

HC-One Limited

# Hinckley Park Nursing Home

## Inspection report

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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

People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided and both were looked at during this inspection.

Hinckley Park Nursing Home provides accommodation for up to a maximum of 40 older people, including people that need support because of their physical frailty and those who need professional on-site nursing care because of their medical condition. There were 32 people in residence when we inspected.

The home is purpose built and made up of two floors, with lift access to the upper floor. A landscaped garden is available for people to enjoy.

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 on-going 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.

The service met all relevant fundamental standards related to staff recruitment, training and the care people received. People's care was regularly reviewed with them so they received the timely care they needed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were friendly, kind and compassionate. They had insight into people's capabilities and they respected people's preferences for the way they liked to receive their care.

People's healthcare needs were met. They received timely medical attention, including nursing care, when they needed it and they also had access to external healthcare professionals, such as GPs, when this was required. Medicines were safely managed.

People were supported to have a balanced diet. They had enough to eat and drink and said they were provided with choices to suit their tastes and appetite. We received varied feedback regarding the quality of the food; a few people said the quality of the food needed to improve whilst others said they enjoyed their meals and had no complaints.

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The premises and equipment used to provide people with the care they needed were appropriately maintained throughout to ensure their safety. Systems were in place to ensure the premises were kept clean and hygienic so that people were protected by the prevention and control of infection.

The provider and registered manager led staff by example and enabled the staff team to deliver individualised care that consistently achieved good outcomes for all people using the service. There were arrangements in place for the service to make sure that action was taken and lessons learned when things went wrong so that the quality of care across the service was improved.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remained safe.	<b>Good</b> ●
<b>Is the service effective?</b> The service remained effective.	<b>Good</b> ●
<b>Is the service caring?</b> The service remained caring.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remained responsive.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remained well-led.	<b>Good</b> ●

# Hinckley Park Nursing 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 checked 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 comprehensive inspection took place on 9 March 2018 and was unannounced. The inspection was undertaken by an inspector, an inspection manager and an expert-by-experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law.

We contacted the health and social care commissioners who help place and monitor the care of people living in the home. We also contacted Health-Watch which is the independent consumer champion for people that use health and social care services.

Before the inspection visit, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what it does well and improvements they plan to make. We took this information into account when we inspected.

We viewed the accommodation and facilities used by people. We spoke with 11 people, including four visiting relatives, and observed the interaction between people and the staff in the communal areas. We also spoke with the registered manager, the deputy manager and six staff, including a qualified nurse and an activities co-ordinator.

We looked at communal facilities within the home, such as the lounge and dining room, as well as some bedrooms, and the kitchen. We looked at the medicines, food, and equipment storage facilities and took into account the precautions in place to protect people against the risk of fire.

We looked at four people's care records and four records in relation to staff training and recruitment. We also looked at other records related to the running of the home and the quality of the service provided. This included medicines records, quality assurance audits, maintenance schedules, training information for staff, and arrangements for managing complaints.

## Is the service safe?

### Our findings

There were sufficient numbers of experienced and trained care staff on duty when we inspected. Some people said they thought the home could do with more staff, particularly at busy times and at weekends but overall people said they were not kept waiting if they needed assistance.

People said they felt safe. One visitor said, "I visit most days and I've never had any worries at all about [relative's] safety." Another visitor whose relative had dementia care needs said, "They [staff] check [relative] regularly." The visitor was reassured that these checks on her relative's wellbeing and safety were done.

Recruitment procedures ensured only suitable staff worked at the service. People continued to receive care and support from staff in a way that maintained their safety.

Risk was well managed and did not adversely impact on people. People's care plans provided staff with guidance and information they needed to know about people's personal care. Care plans were reviewed on a regular basis to ensure that pertinent risk assessments were updated regularly or as changes to people's dependencies occurred. Medicines were stored safely and were locked away when unattended. Discontinued medicines were safely returned to the dispensing pharmacy in a timely way. Lessons were learned and improvements made whenever things went wrong; for example, minor omissions in routine record keeping that needed to be corrected to ensure that records were accurately maintained.

Staff received regular refresher training on safeguarding and understood the roles of other appropriate authorities that also had a duty to respond to allegations of abuse and protect people.

The premises were kept clean and staff had training in infection control and food hygiene. Staff had access to protective clothing, such as gloves and aprons and these were worn when assisting people with their personal care.

Staff knew what to do in the event of a fire or emergency. The fire detection and alarm system had been appropriately serviced and staff carried out regular checks and fire drills throughout the year.

## Is the service effective?

### Our findings

People were supported by trained staff that had the skills they needed to care for people's diverse needs. They had a good understanding of each person's needs and the individual care and support each person needed to enhance their quality of life. Staff also received refresher training in a timely way and they were supported to keep up-to-date with best practice through supervision and appraisal meetings with the registered manager.

People were supported to maintain a healthy balanced diet. People's views about their meals varied, with the majority of people we spoke with saying that they enjoyed their meals whilst three people said the quality of their food could be further improved. One person said, "It's hard to please everyone all the time but they [kitchen staff] try and I think the meals are really nice." We saw lunch served and the food was well presented, with ample portions, and people confirmed they had enough to eat and drink.

People needing assistance to eat their meal received the help they needed. They could choose where they ate their meals. There were drinks and snacks available throughout the day.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager and staff understood their roles and had received training in assessing people's capacity to make decisions and in caring for those who lacked capacity to make some decisions. We checked whether the service was working within the principles of the MCA and we saw that they were.

People's care plans contained assessments of their capacity to make decisions for themselves and consent to their care. Staff sought people's consent before providing any support; they offered explanations about what they needed to do to ensure the person's care and welfare.

People were supported to maintain their health and had access to NHS health care services. Timely action was taken by staff whenever there were concerns about a person's health. Appropriate external healthcare professionals were involved as necessary, such as chiropodists and opticians. A GP routinely visited the home on a weekly basis and people were enabled to book an appointment if they wanted a consultation. We saw that the outcome of healthcare appointments were documented clearly in people's care files, as well as any required action that staff needed to take to ensure people's continued wellbeing.



## Is the service caring?

### Our findings

People were supported in a caring and inclusive way. People's personal care was discreetly managed by staff so that people were treated with compassion and in a dignified way. People's privacy and dignity was respected. Personal care support was provided in private. One visitor said that before staff come in to their relative's room, "They [staff] will knock on the door even if it's open." Another person said they liked their bedroom door open during the day but added that staff always closed the door and curtains to ensure privacy when assisting with personal care.

When talking with people staff presented as friendly and used a gentle tone of voice and words of encouragement that people responded to positively. People were relaxed in the company of staff and the staff demonstrated good interpersonal skills when interacting with people. A visitor said, "The staff here are very friendly and kind to me and my [relative]."

Staff respected people's individuality and the choices they made. One person said, "They [staff] respect my views." Another person said, "You can stay in your room all day if you want. That is respected."

We heard staff use people's preferred name when conversing with them and they were able to discuss how they facilitated people's choices in all aspects of their care and support.

People were supported to maintain links with family and friends. Visitors were welcomed. We heard visitors being offered refreshments by staff. One visitor said, "I visit whenever I like and that's as it should be. They [staff] always have a smile and I never feel 'in the way'. They [staff] are a kind lot and they all do their best to keep [relative] happy and comfortable."

People had access to external advocacy services if required. An advocate is someone able to speak up on behalf of person and in their best interest.

## Is the service responsive?

### Our findings

People's needs had been assessed prior to their admission to the home. Their care plans were regularly reviewed with their involvement. There was information in people's care plans about what they liked to do for themselves and the support they needed to be able to put this into practice. Activities suited people's individual likes and dislikes and were tailored to their capabilities and motivation.

Staff were able to describe in detail the care and support they provided for people. People consistently received the care and support they needed in accordance with their initial care assessments and subsequent care reviews as their dependency needs changed over time. One person said, "I discuss my care with the manager. [The manager] is good at listening."

When people reached the end of their life their care plan reflected this as well as the action that needed to be taken by staff to ensure they were kept as comfortable as possible. A staff member said, "We work closely with the local surgery GP to make sure the person has a dignified and pain free death when their time comes." Staff also said they made regular checks on the person and ensured that they were not distressed or in any discomfort. They also made sure that the family were kept informed of any changes so they could make arrangements to be with their loved one when the time came.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for providers of NHS and publically funded care to ensure people with a disability or sensory loss can access and understand information they are given.

Staff were aware of the communication needs of the people they supported from the information in the person's care plan. Information about the home was on display in communal areas. We saw that the menu displayed in the dining room was small and potentially hard to read. The registered manager said this would be improved with larger print. It is recommended that some bedroom doors, although named, might better identify the person's room by having personalised signage chosen by the individual, such as a picture or artefact affixed to the door.

The provider had an appropriate complaints procedure in place, with timescales to respond to people's concerns and to reach a satisfactory resolution whenever possible. People's representatives were provided with the verbal and written information they needed about what to do and who they could speak with, if they had a complaint. One person said they had not needed to complain or raise any concerns over a lengthy period. They said, "If I did have to [complain] I would be listened to. I wouldn't hold back." A visitor said that their family had never needed to complain about their relative's care but they knew who to raise complaints with if they did and were confident they would be listened to.

## Is the service well-led?

### Our findings

A registered manager was in post when we inspected. 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's care records were securely stored, kept up-to-date and accurately reflected the daily care people received. Records relating to staff recruitment, training, and maintenance of the home were also up-to-date. Policies and procedures to guide care staff were in place and had been routinely updated when required.

Quality assurance systems were in place to help drive improvements in the service throughout the year. People's experience of the service, including that of their relatives, continued to be seen as being important to help drive the service forward and sustain good quality care and support. One person said, "I go to residents' and relatives' meetings. They are good for [getting] information. One improvement was that food got better."

People received a service that was monitored for quality throughout the year using the systems put in place by the provider. The registered manager completed regular audits which reviewed the quality of care people received. They spoke with people, including visitors, about their experiences and regularly observed the staff going about their duties to check they were working in line with good practice.

Suggestions from people and visiting relatives were acted upon and discussed at team meetings. This contributed towards ensuring the home was efficiently managed and that day-to-day care practices were reviewed and reflected upon by the staff team as a whole to identify areas that could be improved.

Staff said there was always an 'open door' if they needed guidance from any of the senior staff. They said the registered manager was very supportive and approachable. Staff also confirmed that there continued to be a positive culture that inspired teamwork. The effort and contribution each staff member made towards providing people with the care they needed was recognised and valued by the senior staff and registered manager.

The registered manager had consolidated relationships with external healthcare professionals, such as the local surgery, as well as commissioners of the service. They continued to support them to have access to the information they required and to use feedback from them to sustain a good quality service.

There continued to be an open and transparent culture within the home, with the home's CQC rating from the last inspection, on display.