Kendalcourt Limited

Home Park Nursing Home

Inspection report

Home Park, Knowle Lane
Horton Heath
Eastleigh
Hampshire
SO50 7DZ

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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?	Requires Improvement

Summary of findings

Overall summary

About the service:

Home Park Nursing Home is registered to provide accommodation for up to 35 older people living with dementia who require nursing or personal care. At the time of the inspection there were 28 people living at the home.

The home had 23 single rooms and six shared rooms located over two floors which are accessible via stairs or lifts. The home had a large communal area which opened out to a garden at the rear of the home.

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.

People's experience of using this service:
• The providers evacuation list of people living at the home was not up to date and put people and the emergency services at risk of harm in the event of an evacuation of the building being necessary. This document was updated immediately on the first day of our inspection.
• Window restrictors on the first floor at the home were not robust or tamper proof and did not therefore reduce the risk of people falling from height. This was updated following our inspection and the provider sent us evidence it had been done.
• People received their medicines when they needed them and as prescribed.
• The service was person centred and assessed people's needs and individual preferences.
• Staff told us that the training they attended was good and gave them the skills and knowledge they needed to support people. However not all self-employed staff had undertaken refresher training.
• Health care professionals such as community nurses, a GP, and community mental health team had been involved in people's care.
• 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.
• People were supported to express their views and staff were knowledgeable about people's preferred communication methods.
• Relatives and staff were very positive about the management of the service.

Why we inspected:
• We inspected the service as part of our inspection schedule methodology for 'Good' rated services.

Rating at last inspection:
• At the last inspection in December 2016 the service was rated Good.

• Rating from this inspection: Good

Follow up:
• We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, 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 effective?

Good

The service was effective.
Details are in our effective findings below.

Is the service caring?

Good

The service was caring
Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive
Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well led
Details are in our well led findings below.

Home Park Nursing Home

Detailed findings

Background to this inspection

Background

The 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.

Inspection team:
• The inspection was completed by one inspector, one inspection manager, a specialist advisor [Nurse] and one Expert by Experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:
• Home Park Nursing Home is a residential home that provides personal and nursing care for up to 35 people. At the time of the inspection 28 people were living at the home. 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.
• The service did not have a manager registered with the Care Quality Commission however an application had been received by the Commission and this was in progress. A manager registered with the Commission is legally responsible for how the service is run and for the quality and safety of the care provided. The new manager was away from the service at this inspection. The previous registered manager had relinquished her role in April 2019 but had remained in the service as quality assurance manager.

Notice of inspection:
• This inspection was unannounced.

What we did before, during and following the inspection;
• Before the inspection we looked at information we held about the service.
• We used information the provider sent us in the Provider Information Return (PIR). This is information we

require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.
• We received feedback from four health and social care professionals who worked with the service.

During the inspection:
• Inspection site visit activity started on 7 May 2019 and ended on the same day.
• We reviewed staff recruitment, training and supervision records for four staff.
• We pathway tracked four people. This is when we follow a person's experience through the service and get their views on the care they receive. This allows us to gather and evaluate detailed information about the quality of care.
• We looked at records of accidents, incidents, complaints and compliments.
• We reviewed audits, quality assurance reports and surveys.
• We spoke with the deputy manager, quality assurance manager, nominated individual, office administrator, chef and six members of care staff including two registered nurses.
• We also spoke with seven people receiving care and support and four visiting relatives.
• Some people were not able to tell us their views of life at Home Park Nursing Home. We used the Short Observational Framework for Inspection (SOFI) in both of the main sitting areas of the home. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.
• After the inspection we asked the nominated individual to send us further documents which we reviewed. These were received within the agreed timescales.
We used this information to inform our overall judgement of this service.

Good

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management:
• The service kept an 'emergency record' [list] of people living at the service who would need assistance and support to be evacuated safely in the event of an emergency such as a fire. The emergency evacuation record [last updated on 9 January 2019] did not contain evacuation details for five people who had moved into the service between 9 January 2019 and 7 May 2019. The folder also contained details of three people who had moved from the service between those dates. We immediately brought this to the attention of the quality assurance manager and office administrator who updated the list as soon as we told them.
• The Health and Safety Executive Guidance for Care Homes, 'Falls from windows or balconies in health and social care settings' states: 'Window restrictors must be robustly secured using tamper-proof fittings, so they cannot be removed or disengaged using readily accessible implements (such as cutlery) and require a special tool or key'. Whilst window restrictors were in place the majority on the first floor were not tamper proof and could have been easily disengaged by hand. We brought this to the attention of the nominated individual who told us they would take action to remedy this. Following our inspection, the nominated individual sent us receipt of purchase of replacement window restrictors. Seven days after our inspection the nominated individual contacted us to advise that new replacement restrictors were now in place on all windows on the first floor.
• Care plans detailed people's specific risks and conditions, the number of staff required to support the person and the type of equipment needed for moving and handling. Where people needed to be supported to move using a hoist, staff made sure each person had a hoist sling which had been correctly fitted to meet their individual needs. Hoist slings were used only for the person named on the sling. One person told us, "Yes they [staff] have to help me move about the home. I use a frame to do that and they are always checking it for me".
• Care plans also contained guidance for staff to support and manage risks associated with for example, continence care, diabetes and skin integrity.
• Staff were aware of potential risks from people who lived with behaviours which may challenge. They were aware of how to appropriately support people, in the way they needed. Staff supported people in a professional and friendly way. For one person with behaviours that challenge the care plan stated, "Let the person calm down for a period of time, rather than repeating any request". Care staff we spoke with were aware of the guidance in place and were fully aware of how to communicate with the person.
• Risks to people's health were identified, monitored and managed to keep people safe.
A GP told us, "They have always been open and honest involving the surgery appropriately with identified risks".

Systems and processes to safeguard people from the risk of abuse:
• There were processes in place to minimise the risk of abuse.

• Relatives we spoke with said their loved ones were cared for safely.
• One person's relative told us, "I have no concerns at all that [name of person] is safe. They are in a safe environment I have never felt that their safety was an issue".
• Staff were aware of the risk of abuse, signs to look out for, and how to report any concerns.
• Staff told us they could raise concerns with management at any time and felt they would be listened to and their concerns acted upon.

Staffing and recruitment:
• There were sufficient numbers of staff deployed to keep people safe and staffing rotas confirmed this. One person told us, "Always lots of staff about. If I need help going to the bathroom I only have to ask, and they take me". One relative told us, "I do think my husband is safe here. In my observation the staff do have time to deal with him without rushing him. There are always plenty of staff about".
• The provider had an established care team, some of whom had worked at the home for many years.

• Agency staff were used to cover staff shortages to ensure sufficient staffing levels were maintained and to cover sickness and annual leave.
• Staff recruitment files showed that staff were recruited in line with safe practice and equal opportunities protocols.
• Staff recruitment records included, employment histories, suitable references and appropriate checks were carried out to ensure that potential staff were safe to work within the health and social care sector. For example, we found details of Disclosure and Barring Service (DBS) for staff and checks with the Nursing and Midwifery Council (NMC) to ensure that nurses pin numbers were valid. All nurses and midwives who practice in the UK must be on the NMC register.

Using medicines safely:
• People received their medicines safely and on time.
• Medicines management systems were in place and people received their medicines as prescribed. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
• The provider had processes in place ensure that when people required support with medicines they received them safely, according to their needs and choices, and as prescribed.
• Records relating to medicines for people were accurate, complete and up to date.
• Staff had received comprehensive training about giving people medicines and competency assessments were carried out to ensure their practice remained safe.

Preventing and controlling infection:
• People were protected from the risk of infection.
• Personal protective equipment (PPE) such as gloves, aprons and hand sanitizer were located around the home including in communal areas and in people's bedrooms where we observed these being used.
• There were dedicated cleaning staff who followed schedules to ensure the home was clean and odour free.

• Staff confirmed that they had infection control and food hygiene training. One person told us, "The place is clean, a little tired but homely". Another person told us, Staff always wear gloves when dealing with me". Another person said, "The place is always clean, warm and tidy".

Learning lessons when things go wrong:
• Incidents and accidents were reviewed to identify any learning which may help to prevent a reoccurrence. The time, place and any contributing factor related to any accident or incident was taken in to account to establish patterns and monitor if changes to practice needed to be made.
• Staff understood their responsibilities to raise concerns, record safety incidents and near misses and report

them to the manager where appropriate.
• Learning was shared in team meetings. This meant that people would be kept safe as the service learned lessons when things went wrong.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.
• Each person had a care and support plan which was personalised to them. These plans set out people's needs and how they would be met. They also showed how risks would be minimised. Everybody we spoke with told us how they were involved in their care planning and most people knew what staff had written. Some people were not aware of their care plan but said they were not interested in looking at paperwork.
• Staff were supported to deliver care in line with best practice guidance. Information on supporting people living with specific health conditions was available. This meant staff could provide appropriate and person-centred care according to individual needs.
• People were supported by a consistent staff team who understood their needs. This meant people could build meaningful relationships with staff they knew and trusted.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support.
• People's changing needs were monitored to make sure their health needs were responded to promptly. Staff supported people to see health care professionals according to their individual needs. For example, for people with diabetes the service ensured that people had regular foot-care provided by a visiting podiatrist and people were offered regular eye tests to monitor the risk of diabetic retinopathy developing.
• Where specialist advice was needed staff referred people to ensure they received the support they required. For example, the home liaised with the falls teams to raise awareness around the cause of falls and how to prevent them. They also referred people to the Speech and Language Therapy (SALT) team to assist with safe eating and drinking. One healthcare professional told us, "Care workers [staff] appear to possess the basic swallow awareness knowledge which is useful in order to assist residents with their meals/fluids. We have previously provided dysphagia training to care and nursing staff and are due to invite members again". A GP told us, "The nursing home team work in good partnership with the surgery, an example being a nursing home admission assessment proforma which was co-designed with myself. This collects information required for GP care and the nursing team".

Staff support: induction, training, skills and experience.
• People were supported by staff who had access to a range of training to meet their needs. The provider had a full training programme which staff confirmed they attended. Staff told us they could suggest additional training they were interested in or thought was needed.
• Staff told us they were supported by the manager and senior staff through regular supervisions and annual appraisal. One member of staff told us, "I have an individual supervision at least four times a year but also we have a group supervision every month". Records showed staff were given the opportunity to discuss working practices, what went well and what did not go well and explore ways of improving the service they

provided.

Supporting people to eat and drink enough to maintain a balanced diet.
• People's nutritional needs were assessed and they were supported to have a well-balanced diet. The chef told us, "I don't have a budget. I always receive what I need and order".
• Staff sought appropriate advice regarding people's food and fluid needs and put recommendations into practice. A GP told us, "The team follow guidelines for nutritional management, reporting to myself if Malnutrition Universal Screening Tool [MUST] score changes". MUST is a five-step screening tool to identify adults who are malnourished, at risk of malnutrition, or obese. It also includes management guidelines which can be used to develop a care plan. A health care professional told us, "Home Park typically discuss a resident's swallow concerns with the SALT department prior to making changes. Should they not be able to contact us [due to out of hours] I am confident that they make reasonable and safe changes, to downgrade a resident's consistency (e.g. soft & bite sized diet to puree)". The chef told us, "I prepare food to meet the needs of people with swallowing difficulties. I work according to the recommendations of the dietician and the speech and language therapist [SALT]. I work very closely with nurses and staff to ensure that people get the food they prefer". Daily care notes we viewed confirmed this.
• Everybody spoken with was complimentary about the food served in the home. One person said, "The food is OK, not too bad. No problem getting drinks and snacks when I want them". Another person said, "I like the food here, I eat most things and there is a choice. Snacks and drinks are brought around to us. There are carers to help with eating, but I can feed myself".
• We observed lunch which had an informal, social feel. People were offered drinks of their choice and there was a warm cheerful atmosphere. People who required help to eat were supported in a dignified way.

Adapting service, design, decoration to meet people's needs.
• The home was adapted as far as possible to meet the needs of the people living there. There was wheelchair access throughout the home and people could access the garden areas with ease. One person said, "It's lovely living here. I can get out into the garden and around the home. I like to be as independent as I can".
• The entrance to the home contained a 'red telephone box' and 'park bench'. The wall opposite the park bench had a 'shop front' painted on it. The quality assurance manager told us, "Many of the people like to sit on the bench and rather than look at a plain wall, we made the decision to turn the area into a space that would be more meaningful. People use this area every day to sit and have a 'catch up' with friends".

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Ensuring consent to care and treatment in line with law and guidance: The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 make decisions any made on their behalf must be in their best interests and as least restrictive as possible.
• People only received care with their consent. One person said, "They always ask before they do anything. If I say no, they come back later when it is more convenient for me". A relative told us, "The Staff do seek mum's consent and they always knock before entering her room".
• Staff were aware of the need to assess people's capacity to make specific decisions.
• Care plans reflected that consideration had been given to decision making and capacity. The provider had systems in place to ensure they would work within the principles of the MCA when required to do so. Care plans included assessments of people's capacity to make certain decisions and where necessary they had involved family and professional representatives to ensure decisions made were in people's best interests.
• 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 Safeguarding (DoLS).
• We checked whether the service was working within the principles of the MCA. Records showed the manager liaised with the local authority to find out the progress for existing applications and to renew those that may have expired.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity
• People were treated with kindness and compassion by staff in their approach when supporting people. People and relatives told us they thought the staff were kind, caring, helpful and respectful and this was evident in our observations throughout the day.
• One relative told us, "The staff are very kind to me as well as [name of person]. The management are good at keeping me informed about his well-being". A health and social care professional told us, "I have only been involved recently with Home Park but during my visits the care provided seems to be appropriate and considerate to residents and their surroundings. During my visits families of both residents speak highly of care provided to residents and also support for families".
• We saw good interactions between staff and people, they knew each other well and had developed caring relationships.
• One relative told us, "There's very good service and care here and staff are always welcoming and friendly."
• Staff adapted their communication style, body language and used gentle touch to emphasise questions to people who had difficulty communicating their needs and choices.
• We observed staff giving people encouragement and reassurance throughout the day. One member of staff told us, "Sometimes people living with dementia get confused and do not know their surroundings. We take the time to talk with them and try to divert their anxieties. Sometimes just chatting and making them a cup of tea works wonders".

Supporting people to express their views and be involved in making decisions about their care
• Staff supported people to make decisions about their care. One person told us, "All the staff are lovely and I have the choice to do as I wish, and I like it that way". A relative told us, "I was involved in my mother's care plan when she first arrived here. The staff do know how mum likes things done and they do it like that".
• We observed staff supporting people discreetly when needing assistance with personal care and responding to call bells promptly.
• One member of staff told us, "We offer choices between outfits so they can choose their clothes. If they want to wear something warm and it is already hot, we explain the risks to them and respect their choices".

Respecting and promoting people's privacy, dignity and independence
• People's privacy and confidentiality was respected. For example, we observed staff knocking on people's doors before entering, using people's names and ensuring people's dignity was respected.
• One person told us, "I choose to be in my room sometimes during the day. I like my peace and quiet. Staff don't pressure me into doing something I don't want to do but they do pop into my room quite a lot to make sure I'm ok".

• People were supported to maintain and develop relationships with those close to them and relatives were invited to have meals with their loved ones if they wanted to.

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:
• Care plans were held electronically and were easy to access,read and update. Staff used hand held data terminals to update records as care and support was given. For example, food and fluid intake. The system also alerted staff to tasks that were time specific. For example, repositioning people in bed and continence care. One member of staff told us, "You have white flags;this means all tasks have been complete, yellow flags; something needs doing and red flags when something is overdue. It's a good system and ensures everyone gets the care they need when the need it. You spend less time writing and more time doing".
• Plans of care showed what level of support people needed and how staff should support them. Each person's day was recorded with what they had done and how they had been.
• Care plans contained information about people's lives, spiritual needs, hobbies and interests that ensured staff had an understanding of people's life history and what was most important to them. This enabled staff to interact with people in a meaningful way.
• Staff responded to people and met their needs in a responsive way. Some people needed assistance with moving about. On each occasion we saw staff supporting people to stand up from chairs, they advised the person what actions they needed to take to stand up. They supported the person at their own pace, taking time to help the person in the way they needed, with kindly, supportive verbal encouragement throughout.
• People's care plans were regularly reviewed. For example, one person needed support with all aspects of their personal care and their care plan fully reflected their individual current care needs.
• Where people lived with behaviours which may challenge, they had clear care plans which directed staff on how to actively support the person and manage any complex behaviours. Staff followed these care plans and showed a positive response to people when they needed additional support.
• The provision of activities for people was regarded as a key area. All staff were involved in supporting people with engagement. The provider followed the principles of the Namaste care programme. The Namaste care programme focuses on engaging with each individual person's senses through sound, touch, smell, taste and sight, offering meaningful activities that reflect their interests. This was delivered in small groups or individually in people's rooms for those people who were cared for in bed. One relative told us, "Activities are a problem for him, but he gets involved with the sensory carer". Other activities included art and craft, board games, and exercise sessions. People also enjoyed the entertainers who visited each month. For example, singers and a theatre company. A health and social care professional told us, "The patients have regular entertainment, they appear happy and involved in their care as appropriate".

Improving care quality in response to complaints or concerns
• The provider had a complaints policy which ensured complaints received by the service were recorded, investigated and responded to.
• The provider had received two complaints since our last inspection. Records we reviewed were clear, showing the service followed its own policy. If any issues were identified, actions were taken to address the

matter.

End of life care and support
• The provider was not providing anyone with end of life care when we inspected.
• Staff told us they had supported people at the end of their life in the past. One member of staff told us about the importance of supporting people's families at such times.
• Staff told us about the helpful support they received from the district nurses when a person was at the end of their life.

Requires Improvement

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.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: Continuous learning and improving care:

• Systems were in place for the monitoring of quality and safety. Areas for improvement were identified through audits and action was taken to make any required improvements. The current auditing systems in place had failed to identify that improvements were needed to ensure the safe evacuation of people living at the home in the event of an emergency. In addition, the auditing system had failed to identify and address that window restrictors fitted we not suitable in health and social care premises where individuals are identified as being vulnerable to the risk of falls from windows. We recommend that the registered provider reviews their quality assurance and monitoring systems to ensure that they are effective in identifying all areas of improvement.

• The management and staff team were clear about their roles. A staff member said, ''Whatever we do, it is about promoting independence and giving people an excellent quality of life".

•There was a positive risk-taking culture at the service. People were supported to safely achieve their goals and be as independent as possible.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

• There were effective management systems in place to promote person-centred care.

• The provider planned and delivered person-centred, high-quality support to achieve positive outcomes for people. This considered all aspects of people's lives and ensured support reflected people's individual needs and choices. One member of staff told us, "We try to support people living here to be as active and independent as possible".

• The manager was supported by the management team and a staff team who understood the need to deliver good quality care.

• The quality assurance manager understood their responsibilities for duty of candour and took the appropriate action to inform all the relevant people when incidents occurred.

• There was a positive culture within the staff team and staff told us they enjoyed working for the service. One member of staff told us, "We all get on well and work well as a team". Another member of staff told us, "I spend half my time here and half at home. I have been here that long because it is convenient and I have enjoyed it. I can see myself being here for many years to come".

• Our feedback and the provider's own surveys showed that people were satisfied with the care and support they received.

• All staff at all levels were actively involved with supporting people with engagement in activities. This

ensured people's opportunities to be involved continued throughout their day to day care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:
• Staff engaged people and supported them to be involved with service delivery. Staff told us, for example, how supporting people with choice at mealtimes was an area which they reviewed all the time, to ensure they met people's individual needs and responded when people's needs changed.
• Staff felt they were involved. One member of staff told us, "I look forward to coming to work". Another told us, "It's a good place to come to work. Everyone is so supportive". A relative told us, "The staff appear to get on well together and there is a very nice atmosphere".
• Relatives told us they were regularly asked their views about the service.
• Relatives completed surveys which asked for their views of the service. The results were analysed by the manager and used to continuously improve the service.
• Staff meetings took place so any issues about the service could be discussed and their views obtained. Staff were also given the opportunity to raise any ideas or concerns about the service during their supervision meetings.

Working in partnership with others:
• There was a coordinated approach to people's care. Partnership working with people, their relatives and other external healthcare professionals ensured people received care that was effective and appropriate to their needs. A health and social care professional told us, "I consider the service to be safe, caring and well led".
• The management and staff team worked well with other health and social care professionals such as speech and language therapists, community mental health teams, dieticians and the local authority to achieve good outcomes for people. Relatives we spoke with were positive about the way the service worked with them. A relative told us, "There is good communication, the home keep me informed if there is any problem with my wife's condition".