

# Anchor Hanover Group

# Park Hall

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Park Hall is a residential care home providing personal care to up to 60 people. The service provides support to adults and older people, some of whom may have dementia. At the time of our inspection there were 58 people using the service. Park Hall accommodates people in one adapted building over 2 floors.

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

Quality assurance systems were not robust enough. People did not always have health-specific risk assessments in place. Medicines were generally safely managed, although some 'as and when' protocols needed more details. Building safety checks were completed. People and their relatives felt they were safe and protected from abuse. There were enough safely recruited and suitably trained staff. Staff were preventing infections in the home and visitors were supported to come into the home safely. Lessons were learned when things went wrong.

People had care plans in place, but some were not updated to reflect a change in need and actions had not been taken to seek professional input. People's cultural and religious needs were considered as part of their care planning. Staff were supported through supervisions and meetings. People were supported in line with their dietary needs. The home was clean and well-maintained. Staff supported people in line with other professionals' recommendations.

Systems in place were not always robust enough to identify errors or to make sure they were acted on in a timely manner. People, relatives and staff felt the home was well-managed. There was a learning culture in the service and an action plan in place to address areas of concern. The home manager was responsive to our feedback and resolved issues both during and after the inspection.

No one was at the end of their life, specific training for staff had been planned around this area of support. People had personalised care plans in place. People's communication had been considered as part of their care plans. People were supported to participate in activities of their own choice and staff supported people to maintain contact with their relatives. People and relatives were able to raise concerns.

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 were caring and respected people's dignity and promoted their independence. Staff listened to people and their relatives.

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

This service was registered with us on 10 October 2020 and this is the first inspection. The last rating for the

service under the previous provider was good (published on 28 March 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.

The inspection was prompted in part due to concerns received about staffing and due to the service not having been inspected under the new provider. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe, and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

The provider has taken action to mitigate risks by acting on feedback from this inspection during and after the inspection. We will check the effectiveness of this when we next inspect.

#### Enforcement

We have identified breaches in relation to ineffective monitoring and auditing systems as well as the overall governance of this service at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### 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** ●

# Park Hall

## 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 3 inspectors 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

Park Hall 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 Hall 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 about 8 weeks and had planned to apply to register. We will assess this application once received.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the 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. 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 information gathered as part of a monitoring activity that took place on 13 May 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

#### During the inspection

We spoke with 3 people who used the service and 17 relatives about their experience of the care provided. Some relatives were spoken with during the site visit but the majority were spoken with by the Expert by Experience over the telephone. We spoke with 13 staff members including; the home manager, deputy manager, district manager, team leaders, chef manager, handyperson, care assistants, administrator, and wellbeing coordinator.

We viewed a range of records. This included 7 people's care records and multiple medicine records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including; quality audits and policies and procedures were reviewed.

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.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Specific risk assessments were not always in place, such as diabetes risk assessments. Staff in the service knew people well and understood their needs. However, there was a risk of signs or symptoms not being identified swiftly if new or unfamiliar staff were to provide support.
- One person had no skin integrity care plans or assessments to identify the risk of skin breakdown; this placed the person at risk of harm. However, staff did complete regular body maps to highlight concerns and health professionals were monitoring the person's skin at the time.
- Appropriate referrals had not always been made. For example, referrals had not been made to other professionals in relation to fluctuations in people's weight. This meant people were at risk of their health declining.

Care plans and risk assessments were not in place to guide staff on how to manage risks to people, and systems had failed to identify this. This placed people at risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The home manager was responsive to our feedback and acted on this during and following the inspection.
- Building safety checks were completed in line with guidance and legislation and where issues were identified these were resolved.

### Using medicines safely

- Medicines were managed safely.
- 'As required' medicine protocols were in place, although some of these needed more detail around the dosage when people lacked capacity to make this decision for themselves.
- Relatives felt medicines were managed safely. One relative told us, "I trust the staff with [person's] medication. If there are any changes I would be informed."
- Medicines stock levels matched medication administration records.

### Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from abuse
- People and their relatives told us they felt safe. One relative told us, "I feel safe." A relative told us, "I know [person] is safe, it is a massive relief. I know [person] is alright, it's their home from home." Another relative told us, "[Person] is 100% safe due to the quality of care."

- Staff knew where the safeguarding policies were kept and understood how to keep people safe; they knew when to report concerns and who to report them to. Staff were confident these would be dealt with appropriately.
- When necessary, safeguarding referrals were made and CQC was notified in line with regulations.

#### Staffing and recruitment

- There were enough safely recruited staff.
- Pre-employment checks including criminal records checks had been obtained before staff 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.
- Relatives feedback about staffing levels was generally positive, with many relatives commenting staff were quick to answer call bells.
- The home manager used a tool to determine how many staff were needed daily and increased staffing levels when needed. The manager told us they used agency care staff but the management team were actively trying to recruit more permanent care staff.

#### 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

Visitors were able to come into the care home to visit people, in line with current government guidance, and staff encouraged this to be done safely.

#### Learning lessons when things go wrong

- The home manager took a proactive approach to identifying concerns and drawing up action plans to address these. The home manager used an electronic system to add to the action plans.
- The home manager had created an action plan following their infection prevention and control (IPC) inspection recently carried out by a Health Trust inspection and had started to address IPC concerns.



# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People had detailed care plans in place although not all of these were regularly reviewed and therefore did not always accurately reflect people's needs. For example, 1 person required nutritional supplements and their care plan did not accurately reflect the amount they had been prescribed. Although the correct amount was in their medication administration record, there was a risk of errors being made. However, staff knew people and their needs, and changes were communicated through handovers. The home manager was responsive to our feedback and added to their action plan reviews to care plans for this to be addressed swiftly.
- People's cultural and religious needs were considered during their care planning.

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.

- MCA assessments were being completed and DoLS applications were being submitted when needed .

Staff support: induction, training, skills and experience

- Staff were suitably trained to support people.
- Staff updated their training and had regular supervisions. Staff told us they felt supported in their roles and felt positive about the home manager. One staff member told us, "[The home manager] is

approachable. I have not had to raise anything with them, but I feel I could go to [the home manger]."

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

- People were supported in line with their dietary needs.
- People and relatives spoke positively about the food. One person told us, "The food here is very nice." A relative told us, "The quality of food is great. [Person] eats well." Another relative told us, "The food is fine; there's lots of it including bowls of snacks. [Person] is diabetic so that is catered for."
- Staff understood people's dietary requirements and where to access this information in people's care folders.

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

- People's care and support was provided in a safe, clean, well equipped, and well-maintained environment.
- People told us they were happy with their rooms and could personalise their rooms and decorate them as they wanted. One person told us, "Staff keep it spotless." Relatives told us they felt the home was clean and tidy and well-maintained. One relative told us, "The atmosphere is very open and friendly, I love it! It's homely." Another relative told us, "The home is very clean, I can't fault it. There is always a maintenance project on the go."
- The home manager told us, "The flooring is clinical. I want to address the plain white walls." The home manager also told us they planned to create a sensory room to meet people's sensory needs.

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

- People were supported to access healthcare and staff worked with organisations to ensure people received the support they needed.
- One relative told us, "All other professionals are available as necessary."
- People had support from a variety of professionals and this was documented in their care folders and acted on by staff.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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; Respecting and promoting people's privacy, dignity and independence

- Staff members showed warmth and respect when interacting with people.
- Staff supported people to maintain their dignity, promoted people's privacy and encouraged independence.
- One relative told us, "The staff are very caring. They know [person] well and always treat them with dignity and respect. Staff knock on the [bedroom] door and listen to me." Another relative told us, "Staff are very lovely; polite, speak nicely and are welcoming. Staff encourage [person's] independence." A further relative told us, "The staff are absolutely amazing and so caring."
- Staff explained they respected and treated people with dignity. One staff member told us, "We do all the personal care in the bedrooms and the bathrooms. We lock the bedroom door and make sure curtains are closed."

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

- People felt listened to and valued by staff.
- One relative told us, "I can put my views forward if necessary. Staff are very reactive." While another relative told us, "Staff listen to [person]."
- Staff supported people to maintain links with those who are important to them.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 had personalised care plans developed from their initial assessment of care needs, which included their preferences. However, some life histories were missing from care files which meant staff did not always know people's backgrounds to best engage with them. The home manager was receptive to our feedback and aimed to address this by reviewing this documentation and completing it with people and families.
- Relatives told us people were given choices and were supported in line with their own preferences. One relative told us, "[Person] gets choices not ritualistic care."
- Staff told us they supported people in a person-centred way. One member of care staff told us, "It's about focusing on the person and what they want. People are all different with different needs."

End of life care and support

- People had ReSPECT forms in their care folders. ReSPECT forms record a summary of a patient's wishes for emergency care and treatment.
- No one was receiving end of life care at the time of our inspection although training had been planned for staff. One staff member told us good end of life care was, "Just being there for them, making sure they are comfortable."

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 assessed and recorded in their communication plans.
- The service encouraged people to communicate with relatives and others, and where needed, communication was through video calls to maintain important networks.

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 participate in activities on a regular basis.
- A wellbeing advisor supported the service so all care staff could support people with activities on a daily basis.
- People were supported to maintain contact with relatives as well as engaging in activities that interest

them. One person told us, "I keep myself to myself. I like sewing and knitting."

- Relatives told us people were supported to participate in activities. One relative told us, "[Person] enjoys some activities like colouring, crafts and knitting. Staff do well with people - good involvement and trips out."

Improving care quality in response to complaints or concerns

- People and relatives told us they felt able to raise concerns with staff and they would be listened to.
- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Quality audits and checks to monitor quality and safety were not always effectively identifying issues. For example, care plan reviews had not been completed for all people in the service. This meant some people's care plans did not reflect their current needs when these had changed. Additionally, medicines audits were not always effective. For example, 1 person had not received their medicine from the pharmacy as this was not in stock. This was not recorded in the audit meaning records were not accurate.
- Actions had not always been taken to address concerns. For example, where there were fluctuations in people's weight, monitoring had not taken place and referrals had not always been made to appropriate professionals in a timely manner.
- Specific risk assessments were not always in place. For example, diabetes risk assessments. Staff in the service knew people well and understood their needs. However, there was a risk of signs or symptoms not being identified swiftly if new or unfamiliar staff were to provide support.

Governance systems were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2002 (Regulated Activities) Regulations 2014.

- Managers and staff understood their roles, and were clear about quality performance, risks and regulatory requirements. The home manager was receptive to feedback and started addressing concerns identified during the inspection and after.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, relatives and staff felt positive about the management of the home and the new home manager. One relative told us the home manager was, "friendly and approachable."
- Staff felt able to raise concerns with managers without fear of what might happen as a result. One staff member told us, "[The home manager] is very approachable. There is an open-door policy."
- Staff told us they had regular meetings and daily handovers to make sure they were kept up to date with people's needs.
- Staff encouraged people to be involved in the development of the service. A relatives' meeting to introduce the new management was recently held. We saw minutes from this meeting and how relatives'

input was gained.

- Staff worked with other organisations and information was recorded in people's folders. Records viewed showed various professionals involved in supporting people who lived in the home and staff told us how they followed other professionals' recommendations.

Continuous learning and improving care

- The service had an action plan in place, which they added to when areas for improvement were identified.
- The home manager was seeking additional support for staff around diabetes to support staff understanding around this condition.
- The home manager was addressing actions identified from the local authority's inspection, an external IPC inspection and our inspection.

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 home manager understood their responsibility around duty of candour. They told us, "It's being open and honest, transparent with everything we do. Apologising for things that may have happened and taking responsibility and learning from what has happened."

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 12 HSCA RA Regulations 2014 Safe care and treatment  Care plans and risk assessments were not always in place or updated to guide staff on how to manage risks to people, and systems had failed to identify this.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Governance systems were not effective in supporting good governance.