted people were sat together conversing and appearing to enjoy the food offered, which looked appetising and plentiful. Staff assisted

people who required it and adaptive cutlery and crockery was provided which enabled them to eat without need of assistance from care staff and promoted their independence.

People had access to healthcare support and advice when required. We saw that staff and the registered manager supported people to attend medical appointments and appropriate referrals were made to relevant health professionals, when required including, a dietician, district nurse and diabetic nurse. A relative told us, "They [staff] even go to hospital with [relative] for an appointment, if one of the family isn't free to go." A visiting health professional told us, "They [staff] are very good at communicating with us and take ownership of peoples care and follow advice." A second visiting health professional echoed this by saying, "We get quite good quality handover from staff and they take ownership for the information and seem to know about patients and their needs."

Throughout our inspection we observed staff treated people with dignity and respect and ensured they gained people's consent when they provided care. People and their relatives we spoke with confirmed staff always respected people's wishes and asked consent before delivering care and support. Systems were in place to ensure that, where people's capacity to make a decision was in doubt, appropriate assessments were carried out. This ensured that staff were acting in people's best interests, should the person not be able to make the decision for themselves.

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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met and found these were in place.

All floors were level access, hand rails were available to help people with reduced mobility and a lift was available to provide access for people for people to all three floors of the service. Clear signage was displayed throughout the service to orientate people to their surroundings.

Is the service caring?

Our findings

Staff showed a positive and caring attitude towards people at the service, and People and their relatives told us staff were kind in their approach. One person told us, ""They (staff) are always kind to me, even at night if I call them." A second person said, "I wouldn't want to be anywhere else than here. I am very happy and they look after me extremely well." This view was echoed by relatives who told us, "They (staff) couldn't be kinder to [relative]. They look after (persons) every need and I have complete peace of mind that this is always the case and believe me, having looked after my relative at home for some time, I know this isn't always an easy job." We observed positive interactions between people and care staff throughout our inspection and staff told us that caring for and supporting people was the most enjoyable aspect of their role.

We found that care plans were regularly reviewed with the involvement of people and their relatives and care information was presented in an accessible format. One person told us, "They talk to me about the Care Plan thing and my Son sits in on that too." People's relatives we spoke with confirmed they were involved in reviews of the care and support of their loved one. One person's relative told us, They (Management) keep us (family) well informed about anything that is happening that we need to know about and we also get included in regular Care Plan Reviews. This was echoed by a second relative who said, "I get included in Care Reviews for Mum and can always ask questions." Staff told us they found the care plans very helpful in ensuring they provided care that was responsive and met people's individual needs and wishes.

Staff respected the choices people made and clearly understood the importance of doing so. People's care plans provided information about their likes, dislikes and their life history which helped staff to better understand the person and their needs. Where possible, people had been involved in providing information for their care plan about the way in which their care should be delivered.

People's religious and cultural needs were assessed on admission and provided for. We noted that people were provided with meals they were familiar with and enjoyed, and that religious services were provided. For example, a regular Christian church service was held at the home. No one living at the service used an independent advocate although they were informed that the provider had access to such if required. An advocate is an independent trained professional who supports people to speak up for themselves.

People and their relatives told us they were treated with dignity and respect by staff. One person said, "I don't need anyone to go to the bathroom with but they will come if I call them." We observed that staff were polite and respectful when speaking with people and gave them space when it was apparent they wished to be left alone. The staff we spoke with described clearly the ways in which they would ensure a person's privacy was maintained whilst carrying out any personal care. There was information in people's care plans about any personal care to be carried out and how this should be done. This took into account people's wishes and preferences. Staff training records showed that privacy and dignity were covered as part of the providers care induction training for all staff and that the staff received additional training and support to act as 'dignity champions' providing support and guidance on dignity and privacy matters to all staff.

The provider had effective systems in place to ensure peoples personal data was protected and their confidentiality was maintained at all times. People were encouraged and supported to maintain their independence.

People and their relatives told us they could visit without restriction and were always made to feel welcome. One person told us, "My Son can visit anytime he can. He works shifts, so it's not easy." Relatives told us, "We (family) can visit anytime we like which is good as we all have other commitments. We are always made to feel welcome and offered a drink or we can eat with Mum if we are here at a mealtime." We saw that people and their visitors could have privacy if requested.

Is the service responsive?

Our findings

People and their relatives told us they were happy with the care they received and that it was responsive and personalised to their or their family member's needs. People's care and support needs were recorded in care plans including clear guidance to enable staff to meet these safely and effectively. Daily care records confirmed the care and support was provided to people as per their agreed care plan. The care plans we reviewed were detailed and very person centred giving the reader a detailed understanding not only of the person's care and support needs, but also their likes and dislikes and life and family history. We found the care plans offered guidance to staff on supporting the person to live a fulfilled life as well as meeting their support needs in the way people chose.

There was a wide range of interesting and meaningful activities available for people. We observed staff assisting people to participate in activities including card games, painting, quizzes and singing with a visiting entertainer. Two dedicated activities coordinators were employed, who provided a range of activities including, trips out, crafts, Christmas and other seasonal parties. A weekly newsletter was also produced for people using the service and their relatives. People told us they enjoyed the activities on offer. People commented, "There are lots of activities; I do most of them with the friends I have made. We have a good laugh. I like the trips out too. Normal things that I didn't get to do at the last home." and, "Lots to do. The Priest comes weekly and we all enjoy 'knit and natter'. I like the trips out too."

People's relatives we spoke with told us they thought their loved ones enjoyed joining in the different activities offered. One person's relative said, "There are an amazing amount of trips out and they always take [relative] if there is space for a chair. They always make them feel included. A second relative added, "[Relative] gets a regular weekly newsletter which has got everything on it that they are doing and can choose whatever they are interested in. I know that they have had young children in from a local nursery and although they were nervous at first, when they came back they were full of beans and everyone loved it. There has been a school choir in singing to them to. There is quite a lot of community involvement including a weekly religious service if they want."

We saw that the registered manager had worked hard to promote community involvement for people using the service. This included regular local trips and a weekly visit from one of two local primary schools. We saw that people using the service enjoyed this and the service received positive feedback from the schools.

The registered manager had an understanding of the Accessible Information Standard (AIS). The AIS requires that provisions be made for people with a learning disability or sensory impairment to have access to the same information about their care as others, but in a way that they can understand. The registered manager told us they were able to provide documentation in alternative languages or larger print for people who needed them, ensuring that the AIS was met.

There was a visible complaints procedure in place and the people and relatives we spoke with knew how to make a complaint if they needed to. One person's relative said, "I have never complained about anything, it all works quite well really. I would say it is a good quality of care." A second relative added, "I don't think we

have ever had anything to complain about. We are happy that [relative] is well looked after. Staff were aware of the complaints procedure and how to support people to raise an issue if required.

Everyone we spoke with told us they could and would raise a concern a member of the management team or senior staff if necessary. People and their relatives were provided with a copy of the complaints procedure when they first started to use the service and it was also displayed in a prominent place in the home.

Where people had agreed, their preferences about how they wished to be supported at the end of their life were documented in their care plans. We saw that staff had received training on how to support people at the end of their life. Staff we spoke with told us they worked with people, their families and relevant health professionals to make sure people were supported to have a comfortable, dignified and pain-free death.

Is the service well-led?

Our findings

There was a registered manager at the service, which met the providers registration requirements. The registered manager was clear about their responsibilities. They had notified us of any significant events when they occurred at the service, and the last CQC inspection rating was visibly displayed in the service. It is a legal requirement that the latest CQC inspection report is prominently displayed at the service and online where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments.

The people and relatives we spoke with felt the management team and staff were approachable and that they listened to people. One person told us, "I don't remember who the Manager is, but I would speak to the carers if there was anything wrong. They would sort it out for me." A second person said, "I can't remember the manager's name but I remember what she looks like. She knows my name though (smiling)." One person's relative said, "The Management are very approachable and their door is always open in my experience." This was echoed by a second relative who added, "I can always speak to a senior on this (first) floor but the Manager is also very approachable. Her door is always open."

Staff we spoke with felt the service was well led and told us the registered manager and senior staff were visible and approachable. They said there was a clear management structure in place when the registered manager was not on duty (which ensured clear lines of accountability and management were in place at all times).

Staff we spoke with understood their roles and responsibilities for people's care and told us the management team led by example. They felt supported, and said the registered manager and team leaders listened to their views and ideas. Staff told us they received individual supervision for their role, which they found very helpful. They were aware of the whistle blowing policy at the service, and would feel confident to use this should they need to. Whistle-blowers are employees, who become aware of inappropriate activities taking place in a business either through witnessing the behaviour or being told about it.

The management team carried out a series of audits on a regular basis to assure themselves of the quality and safety of the service. We noted that care plans were audited every six months or when a person's needs changed. The provider also carried out regular audits of staff medicines competency, health and safety, infection prevention and control and staff files. This showed the registered manager and provider continually worked to reduce the risks to people and improve the quality of the service.

The registered manager ensured that regular staff meetings were held. A number of separate meetings were held to ensure all staff had the opportunity to attend and raise any issues in a safe environment. We saw records of these, which showed staff could be open and raise any issues for discussion and these were acted on. Staff told us that when they had raised issues directly with the registered manager in the past and these had been addressed.

The registered manager also held regular resident and relatives meetings. We saw that issues raised were

acted on and feedback given. Relatives told us, "There are regular meetings we can come to but they (Management) keep the family informed of anything that happens that we need to know about. I think they provide an excellent service. I wouldn't mind coming here."

Effective systems were in place to ensure the environment and all equipment used was safe and well maintained. We noted the provider carried out regular safety monitoring including fire safety checks, legionella monitoring and gas and electrical safety checks.