

Shivshakti Nivas Ltd

# Park House Rest Home

## Inspection report

220 Havant Road  
Hayling Island  
Hampshire  
PO11 0LN

Tel: 02392465274

Website: [www.parkhouse-resthome.co.uk](http://www.parkhouse-resthome.co.uk)

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Park House Rest Home is a residential care home providing personal care for up to 18 people. The service provides support to older people and those living with dementia. At the time of our inspection there were 10 people using the service. The home is compiled of three floors and bedrooms are located on all floors. There is a combined communal lounge and dining room and a large accessible garden.

### People's experience of using this service and what we found

People and their relatives told us they felt safe care was provided at Park House Rest Home and that staff knew how to look after them. Staff understood their safeguarding responsibilities and knew how to keep people safe from harm.

Medicines were managed safely by trained and competent staff. Medication administration records (MARs) were fully completed and regularly audited to identify any areas for development and improvement. Staff had access to medicines policies and procedures as well as best practice guidelines.

Recruitment practices were safe and there were sufficient numbers of staff available to meet people's needs. Quality assurance processes were robust, risks to people and the environment were managed safely and people had access to appropriate equipment where needed.

Staff were motivated and enjoyed working in the home. Continuous learning was embedded in the home's culture and staff had received appropriate training to enable them to carry out their role safely.

Staff had received training in infection control, including additional training since the start of the coronavirus pandemic. They followed good infection control processes, which met government guidelines for care homes.

People told us they felt staff were caring. Staff were observed to treat people with kindness and compassion.

The provider, registered manager and staff were open and transparent. They understood their regulatory responsibilities.

People, relatives and staff said the registered manager and provider were approachable and supportive. There were effective governance systems in place to identify concerns in the service and drive improvement.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (published 16 October 2019).

### Why we inspected

We inspected this service as a review of the information we hold indicated improvements had been made. We were supporting the potential of increasing capacity in the local system.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Park House Rest Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### 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 well-led?**

**Good** ●

The service was well-led.

Details are in our well-Led findings below.

# Park House Rest 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.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was conducted by two inspectors.

#### Service and service type

Park House Rest Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave a short period of notice for the inspection because we needed to be sure that the provider or registered manager would be available to support the inspection.

#### What we did before the inspection

Before the inspection we reviewed the information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. 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 six people who used the service about their experience of the care provided and one external professional. We spoke with six members of staff including the provider, the registered manager, the cook and care staff.

We reviewed a range of records. This included four people's care records and five medication records. We looked at two staff files in relation to recruitment and training. We reviewed a variety of records relating to the management of the service, including quality assurance processes, policies and procedures.

#### After the inspection

We reviewed the evidence gathered during the inspection. We sought feedback from external professionals who work with the service and spoke to four relatives.

# 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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us staff provided safe care and supported people to understand any risks. One person said, "Yes, I feel safe, the staff know what they are doing."
- The provider had policies in relation to safeguarding and whistleblowing and staff had received training based upon these. A relative told us, "I feel my [relative] is safe there, they [staff] know what they are doing, and I can't fault it."
- The registered manager and provider were aware of their safeguarding responsibilities and had reported concerns to CQC and the local authority, as required.
- Staff received regular safeguarding training and demonstrated a good understanding of how to protect people. Staff knew how to report abuse and felt confident that concerns they reported were listened to and responded to. One staff member said, "I know if I had any concerns, they would get acted on quickly, but I could report to the [local authority] safeguarding team or CQC if I needed to."
- Visiting professionals told us they felt the service was safe. We observed a relaxed atmosphere, where people were relaxed in the company of staff, who clearly knew people's needs.

Assessing risk, safety monitoring and management

- Risk assessments were in place and reviewed regularly. These provided staff with a clear description of any risks and guidance on the support people required. For example, there were risk assessments in place for people at risk of falling, medicines management, skin integrity, nutrition and mobility. Daily care records demonstrated risks were managed in a way to ensure people were able to be as independent as possible and could enjoy activities they liked doing.
- Staff clearly understood people's needs and how to meet them. For example, staff we spoke with were able to describe the equipment and settings needed, to support a person to move and provide safe care.
- Regular checks on the safety of the environment were completed and where issues were identified, action had been taken. There was an ongoing programme of servicing, repairs and maintenance to minimise risks to people.
- Risks relating to the environment and the running of the service were identified and managed effectively. These included gas and electrical safety, legionella, and infection control.
- The home had a fire risk assessment in place and personal emergency evacuation plans [PEEP's], had been completed for each person, detailing action needed to support people to evacuate the building in an emergency.

Staffing and recruitment

- Staffing levels were based on the needs of the people living at the service and we observed there were

enough staff to safely meet people's needs. Staff told us they thought staffing levels were good and they could provide one to one support to people when they needed it. One staff member said, "Yes, I think there are plenty of staff."

- Staff were patient and had time to sit and talk to people. One person told us, "The staff are always around so if you need something, they are right there." A relative said, "They [staff] have really brought [relative] along and their [health] seems improved. They have time to engage them in lots of positive meaningful activities, which has really made a difference to their wellbeing."
- The provider had a recruitment process in place to help ensure that staff they recruited were suitable to work with the people they supported. This included disclosure and barring service (DBS) checks, obtaining up to date references and investigating any gaps in employment. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People were supported by a consistent staff team who enjoyed working in the home. One staff member said, "I love my job, we are like a family and really care about our residents [people]." Short term staff absences were covered by existing staff members undertaking additional hours or one regular agency staff member. This meant people were cared for by staff who knew them and understood how they should be cared for.

#### Using medicines safely

- Medicines were safely managed, and accurate records were maintained of medicines received into the service, administered and disposed of.
- Staff received training in medicines administration and had their competency checked to ensure their practice was safe.
- Medicines that required extra control by law, were stored securely and audited each time they were administered.
- Protocols were in place for medicines that were prescribed to be administered on an 'as required' basis, although these needed to have some additional information specific to each person's need. This is so staff would understand how each person may present when they required these medicines. We discussed this with the registered manager who said they would review and add further information as required.
- Safe systems were in place for people who had been prescribed topical creams.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being met.

- People were supported to see their relatives. The provider had safe processes in place to ensure visits for people living in the home were in accordance with the current government guidance. A relative told us, "Every time I have gone there, they are 100% on it [with IPC] to make sure we and [relative] are safe. They obviously know what they are doing."

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored by the registered manager and any themes or patterns were identified, and action taken promptly.
- The registered manager ensured risk assessments were updated if required, following any accidents or incidents. Information was shared with staff through discussions at the start of their shifts, staff meetings and individual staff supervisions.

# 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 requires improvement. At this inspection the rating has changed to 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

- The staff team, registered manager and provider all understood the importance of developing a person-centred culture in the service. It was very clear that this has been achieved as staff knew people well and we observed friendly supportive conversations between people and all staff.
- The service's systems ensured people received care which met their needs and reflected their preferences. The registered manager led by example, treating people as individuals and encouraging people and staff to be involved in what happened at Park House Rest Home.
- Staff told us they enjoyed working in the service and were committed to making sure there was a supportive and empowering culture for the people living there. One staff member said, "We [staff team] all know our residents [people] well and their families, and we make sure we keep people updated and involved as much as possible." Another staff member told us they would recommend the home as a place to work and would be happy if a family member received care there.
- People and their relatives were positive about the management team, the staff and the level of care provided. Comments included, "The staff look after us well and there is always something to do", "All the staff are amazing, I give them 10 out of 10. They really care about people and also for us as families" and "We have struck gold, it's amazing there, I give them [staff team] 5 stars."

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 registered manager and provider were open with us and committed to ongoing service development.
- The previous performance rating was prominently displayed in the entrance hallway.
- The provider had a duty of candour or policy that required staff to act in an open and transparent way when accidents occurred, although there had not been any that met this duty in the last year. Following any accidents or incidents people and their relatives were kept informed showing a transparent service.

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

- The registered manager had the skills, knowledge, and experience to perform their role and understood the service they managed. They had notified CQC when required of events and incidents that had occurred at the service.
- There were effective quality assurance procedures in place, which included audits of care plans, infection control, medicines, the environment and accidents and incidents. These were completed by the registered

manager or senior care staff and the provider had oversight of these.

- Policies and procedures were in place to aid the smooth running of the service. Processes were in place to ensure these policies and procedures were available to and understood by staff.
- There was a consistent staff team that worked well together. Staff understood their roles and were provided with clear guidance of what was expected of them at each shift. Staff communicated well between themselves to help ensure people's needs were met.

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

- People and their relatives were extremely happy with the service provided at Park House Rest Home and said they would recommend the home to others. One relative said, "They [staff team] look after [relative] and keep me informed of everything that's going on; The care they have given is second to none." Another said, "They [staff team] know what they are doing, I can't fault it there, they are all amazing."
- People were involved in developing person-centred care plans. These records reflected people's individual preferences and diverse needs, which staff could access to ensure they had up to date information.
- Staff told us they felt listened to and the registered manager and provider were approachable. One staff member said, "We are really supported here, we can go to [registered manager's name] with anything, whether it is professional or personal and know we will get their support."
- Staff meetings were held regularly. Meetings were used to provide information, such as any changes planned, training, sharing best practice and introducing new activity ideas. Minutes were kept and showed that where issues or suggestions were raised, action was taken.

Continuous learning and improving care; Working in partnership with others

- The registered manager sought feedback from people about the service in a range of ways, which included annual quality assurance surveys, and through informal one-to-one discussions.
- The registered manager and provider worked well with external health and social care professionals and this had supported improvements in the service. An external health professional told us, "[Registered manager's name] always seeks support if needed and listens, so changes are made when needed. We [external team] have seen such improvement in the service." Another said, "They [staff team] are always receptive to any suggestions and open to changing things if it is something we discuss. [Registered manager's name] and her team go above and beyond to ensure that [changes happen] so that the resident [person] could have the best quality of life."
- The registered manager kept clear records to show how they monitored the service and made improvements when needed, based on their observations and feedback from people, external professionals and relatives.