

Healthcare Homes Group Limited

Park House Nursing Home

Inspection report

27 Park Crescent
Peterborough
Cambridgeshire
PE1 4DX

Tel: 01733555700

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Park House Nursing Home is a residential care home providing accommodation for people who require nursing and personal care to up to 52 people. The service provides support to older people with physical health needs and people living with dementia. At the time of our inspection there were 47 people using the service.

People's experience of the service and what we found:

People were protected from the risk of harm, they felt safe, and staff were aware of how to raise any safeguarding concerns. Care and risk support plans set out people's known risks and provided guidance to ensure staff could provide safe care. Medicines were managed safely. New staff were safely recruited and there were enough staff to meet people's needs.

Incidents and accidents were acted upon appropriately and lessons were learned when things went wrong. Mental capacity assessments were in place for people who lacked or had fluctuating capacity to make specific decisions. Staff supported people in the least restrictive way possible and in their best interests.

There was a positive culture in the service. People said the registered manager was approachable and responsive. Staff received regular supervision and one to one meetings, supporting learning and development. There was an ongoing improvement plan for the service. The provider ensured any lessons learned from incidents was shared across the service and the wider organisation.

People were treated with respect and their dignity was upheld. We observed staff interacting with people in a friendly and supportive way. There was a positive approach to the delivery of people's care. Staff understood the people they were supporting and knew them well.

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

Rating at last inspection

The last rating for this service was Good (published 02 October 2018)

Why we inspected

The inspection was prompted in part due to concerns received about safeguarding people. A decision was made for us to inspect and examine those risks.

We undertook a focused inspection to review the key questions of safe, responsive and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Park

House Nursing Home on our website at www.cqc.org.uk.

Recommendations

We have made a recommendation around engagement opportunities. Please see the responsive section of this report.

Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 responsive?

Good ●

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

Is the service well-led?

Good ●

The service was well-led.
Details are in our well-led findings below.

Park House Nursing 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 2 inspectors, a specialist nurse advisor, 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.

Park House Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Park House Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service and 9 relatives. We also spoke with 10 staff members including, the management team, nurses, care workers and ancillary staff. We looked at 6 people's care records, including risk assessments and medicines records. We also looked at quality audits, policies, training records and 3 staff recruitment files. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- Staff received safeguarding training and understood their responsibilities around reporting any concerns.
- There was a positive culture in the service around speaking up which was included in supervision and staff meetings. A staff member told us, "We have always been encouraged to speak up."

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- Care plans contained a range of risk assessments providing clear directions to staff about the know risks to people and how to mitigate them. For example, around risks to choking, skin breakdown and nutrition.
- We observed some people used technology to reduce risk, such as movement sensors, to alert staff when people who were at high risk of falls got up from bed. This reduced the time taken to get support and helped keep people safe.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff. □
- The provider used a dependency tool to help identify the number of staff required. This was regularly reviewed. During the inspection, we observed people were given time and were not rushed.
- A relative said, "There's no issues with the staff, I think there's enough and they know what they're doing."
- The provider operated safe recruitment processes. Appropriate pre-employment checks were completed. Including Disclosure and Barring Service (DBS) checks, which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People were supported to receive their medicines safely. □
- Medicines were stored appropriately and administered by staff trained to do so. People received their medicines as prescribed by their G.P. There were clear protocols in place for 'as required' medicines.
- We observed a medicine round. Staff followed the correct procedures; people were not rushed and were given time to take their medicines.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control (IPC) practices.

- Staff received training in IPC, which included use of personal protective equipment. The provider had appropriate assessments in place to reduce the risk of infection.
- The service was visibly clean and there were no malodours, however some areas of the service needed refreshing. For example, carpets were worn and in need of replacement, The provider told us they had a refurbishment plan in place to address this.

Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- Incidents were reviewed by the registered manager to ensure actions taken and were analysed for any themes and trends. Any learning was shared with the wider staff team.

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 MCA 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 Safeguarding (DoLS)

- We found the provider was working within the principles of the MCA, people's capacity to make their own decisions had been considered and people told us staff gained consent before delivering care.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's needs were met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships, follow their interests, and take part in activities that were relevant to them.
- Care plans contained detailed information about each persons' interests, hobbies and preferences.
- A relative said, "[Person] likes to socialise so they [staff] make the effort to get them up as much as possible, the staff can tell if they are unhappy or don't want to join in with the activity."
- We observed an exercise activity for people living with dementia. This was well received by people that were able to participate. However, the environment was noisy, and the activity was disrupted multiple times what caused confusion for people involved. 1 person was visibly withdrawn and there was limited staff engagement with them for the duration of our observation.

We recommend the provider consult current best practice guidance around meaningful engagement activities for people living with dementia.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported as individuals in line with their needs and preferences.
- Care plans contained details of people's likes, dislikes and preferences. Staff knew people well. 1 person told us, "The staff are very good, they know me."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was meeting the Accessible Information standard.
- People's communication needs were understood and supported and care plans contained information about people's communication needs and preferences.
- One person had a limited understanding of English. The provider encouraged the use of digital translation tools and worked with the persons relative to develop a booklet of key phrases in the persons language for staff to use to help them communicate with them.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened to, responded to, and used to improve the quality of care.
- Relatives told us they felt listened to and any concerns were dealt with promptly. One relative said, "We raised our concerns with the manager, and they arranged for [additional support] right away."

End of life care and support

- People were supported at the end of their life to have a comfortable, dignified and pain free death.
- Care plans provided information about people's wishes at the end of their life and any advanced decisions. Documentation was in place where DNACPR (Do Not Attempt Cardiopulmonary Resuscitation) decisions had been made.

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.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive and open culture at the service.
- The registered manager was committed to promoting an open and positive culture in the service. One relative said, "The manager has a very strong staff base, we don't keep seeing new faces, we trust them, they've nailed it!" Another said, "The manager is delightful and caring. They know the staff and residents well, I have nothing but praise, the whole family is very satisfied."
- The provider had systems to provide person-centred care that achieved good outcomes for people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities under the duty of candour.
- The provider had submitted statutory notifications to CQC as required. Statutory notifications are reports of certain changes, events and incidents that the registered providers must notify us about that affect their service or the people that use it.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.
- The provider had an improvement plan in place, which outlined areas for continuous improvements in relation to operational issues, and the provider clearly set out their purpose.

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

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.
- Views had been sought from people and relatives through surveys and regular meetings. This information was fed back into the service improvement plan.
- The registered manager held one to one meetings with people and their relatives to gather more focused feedback and to allow for opportunities for them to meet with them directly.

Continuous learning and improving care

- The provider had created a learning culture at the service which improved the care people received.
- The provider used a robust and comprehensive system to monitor quality in the service. There were a variety of quality audits completed at regular intervals. These were overseen and signed off by the regional manager. Learning was shared across the organisation.

Working in partnership with others

- The provider worked in partnership with others. This included speech and language therapists, pharmacists and G.P's.