

Park Homes (UK) Limited

Holly Park Care Home

Inspection report

Clayton Lane
Clayton
Bradford
West Yorkshire
BD14 6BB

Tel: 01274884918

Website: www.parkhomesuk.co.uk

Date of inspection visit:

29 April 2019

01 May 2019

Date of publication:

24 June 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Holly Park Care Home is registered to provide accommodation, personal and/or nursing care for up to 43 people who may be living with dementia or other mental health problems. There were 20 people using the service.

People's experience of using this service:

The service met the characteristics of requires improvement in all areas; more information is in the full report.

Medicines were not always being managed safely.

People said they had been asked about what care and support they would like when they first moved into the home, but this had not continued. Care plans were not always up to date and there was little on offer in the way of activities to keep people occupied.

Some staff training was not up to date and staff supervisions were discussions around 'tasks' rather than the developmental needs of staff and reflective practice.

There had been a lack of continuity in relation to the management of the service. Audits have not always been effective in picking up issues.

People have been asked for their views about the service but these have not always been acted upon.

People were not always raising their concerns directly with the manager or provider.

Staff had been recruited safely and there were enough staff to provide people with care and support.

People said they felt safe at the home. Staff had completed safeguarding training and understood how to keep people safe.

People's health and dietary needs were being met.

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 said the staff were kind and treated them with dignity and respect.

Rating at last inspection: Requires improvement (report published 27 June 2018). This service has been rated requires improvement at the last three inspections. Will we be requesting an improvement plan and

meeting with the provider so they can tell us how they intend making improvements to the service.

Why we inspected: The scheduled inspection was brought forward due to us receiving information concern.

Enforcement: We found four breaches of regulations in relation to safe care and treatment (management of medicines) and good governance. Please see the 'Action we told provider to take' at the end of this report.

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring

Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Holly Park Care Home

Detailed findings

Background to this inspection

The inspection:

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

Inspection team: Two inspectors and a specialist medicines advisor completed this inspection.

Service and service type:

Holly Park Care Home is a care home which provides personal care and nursing care to older people and people living with dementia. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection

The service had a manager who was in the process of registering with the Care Quality Commission. This means that they have no legal responsibility at the current time. The provider is currently the person who is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced. We brought our inspection forward as we had received information of concern from a number of sources. Concerns raised were about staffing levels, personal care, the environment, management of medicines, end of life care and accident and incident management. Following the inspection, we were made aware of a specific incident which had taken place at the service involving the use of equipment. This is being investigated and details have not been included in this report.

What we did:

We reviewed information we had received about the service since the last inspection in May 2018. This included details about incidents the provider must notify us about. We used this information to plan our inspection.

We spoke with four people who were using the service, one visitor, two nurses, four care workers, the cook,

one housekeeper, one district nurse, the provider and the manager.

We looked around the home and reviewed a range of records. These included four care records, medication records, audits, three staff files and training records. We also looked at some records relating to the management of the service.

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. Regulations may or may not have been met.

Using medicines safely

- People did not always receive their medicines as prescribed. Some medicines had been given without leaving the recommended four-hour gap between doses. Some pain relieving patches had been applied earlier or later than they should have been.
- There was some good guidance for staff about when 'as required' medicines should be given. However, this information was not available for all 'as required' medicines.
- Medicine records had not always been completed correctly and two controlled medicines could not be accounted for. The district nurses were responsible for giving these and whilst they had been completing their own records they had not completed the controlled drugs register. When we told the provider about this they made the necessary notifications.
- One person had been discharged from hospital with special medicine that might be needed in an emergency. The service users care plan did not include details about the rescue medicine, what effect this should have and within what time frame or when staff need seek more help.

This demonstrated the service was in breach of Regulation 12, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to medicines management.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the service.
- Staff had received safeguarding training and knew how to recognise and protect people from the risk of abuse.
- The manager and staff understood their responsibilities to safeguard people from abuse. Concerns and allegations were acted on to make sure people were protected from harm.

Assessing risk, safety monitoring and management

- Regular safety checks took place to help ensure the premises and equipment were safe. However, we found one of the slings for the hoist did not have a current safety certificate. We brought this to the attention of the provider. After the we completed the inspection visit we were informed of a specific incident involving the use of a sling and we are following up our enquiries into this matter.
- We were told the home had a problem with mice. The service had been visited by the local authority food safety team who had made a number of recommendations. All of those had been addressed when we visited.
- We were also told the conservatory roof was leaking. This had been repaired.
- Risks to people's safety were assessed and plans put in place to try and keep people as safe as possible.

Staffing and recruitment

- Staff were recruited safely and appropriate checks were carried out to protect people from the employment of unsuitable staff.
- Before this inspection there were concerns about staffing levels not being maintained. The duty rota's showed there was one day when only three care workers had been on duty instead of the usual five or six. This was an isolated occasion and staffing levels were generally well maintained.
- We contacted the provider before the inspection to seek assurance about staffing levels. They provided us with the planned rota's which showed how staffing levels were going to be maintained.

Preventing and controlling infection

- The home was clean and tidy.
- The service had recently been given five stars for food safety, which is the highest award which can be given.

Learning lessons when things go wrong

- When incidents had been investigated actions had been taken to try to prevent them happening again.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience

- Staff received one to one supervision and group supervision. These were noted to be very task based, for example, discussing missing person and mealtime service. There were no discussions recorded about the developmental needs of individual staff or reflective practice.
- Staff induction procedures were in place; however, these were not always followed. For example, one of the newer members of staff we spoke with had not received fire training. There were also some staff administering medicines who had not had their competency checked since they started working at Holly Park.

This demonstrated the service was in breach of Regulation 18, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing.

- People were supported by staff who had ongoing training. The provider had also brought care workers to Holly Park from their other services to ensure a good skill mix.

Supporting people to live healthier lives, access healthcare services and support

- People's health care needs were supported. Records showed people had been seen by a range of healthcare professionals including GPs, community mental health team, district nurses and opticians. However, we were made aware communication between healthcare professionals was not always as effective as it could have been

We recommend the provider explores opportunities to improve communication with health care professionals who visit the home.

- One person told us a member of staff was going to take them to an appointment at the hospital.
- There were positive comments about one person's progress at a recent review with the mental health team.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed to ensure the service could provide appropriate care and support. People said they were involved in discussions about their needs prior to moving into the home.
- People visited the service and could stay for a meal to help them decide if they wanted to live at Holly Park

Supporting people to eat and drink enough to maintain a balanced diet

- People were provided with a choice of food and drinks which met their needs and preferences. One person said, "It is very good, I enjoy the meals."
- People liked the food and said there was always a choice available.
- The cook had a good understanding of people's dietary needs and menus showed a choice and variety of

meals. People were offered a choice of drinks and snacks throughout the day.

- People's weight was monitored for any changes and people were referred to GP's and dieticians when necessary.

Staff working with other agencies to provide consistent, effective, timely care

- The manager, who was new in post, was intending to arrange a meeting with the district nursing team to develop their working relationships.

Adapting service, design, decoration to meet people's needs

- Improvements to the building were ongoing and the provider had a refurbishment plan in place.
- There was signage around the home to help people find, for example, toilets and bathrooms.
- People's rooms were attractively furnished, and they were encouraged to bring personal possessions such as ornaments, pictures and photos to make these personal to them.

Ensuring consent to care and treatment in line with law and guidance

- The 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 as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
- There were no current DoLS authorisations which had any conditions attached to them.
- Some consent forms had been signed by relatives who did not have the necessary legal authority. We spoke with the manager about this who agreed to review these and follow the best interest decision making process.
- Staff spoke with people before any care and support was delivered to get their consent.

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 did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

Supporting people to express their views and be involved in making decisions about their care

- People said they did not feel involved in their care and did not know about their care plans. For example, in one person's care plan it stated they liked to be in bed all of the time. However, when we spoke with them they told us they would like to get up. Another person told us they wanted to speak to someone about dying. We raised these issues with the manager who told us people may not have been involved in reviews in the past.

This demonstrated the service was in breach of Regulation 9, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to person centred care.

- The manager told us they intended to speak with people about their care and support and, where appropriate, would involve their relatives.

Ensuring people are well treated and supported; respecting equality and diversity

- People looked comfortable and relaxed in the presence of staff. One person told us, "They are good, very helpful."

- In the recent surveys relatives had made the following comments, "Staff always lovely, bedroom very clean and nice, bright rooms but most of all staff are very nice and help my [relative] with their every need." "Mum is always clean and smart her clothes are well kept." "Staff are always helpful and cheerful. They are friendly and kind." "The staff we see when visiting are fantastic. They are very helpful and kind."

- People told us they were happy living at Holly Park.

- Staff knew people well and spent time talking with them.

Respecting and promoting people's privacy, dignity and independence

- People said staff listened to them but did not always act on what they said. For example, one relative had asked the previous manager if newspapers and magazines could be made available. They had been told this would not be possible as people who use the service would 'destroy them.' This demonstrated a lack of respect for people.

- Staff treated people with dignity and respect. Staff knew people well, their individual likes, dislikes, life history and interests.

- Staff supported people in a caring way to promote their independence. For example, one person had a hot water flask and milk in their room so they could make their own drinks.

- People were supported to maintain relationships with friends and relatives. Staff asked one visitor to come and have a meal with their friend whenever they wanted.

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The activities coordinator had left the service. There was not a lot on offer to keep people occupied. Care staff organised a game of 'play your cards right' but much of the time people were just sitting with the television on.
- Staff and the provider agreed there needed to be more on offer to keep people occupied.
- Care plans were not always up to date. For example, one person's care plan had not been up dated when they had returned from hospital. This meant important information had not been documented. This demonstrated the service was in breach of Regulation 9, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to person centred care.
- People's preferences were reflected in their care plans.
- Staff understood people's communication needs. These were identified, assessed and recorded in people's care plans.
- One care worker said they had taken some people to the local park and how much they had enjoyed it.

Improving care quality in response to complaints or concerns

- The complaints procedure was on display, however, people we spoke with were not clear about who they should raise any concerns with.
- One complaint had been logged and investigated.
- Some people had raised concerns with the local authorities safeguarding team and not directly with the service.

We have commented further about this in well-led.

End of life care and support

- People were supported to make decisions about their preferences for end of life care. Care records showed discussions had taken place with people and their relative and their wishes had been recorded.
- One night care worker said they had completed end of life training. They added at night if there were no family members present staff took it in turns to sit with the person, so they were not on their own.
- Relatives had sent the following compliment, " [Name] settled so well with you all, I know how difficult they could be but they always told me they were happy with you all. Thank you for your kindness, patience and love to [Name]. Special thanks to [Name] for holding his hand as [Name] took their last breath. It's hard to put into words how grateful we are for you looking after [Name]. We will remember how comfortable he was during his last days."

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

- When we inspected the service in May 2018 we found some of the quality audits were not effective in picking up and addressing issues. On this inspection we found improvements had not been made.
- A range of audits were in place to help monitor the quality of the service. However, these were not always effective in identifying issues. This was the third inspection where we identified issues with medicines management.
- Hoists and slings were being checked weekly, however, these checks had not picked up the sling without a safety certificate.

This demonstrated the service was in breach of Regulation 17, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to good governance.

- The last registered manager left the service in February 2018. Since then three managers had been appointed. One had applied for registration with CQC, but had withdrawn their applications when they left the service. The second person had left before submitting an application to be registered.
- A third manager had been appointed and had only been at the service for three weeks. They had worked as a registered manager before and were in the early stages of registering with CQC.
- The provider had based their 'nominated individual' at the service to support the manager's. This is a person within the organisation who has responsibility to supervise the management of services. As the quality rating of the service has declined from being requires improvement in two areas to requires improvement in all five areas. We concluded they were not effective in this role.
- Some staff had left the service and staff morale was mixed. We raised the issue of staffing levels with the provider before our inspection. They had arranged for management cover to be available at weekends as well as during the week. One member of staff said, "Having management at weekend is a good thing everyone gets on with their job. We have had some gossipy staff which has not been good. The week end was good and yesterday staff got on with their jobs."
- In 2014 the home was struck by lightning and had to close for repairs to be undertaken. Before it closed the service provided nursing care. When the home re-opened it just provided residential care. Recently the provider has recruited nursing staff so the service can offer people nursing care.
- The provider told us they would be basing themselves at Holly Park to support the manager and staff team.

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

- Surveys had been sent out to people using the service and relatives in March 2019. Seven were returned

and the overall impression of ranged from excellent, very good and good.

- Staff meetings were held and recently discussions had included how the home would move to providing nursing care.

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

- There was not an open and honest culture at the service. The provider told us staff should have contacted one of their other services on the day they were short of staff, as staff would have been available to support the home. However, on the notification we received it stated, "The management could not transfer any staff from the other providers homes within the company due to the Easter Holiday."
- We were made aware some healthcare professionals had raised concerns with the local safeguarding team and not taken issues up directly with the service. It is important there is a culture of openness regarding complaints. This will ensure people feel comfortable raising any issues.

Continuous learning and improving care

- The manager understood their legal requirements as they had been the registered manager in other services. However, they had not been at Holly Park long enough to identify and address some of the issues we have raised. They were committed to improving the service.

Working in partnership with others

- Manager said they would be going to relevant forums with the local authority and clinical commissioning group (CCG), the oversight group and enhanced wellbeing summit.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>People were not being involved in planning their ongoing care and support. Care plans were not always up to date.</p> <p>More needed to be done to provide people with activities and occupation.</p> <p>Regulation 9 (3) (b) and (c)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People did not always receive safe care as medicines were not managed in a safe or proper way.</p> <p>Regulation 12 (2) (g)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes were not effective in identifying issues.</p> <p>People's feedback was not always acted upon.</p> <p>Regulation 17 (2) (b) (c) (e)</p>
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

Improvements in relation to staff training and supervision needed to be made.

Regulation 18 (2) (a)