

HC-One Limited

April Park Care Home

Inspection report

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Date of inspection visit:
04 January 2023

Date of publication:
17 February 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

April Park Care Home is a residential care home providing personal care to up to 40 people. The service provides support to older people. At the time of our inspection there were 33 people using the service. April Park Care Home is split between 2 floors, there are communal lounges, bathrooms, a dining room and accessible outside space for people to use.

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

Staff had received training in the Mental Capacity Act 2005 (MCA) and understood how to work within the principles of the MCA. However, the provider had not consistently assessed or recorded people's capacity to make specific decisions about their day to day life. Best interest decisions had not consistently been recorded and the provider had not considered if people's care constituted a deprivation of their liberty. We raised this with the manager who had also identified this and was working to an action plan to address this.

Care plans and risk assessments had been regularly reviewed and updated to reflect any changes in people's needs and actions staff should take to minimise the risk of avoidable harm. However, we identified one person's risk had not been assessed correctly, which had the potential to impact on the care staff provided. Staff worked with external professionals to reduce the risks they had identified. Records demonstrated that appropriate referrals had been made when people had experienced a deterioration in their health.

Systems and processes were not always effective in identifying potential risks or recording issues in people's care records. The manager carried out regular quality audits of the service and had created an action plan to address any areas for improvement. Positive relationships had been developed with people using the service, relatives and staff. People had regular opportunities to provide feedback through meetings and in person with the manager. The feedback received had been recognised and actioned.

People's dignity had not always been promoted. Relatives told us about issues they had encountered with the laundry. We raised this with the manager who told us they were going to introduce a new system to ensure people's clothes were not mislaid or lost.

Care plans contained information about people's lifestyle choices and personal relationships, and the support staff provided to ensure people's individual needs were met.

The service had activities coordinators in place who provided a range of activities, we saw evidence of several activities people had recently participated in, displayed in the service and in the newsletters. People told us they enjoyed the activities on offer. Relatives told us they knew how to raise complaints or concerns, we reviewed the complaints the service had received, we found they had been investigated and actions had been taken to reduce the reoccurrence of the issue raised.

People were protected from the risk of abuse, staff understood how to report any concerns they had. Staff

were recruited safely, we received mixed opinions from relatives about the staffing levels. People received their medicines at the times they were prescribed or when they needed them, however we found medicine administration records did not consistently record the application site of a pain-relieving patch for one person. We were assured that appropriate infection, prevention and control measures were in place.

People were supported to have maximum choice and control of their lives and staff them in the least restrictive way possible and in their best interests; however, the systems in the service did not support this practice.

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 the service under the previous provider was good, published on 13 February 2019.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

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

Enforcement

We have identified a breach in relation to the governance arrangements in place at this inspection. Please see the action we have told the provider to take at the end 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?

The service was safe.

Details are in our safe findings below.

Good 

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 responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

April 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. 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 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 carried out by 1 inspector 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.

Service and service type

April Park Care 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. April Park Care Home is a care home without 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 not a registered manager in post. A new manager had been in post for 3 months and had submitted an application to register. We are currently assessing this application.

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 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 3 people who used the service and 8 members of staff including the manager, senior care assistant, domestic assistant, care assistants and a registered manager from one of the providers other services. We also spoke with 8 relatives about their experience of the care provided. We reviewed a range of records. This included 4 people's care records and multiple medication records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

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 for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had received training in how to safeguard people from abuse. Staff understood how to report any concerns they had to relevant professionals.
- Safeguarding incidents had been correctly reported, recorded and investigated. We found that appropriate actions and referrals to relevant professionals had been made to reduce the risk of reoccurrence.
- Staff understood the provider's whistleblowing procedures. Whistleblowing is when staff report suspected wrongdoing at work. Staff could report things that were not right, were illegal or if anyone was neglecting their duties, including if anyone's health and safety was in danger.

Assessing risk, safety monitoring and management

- Risks which affected people's daily lives were assessed, and measures were taken to mitigate risk. For example, 1 person was at risk of pressure sores, their care plan had clear, detailed information which identified this, and the preventative measures staff should take to reduce the risk of a pressure sore developing.
- Recording issues were identified in several people's personal care monitoring charts. Staff had not completed the charts in line with the provider's guidance.
- We did not find any evidence of people coming to harm from this, because staff, people and other care records confirmed people had received appropriate support. We raised this with the manager who told us of the action they would take which included providing staff with additional training on the paperwork in place.
- Environmental risks were well managed. Records demonstrated regular checks had been carried out which included water temperature checks and fire safety.

Staffing and recruitment

- Staff were recruited safely. The service followed safe recruitment processes to ensure people were suitable for their roles. This included undertaking appropriate checks with the Disclosure and Baring Service (DBS) and obtaining suitable references. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We received mixed opinions from relatives about the staffing levels. One relative told us, "The problem seems to turnover of key staff, so there can be a mix of agency and inexperienced staff, who are unfamiliar with people and routines." Another relative told us, "I see enough staff, they are naturally helpful and on the ball."

- The manager told us their ongoing recruitment plans and how regular agency staff were deployed to provide cover for any shortfalls in staffing.
- We reviewed the dependency tool in place which was used to inform staffing levels. The provider and manager monitored and reviewed the dependency tool appropriately to ensure the staffing levels continued to reflect the needs of the people using the service.
- During the inspection we observed call bells answered in a timely manner and people to receive care and support promptly when they required.

Using medicines safely

- People received their medicines at the times they were prescribed or when they needed them. However, we found medicine administration records did not consistently record the application site of a pain-relieving patch for 1 person. This meant there was a risk the patch may not be applied in line with the prescriber's instructions. We raised this with the manager who immediately put a system in place.
- Stock levels of medicines corresponded with the records in place.
- People had personalised PRN protocols for 'when required' medicines that stated when they needed their medicines.
- Medicine was administered by trained staff. Staff received regular direct observations of their practice to ensure medicines were administered safely.
- Staff had access to policies and guidance to help them support people with their medicines in a safe way.

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

- The manager ensured visiting was facilitated safely and in line with people's preference and choice. This had been risk assessed and appropriate safety control measures were found to be in place.

Learning lessons when things go wrong

- Accidents and incidents were reported correctly by staff to the manager, these were reviewed, and actions were taken to reduce any further risks.
- Learning was shared through organisational monthly meetings. We reviewed the minutes of these meetings and found information from recent quality audits was also shared and discussed.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 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 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).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff had received training in MCA and understood how to work within the principles of the MCA. However, the provider had not ensured capacity assessments were consistently completed for people who were believed to lack capacity.
- Best interest decisions had not consistently been recorded and the provider had not considered if people's care constituted a deprivation of their liberty. This meant we could not be assured people were being supported in the least restrictive way and decisions were not being made on their behalf inappropriately.
- We raised this with the manager who had also identified this and was working to an action plan to address. Following our inspection, the manager sent us evidence of the progress made.

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

- Care plans and risk assessments had been regularly reviewed and updated to reflect any changes in people's needs and actions staff should take to minimise the risk of avoidable harm. However, we identified 1 person's malnutrition risk had not been assessed correctly, which had the potential to impact on the care staff provided. The manager told us of the action they would take which included providing staff with additional training on the paperwork in place.
- Assessments of people's needs had been carried prior to people using the service and involved the person and, where appropriate, their relatives and healthcare professionals, to ensure the service was able meet the

person's needs and preferences.

- Care plans detailed information about people's choices and preferences. For example, 1 person's care plan recorded their preference to lock their bedroom door, this had been risk assessed and the person's decision was respected by staff.

Staff support: induction, training, skills and experience

- Staff had completed appropriate training which reflected the needs of the people they were providing care for.
- One staff member told us, "There is lots of training, it's really good, I enjoyed the dementia training it helped me a lot."
- New staff completed the provider's mandatory induction training. This included shadowing experienced staff and spending time to get to know people.
- The manager had systems in place to support and supervise staff. Staff received regular supervision, this included one to one sessions and competency checks which included feedback on performance.

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

- People's care plans detailed the support they required from staff to eat and drink.
- Care plans also contained detailed information on risks which had been identified and assessed.
- People's food and fluid intake was recorded and monitored where required.
- People were provided with a choice of meals. People and their relatives told us the food provided was good. One person told us, "You always get a tasty meal here." A relative told us, "The menu appears well balanced, with plenty of choices."

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

- People were supported to access healthcare.
- Records showed us people had regular input from their GP and other medical professionals such as the district nursing team.
- Records evidenced staff had made appropriate referrals. For example, referrals had been made when people were experiencing weight loss or had deteriorating mobility.
- Guidance from external professionals had been included in people's care plans for staff to follow. Staff had a good understanding of the guidance in place and we observed the guidance to be followed by staff.

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

- People had personalised their bedrooms with pictures and items of their choice.
- We found signage in place to orientate and inform people.
- The provider had plans in place to improve the environment of the service, this included refreshing communal areas.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- People's dignity had not always been promoted.
- The majority of relatives we spoke to told us about issues they had encountered with the laundry. One relative told us, "Laundry keeps going missing despite being marked, or turns up in the wrong room. I once found [person] in someone else's clothes." Another relative told us "The laundry is hectic, with lots of errors, sometimes [person] is in the wrong clothes, they have lost some of [person's] clothes."
- People had also raised concerns their clothes had gone missing in a recent resident meeting. The manager had arranged for people to be supported in finding the missing items.
- We raised this with the manager who told us they were going to introduce a new system to ensure people's clothes were not mislaid or lost.
- People's privacy was respected. We observed staff to knock on people's doors and waiting for permission before entering.
- Relatives told us staff understood to promote and encourage people's independence. For example, a relative told us, "[Staff] manage [person's] risk of falling well, as they have a frame which means they can get about independently."

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

- People and their relatives told us they were treated well.
- One person told us, "They [staff] are lovely, always helpful." A relative told us, "[Person] says she likes the staff; she has never complained, and I've always seen them [staff] display a lovely manner with [person] and other residents."
- Care plans contained information about people's lifestyle choices and personal relationships, and the support required to ensure people's individual needs were met.
- People were supported by staff who knew them well and understood their individual support needs and routines. A relative told us, "Staff have got to know [person] very well. I definitely see they are well looked after, [person] has gone from being frightened to confident and content."

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

- People and their relatives, where appropriate, were involved in their care planning and how they wished to be supported, however we were not assured people's relatives had been involved in decisions relating to people's care when the person lacked capacity to make a decision as there were limited records in place to evidence this.

- People were regularly asked to feedback their views on the service. We reviewed the minutes of recent resident meetings and found when people had made suggestions about the food this had been actioned by the manager.

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 good. At this inspection the rating for this key question has remained good. 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's care plans were personalised and detailed.
- Care plans contained information on people's life history and included information on people's memories, employment and family. Staff told us how they used this information to understand people and get to know them.
- People had regular opportunities to be involved in the running of the service, this included providing preferences for menus, activities and giving feedback on the different departments within April Park.
- People were supported to stay in touch with people who were important to them. People's care plans contained information of the support people needed to maintain relationships with others.

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.

- People's communication needs were detailed in their care plans and any support required to ensure these were met.
- Alternative formats were available on request such as large print, we asked about this and were assured this would be provided as the provider had resources to adapt information.

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

- Staff supported people on a daily basis to take part in activities and follow interests
- The service had activities coordinators in place who provided a range of activities. We saw evidence of several activities people had recently participated in displayed in the service and in the newsletters.
- People told us they enjoyed the activities on offer. One person told us, "I get my hair and nails done, I like to look nice they [staff] know this." A relative also told us, "[Person] joins in parties and activities and has even taken up painting for the first time in their life."

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place. We reviewed the complaints the service had received, we found they had been investigated and actions had been taken to reduce the reoccurrence of the issue raised.

- Relatives told us they knew how to raise complaints or concerns. A relative told us their family member had raised a concern which was promptly resolved by the manager.

End of life care and support

- People were given the opportunity to express their wishes for the care they would like to receive at the end of their life.
- Care plans detailed the decisions and arrangements people had made so staff had information to follow to ensure people's choices and needs were met.
- The service had received compliments about the care staff had provided, these included compliments from relatives following the care and support their family members had received at the end of their lives.

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 changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Systems and processes were not always effective in identifying potential risks. For example, medicine audits were regularly completed, however they had not identified a potential risk a medicine may not be administered in line with the prescriber's instructions.
- The provider's systems had failed to identify and consider when mental capacity assessments, best interests decisions may be required for people. The manager had identified this when they joined the service and was working to an action plan to address this.
- Systems and processes in place did not identify recording issues in people's care records or risk assessments. We found instances where staff had completed the provider's paperwork incorrectly this had the potential to impact on the care delivered.
- The manager carried out regular quality audits of the service and had created an action plan to address any areas for improvement. We reviewed this action plan and could see that actions had been completed or were in progress. However, these audits had not identified the concerns we found with the recording errors in care records or the risk identified in the medicine system.

We found no evidence that people had been harmed, however, systems were either not in place or robust enough to demonstrate governance was effectively managed. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Positive relationships had been developed with people using the service, relatives and staff.
- A relative told us, "[Person] would not come out of her room at first, which was a worry, but the staff were great in involving [person] in activities and the good atmosphere of the home."
- Staff told us they had regular supervisions and felt able to raise any concerns they had. The manager had a supervision schedule in place to ensure all staff had regular one to one meeting.

Continuous learning and improving care; 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 manager was knowledgeable about the duty of candour, they had not had to put this into action, however, they were able to explain the steps they would take.
- Information had been correctly shared with other agencies, such as the local authority when concerns

about a person's safety had been raised.

- The service had a home improvement plan in place which was regularly reviewed and updated. We reviewed the plan and found improvements had been made in relation to care plans and staff supervisions.

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

- The majority of relatives we spoke to told us they had opportunity to provide feedback on the service.
- However, some relatives told us when they had provided feedback there was no follow up given by the provider on what they found or what they were going to do with the feedback received.
- People had regular opportunities to provide feedback through meetings and in person with the manager. The feedback received had been recognised and actioned.
- Staff meetings took place regularly. Staff told us, "Any issues we raise in staff meetings are resolved quickly." We reviewed the minutes of these meetings and found key information was shared in relation to the day to day running of the service.

Working in partnership with others

- The service worked in partnership with other professionals such as GPs and district nurses to support people to access healthcare.
- The relatives we spoke with told us they were kept updated with their relative's health and wellbeing.

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	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were either not in place or robust enough to demonstrate governance was effectively managed.