Care Quality Commission

Huskards New Care Ltd

Hayes Park Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	**Good**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Summary of findings

Overall summary

About the service
Hayes Park Nursing Home is a care home providing personal and nursing care for up to 49 people. The service supports younger adults and older people living with dementia, physical disability and need nursing care. At the time of the inspection visit 32 people were using the service.

People's experience of using this service and what we found
People continued to be supported to stay safe. Staff were trained in safeguarding procedures and knew how to report concerns when people's health, safety and wellbeing was at risk. Risks to people were assessed, managed and monitored. The new electronic care planning system provided guidance for staff to follow to meet people's needs and keep them safe.

People received their medicines in a safe way. Medicines were stored safely. The new electronic medicines system provided staff with all the relevant information they needed to support people with their medicines. People had access to a wide range of healthcare support. Staff worked with health professionals to meet people's ongoing health needs. Procedures were followed to ensure people had the opportunity to express their wishes in relation to end of life care.

Staff recruitment procedures were followed to protect people from unsuitable staff. There were enough staff to meet people's needs. Staffing levels were monitored and managed. Staff were trained to have the knowledge and skills they needed to support people safely and effectively. Staff received regular support and supervisions.

People were provided with enough to eat and drink. People's dietary needs and requirements were met to maintain good health. Menus choices reflected people's food preferences and cultural diets. We observed the dining experience was positive with examples of staff being attentive, kind and encouraging people who needed support to eat and drink.

People made decisions about their day to day care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff sought consent before providing personal care.

People lived in a clean and tidy environment. People had personalised their rooms and there were choices for communal areas people could use. There was ongoing decoration and improvements being made to the home. Further action was needed in relation to sensory stimulation and contrast colouring to benefit people living with dementia and sensory impairment.

People received care and support from a consistent group of staff. Staff were kind, caring and had established meaningful relationships. All the staff were committed to non-discriminatory practices and to

providing quality care. People's privacy and dignity was respected, and their independence was promoted by staff.

People received care that was personalised and responsive. People were involved in the planning and reviewing of their care. The new electronic care planning system showed people's needs were assessed thoroughly and in good detail. Individual preferences, wishes and diverse needs were captured so staff knew how people wished to be supported.

People's individual lifestyles choices, religious and cultural needs were respected. Multilingual staff spoke with people in the same language which ensured they could fully express their views and wishes. People were protected from the risk of isolation as there were individual and group activities people could join in.

People knew how to make a complaint if they needed to and support was available as required. Systems were in place to ensure the views of people, their relatives and staff were sought and acted on.

The registered manager understood their legal responsibilities. The provider's quality assurance and governance systems were being used effectively to monitor and improve the quality of the service. Everyone we spoke with felt the registered manager was approachable. Lessons were learnt when things went wrong.

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 May 2017).

Why we inspected
This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hayes Park Nursing Home on our website at www.cqc.org.uk.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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? The service remained safe. Details are in our safe findings below.	**Good**
Is the service effective? The service remained effective. Details are in our safe findings below.	**Good**
Is the service caring? The service remained caring. Details are in our safe findings below.	**Good**
Is the service responsive? The service remained responsive. Details are in our safe findings below.	**Good**
Is the service well-led? The service remained well-led. Details are in our safe findings below.	**Good**

Care Quality Commission

Hayes Park 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 Care Act 2014.

Inspection team
The inspection was undertaken by one inspector, a specialist nurse advisor and an Expert by Experience. The specialist nurse advisor had experience of working and caring for people who required nursing care. The Expert by Experience had personal experience of caring for someone living with dementia.

Service and service type
Hayes Park Nursing Home is a 'care 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 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
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We sought feedback from the local authority, clinical commissioning group and Healthwatch who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection
We spoke with four people who used the service and four relatives about their experience of the care provided. We spoke with 11 members of staff including the registered manager, patient liaison officer, three nurses, five care workers, a kitchen assistant and the activity coordinator. 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.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at three staff files in relation to recruitment and support. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training information, results from the satisfaction survey and the latest provider visit report.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
● People said they felt safe. One person said, "I feel safe because there are staff about [to help]." A relative said, "Since [name] has been here [name] is safe with the treatment they give [them] and with staff about."
● Systems were in place to protect people from abuse. Staff were trained in safeguarding procedures and were confident to report concerns to the management team and the Care Quality Commission. Information was displayed for staff, people who used the service and visitors about how to report concerns.

Assessing risk, safety monitoring and management
● Comprehensive risk assessments were completed to identify risk to people's health and safety such as risk of falling and risks associated to health conditions. Care plans provided guidance for staff to follow to promote people's safety. Staff knew what action to take to reduce risks and to keep people safe. For example, people at risk of developing pressure ulcers were re-positioned regularly and their skin condition was monitored.
● Systems were in place to keep people safe. Emergency calls bell and room sensors were in place to monitor people's safety, and emergency evacuation plans in case of an emergency. Regular fire and safety checks were carried out, which contributed to people's safety. A person said, "It's safe here, there is good security and I'm not in danger from anything."

Staffing and recruitment
● The provider followed safe staff recruitment procedures. Staff files contained evidence of checks with the Disclosure and Barring Service (DBS) and references obtained. The professional registration of nurses was confirmed with the Nursing and Midwifery Council (NMC) before they started work.
● There were enough staff to meet people's needs. A person said, "[Staff] come quickly when I press the call bell" and told us staff were around to help which made them feel safe.
● The staff rota showed staffing levels were maintained. The registered manager based the staffing on people's needs, cultural and communication needs, and the mix of staff skills required. Regular agency staff were used when needed and were given summary of people's care needs. One staff said, "We make sure no one goes without the care they need."

Using medicines safely
● People continued to receive their medicines safely. A relative said, "I make sure that I know what medication my [relative] takes, the home here are good and tell me if there are any changes in [their] medicine."
● Medicine were stored securely. Medicines were administered by trained and competent nurses and staff. The new electronic medication administration records (EMAR) was in place. Each person had an EMAR

which contained all the required information about each person such as a photograph and protocols to guide staff as to when and how to administer medicines. Staff completed the EMAR after each administration.
● EMARs were accurate and provided alerts help to reduce the risk of errors in administering the wrong medicines. It was also used to monitor stock levels to ensure there was enough medicines available. Staff had access to information about medicines, national guidance and to alerts about any discontinued medicines. The registered manager could access 'real time' summary reports and audits of medicines administered.

Preventing and controlling infection
● Systems were in place to ensure people lived in an environment that was clean, hygienic and tidy. Daily cleaning and regular deep cleaning schedules were in place for rooms, furniture and furnishings to protect people from risks of cross infection. Emergency spillage kits were fitted across the home, so staff could easily access them when needed.
● People were protected from infection control risks. For example, people were offered individual wipes to clean their hands after their meal. Care plans had clear instruction for staff to follow for the cleaning regime for a feeding tube and catheter care.
● Staff were trained in infection prevention procedures and used gloves, aprons and hairnets, which they disposed of properly. Further monitoring was needed to ensure staff washed their hands between tasks and minimal jewellery was worn to prevent risk of spreading infection.

Learning lessons when things go wrong
●The provider had a system where all reported incidents and accidents were logged onto a database. This meant the registered manager could identify any trends and act when needed.
●The registered manager shared learning with the staff team to drive improvements. For example, staff were made aware of feedback from the clinical commissioning group audit and the actions to improve the environment as a result.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

● Staff completed an induction and received ongoing training appropriate for their role. A staff member said, "I completed a month's induction; 18 training topics in all were completed and I shadowed staff. I love my job." Some staff had completed a nationally recognised qualification in care. Nurses were supported to access training to meet specific health care needs for people using the service, such as catherisation.
● People and relatives were confident staff were trained to provide the care they needed.
● Staff received regular supervisions and attended team meetings. This helped staff to be aware of changes to the service, discuss their training needs and any issues regarding their work.

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

● People's needs were regularly assessed to ensure staff could to meet them. People, and where appropriate their relatives, had been involved in the assessment and care planning process. Staff had good insight of people's needs, preferences and daily routines.
● Assessments were comprehensive and reflective of best practice guidance. They considered people's individual needs, and their culture, age and disability. They also reflected how a person's health condition, such as Parkinson's and dementia, impacted on the daily support they required.

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

● People told us the food was good. A person said, "The food is okay they do me nice omelettes." A relative said, "[Name] always has plenty to drink and can reach the beaker cups easily [to drink]."
● The catering staff were given information about people's dietary needs and preferences.
● We observed the lunchtime period. People choose a meal from either the English / European menu or the Asian menu. Meals were served individually and met people's religious needs. Food textures were suitable for people with swallowing difficulties. People were supported by staff as required so they could enjoy their meals.
● Monitoring of food and fluid intake was carried out when required. Staff acted upon changes in people's weight, this included referrals to appropriate health professionals and following their guidance.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

● People's health needs were met, and records showed they had access to a wide range of health care services. A person told us they were regularly seen by dentist and the optician.
● Staff were vigilant about any changes to people's health and sought medical advice when needed. During the inspection, the nurse had requested a GP to visit as someone was unwell. A relative also told us staff

were quick to respond when their family member was unwell.
●The service continued to maintain good working relationship with health care services. A staff member said, "We get good support from the GP and the nurses when it's needed."

Ensuring consent to care and treatment in line with law and guidance
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 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 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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

● The service continued to work within the principles of the MCA. Any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. These were kept under review and monitored.
● Staff received training for MCA and ensured people's rights under the MCA were respected and promoted.
● People told us staff sought their consent and respected their decision. Some people lacked capacity to consent to their care and there was evidence mental capacity assessments were completed when needed. Best interest meetings had been held and the decisions made were with the views of the person's relative and health professional. These processes were clearly documented.

Adapting service, design, decoration to meet people's needs
● People had personalised their rooms with photographs and ornaments that were important to them. Some bedroom doors had photographs or pictures, so people could easily identify their room.
● Clear signage enabled people to access different areas and the outdoor space. There was ongoing decoration and some carpets and flooring had been replaced.
● Further improvements to the design would bring about positive impact for people living with dementia and visual impairment. The bannisters were of a similar colour to the walls. This made it difficult for people to distinguish and could restrict their ability to move around independently and safely. The seating in one lounge was around the edge of the room, which limited people's ability to speak with people other than those sat next to them. Access to sensory items and objects would promote the interest of people living with dementia. The registered manager assured us they would consider the feedback as the refurbishment plans was ongoing.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
- People were supported by staff who were kind and caring. A person said, "Every day I have wash with help from only female staff and then I do my prayers [in my room]." Care plans described people's likes and dislikes and preferences as to gender of staff to support them.
- Staff knew people well, understood their needs, daily routines and how they wished to be supported. A staff member said, "I love working here and looking after our residents." They gave examples of people's individual preferences and how they liked to be supported.
- Staff interacted with people in a warm and friendly way. The staff were aware of the diverse cultures of the people in the home and this helped them to understand people's cultural needs. Some staff communicated in the same language as people which was not English. Staff addressed people which was culturally appropriate and showed respect towards elders. A staff member said, "I've built relationships and learnt words [in Hindi and Gujarati] which helps them to trust me."

Supporting people to express their views and be involved in making decisions about their care
- People made decisions about their care. A relative said, "[Staff] try their best to be involved with [name]. It is hard as [name] only utters one word and they respect [their] choice." Decisions made were documented and reviewed with the person when possible. This assured people their wishes would be respected.
- There was a relaxed atmosphere where people were at the heart of the care. People could get up and go to bed when they wished. All the conversations we heard focused on people's rights and choices. Staff conversed with people in the same language, so they could fully express their choices and wishes.
- Staff read through relevant care plans and had handover meetings at the start of each shift to ensure they were kept up to date about changes to people's needs.

Respecting and promoting people's privacy, dignity and independence
- People were treated with dignity and staff ensured people's privacy was maintained. A person said, "[Staff] close my door when they help [in the bedroom with personal care]." A relative said, "My [family member's] dignity is maintained, staff ask me to wait outside when they give [personal] care." At lunch time people were offered an apron to protect their clothing from food and drink spillages and their clothing was adjusted as they stood up from a chair.
- People's independence was promoted. A person seated in a low chair was encouraged and supported by a staff member to stand up and move into their wheelchair.
- Staff maintained people's confidentiality and their records were accurate, complete and legible. Paper records were stored securely, and electronic care records required a password.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
● People continued to receive person centred care and staff were aware of people's needs preferences and wishes. A relative said, "They give my [family member] a bath and wash [their] hair in the products I bring in for [them] which [they] like." Staff worked as a team, in a coordinated way and communicated well with each other so no one was left waiting unnecessarily.
● Care plans were accurate and reflective of people's current needs, cultural and religious beliefs, sexuality and interests. This helped to ensure people were not at risk of discrimination. Information was instantly available to staff by using the electronic handheld devices. The alerts prompted staff to provide certain aspects of care including wellbeing checks, such as re-positioning people cared for in bed to prevent skin damage and to encourage people to drink more to prevent the risk of dehydration.
●Staff provided continuity of care and support, which monitored and identified any changes to people's needs. A relative told us they were aware of their family member's care plan, which had been reviewed and updated. They said, "We are always kept informed of any changes and if [name] doesn't want to take [their] medication or has a fall."

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● People's communication needs were identified prior to admission, recorded and incorporated into their care plans.
● Staff knew how best to communicate with the people they supported. We saw staff use effective communication to help people to understand and allow time for them to reply.
● Policies, procedures and other relevant information was made available to people in the formats and languages that met their needs. For example, a prayer written in Arabic and English, was displayed on their bedroom door so they could identify their room. Pictorial menus were used to enable people to make choices about what they wanted to eat.

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 meet their social and cultural needs. People were observed to be engaged in individual and group activities organised by the activity coordinator, this included playing 'catch / punch' a

ball and bingo. People were helped by staff as the bingo cards were in small print. The registered manager assured us this would be addressed.
● People were provided with a choice to watch Asian television programmes or English programmes in communal lounges.
● People were supported to maintain relationships with people that mattered to them, both within the service and the wider community. A person told us they had visited a local temple with other people and staff, which also demonstrated religious and spiritual needs were met and respected.

Improving care quality in response to complaints or concerns
● People and relatives told us they were confident that their complaints would be taken seriously. A person said, "[Staff] listen to me if I tell them something is not right" A relative said, "I've never had any concerns about [name] safety."
● The provider's complaints procedure was followed. All verbal and written complaints were recorded, investigated and action taken as needed. The system and policy in place demonstrated complaints were responded to in a timely manner.

End of life care and support
● People had the choice to discuss end of life care and care plans were in place where appropriate. People's capacity to make informed decisions about the Do Not Attempt Cardio Pulmonary Resuscitation (DNAR-CPR) were documented, reviewed, and any changes were recorded.
● At the time of the inspection no one was in receipt of end of life care. Anticipatory medicines to support people were in place, should they be required, to support people with symptom and pain management towards end of life. Staff were trained in end of life care and were confident that they all provided the evidence-based end of life care to people and individual wishes would be respected.

Good

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

● People, their relatives and staff made positive comments about the service. One person said, "I don't know the [registered] manager's name but the care I'm getting here is good." Relatives said, "I know all the management staff here, they are good" and "I think the home is well led. [Family member] can be very difficult but here they are really good with [them]."

● The staff team were established and knew people well. People were supported to access the local community services and places of worship. The registered manager, nurses and staff were passionate, enthusiastic and committed to providing a good quality care 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 registered manager understood their legal responsibilities. For example they had notified the Care Quality Commission as required and had displayed the previous rating in line with regulations. The registered manager was open and honest when things had gone wrong and were responsive to issues raised during this inspection.

● The registered manager understood the information sharing requirements when concerns were identified and the duty of candour. Accurate records were kept of all complaints, incidents and accidents. These were linked to risk reports and were analysed. Information and learning was shared with the staff to reduce the likelihood of reoccurrence.

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

● Systems were in place to ensure staff training was kept up to date and staff were supervised and supported in their role. Staff meetings were used effectively to inform staff about changes to people's needs and developments within the service. Staff told us they were encouraged to express their views and ideas to improve people's quality of care and life.

● The provider's policies, procedures, and the business continuity plan had been updated. This ensured the service delivery would not be interrupted by unforeseen events.

● The provider's governance systems were used effectively to monitor the quality of care and to drive improvements. Audit systems were detailed and provided scrutiny; these focussed on a range of areas such as menus choices, activities, checks on premises, cleanliness and health and safety. Shortfalls identified were monitored by the registered manager and provider to ensure action was taken.

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

● People's and visitors views about their care experience were sought. Residents meetings took place for people to raise issues and make suggestions. One person told us they had asked for the overgrown foliage to be cut back several times before it was addressed. The provider also carried out an annual survey of people's and visitors' views. The recent survey was mostly positive.
● People who used the service and visitors were complimentary about the staff who worked hard to support them. A person said, "Staff are more like my family than my own family". Relatives and health professionals recognised and valued them.
●Staff were committed to providing quality care to people that was person centred and diversity was celebrated. Staff told us there was no staff recognition or reward scheme but knew people and their relatives appreciated their hard work. The registered manager assured us they would look at ways to ensure staff felt valued, recognised and rewarded.

Continuous learning and improving care

● The provider visited the service regularly and monitored the progress of improvements. The visit report showed the provider monitored the effectiveness of the new electronic care planning and medicine system.
● The registered manager told us about the new 'smart digital continence system' being implemented this month. The design will promote and maintain people's dignity using innovative technology. A sensor in a continence pad will monitor and display a colour on a discreet device to alert staff when someone requires personal care. This system provides dignity and reduces the need for unnecessary checks, and movement of people.

Working in partnership with others

● The home worked in partnership with key organisations sharing information and assessments where appropriate. Staff liaised with the GP, local authority, clinical commissioning group, and health care professionals to ensure people's care needs were met.
● Positive feedback had been received from the clinical commissioning group about the quality of care, the electronic care planning and medicines management systems. The registered manager had been responsive to feedback about the improvement needed to the environment.