

HC-One Limited

Kings Park Nursing Home

Inspection report

Kings Road
Hurst Cross
Ashton Under Lyne
Lancashire
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Kings Park Nursing Home is a care home providing personal and nursing care to 25 people aged 65 and over at the time of the inspection. The service is currently registered to support up to 40 people. Accommodation is provided over two floors and all the bedrooms are single occupancy. There are communal lounges and dining areas, bathrooms and an accessible garden.

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

People looked well cared for. Relatives spoke positively about the service and staff and felt their family members were well cared for. Risks were assessed and reviewed and checks and maintenance of equipment was being completed. Safer recruitment processes were being followed and generally there were enough staff to meet the needs of people. Medicines were being safely stored and managed. The home was clean and tidy, and a programme for redecoration was in place.

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.

Systems for oversight were in place and the registered manager and management team completed a wide variety of checks and audits to ensure the home was safe and drive improvements. Staff and relatives felt able to raise concerns and were confident that any issues would be addressed. Meetings were held to ensure staff and relatives were kept up to date on changes in the home. Staff and relatives told us communication worked well.

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

Rating at last inspection

The last rating for this service was requires improvement (published 20 August 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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of

this inspection.

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Kings 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 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

This inspection was completed by two inspectors and a nurse specialist advisor.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

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 worked with the service. We sought feedback from Healthwatch which is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 observed how people were being supported during the day and walked around the service to ensure it was clean and a safe place for people to live. We spoke with two relatives to gain their views on how their family members were supported at Kings Park during our site visit and obtained further feedback from families via the CQC electronic 'give feedback on care' form. We spoke with 12 members of staff including the registered manager, care workers, auxiliary workers and the area manager. We reviewed a range of records. This included five people's care records and a variety of records relating to the management of the service, including policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People generally looked well cared for. We saw pleasant interactions between people and staff and staff understood how to keep people safe and meet individual's needs.
- Relatives told us their family members were well cared for. One relative said, "My [family member] is safe here and really well looked after." Another relative told us, "[Family member] is being looked after very well. I feel confident with all the staff and it has been a relief to know they are safe and well looked after."

Assessing risk, safety monitoring and management

- Risks were fully assessed. There were individual risk assessments regarding specific needs and risks as well as a variety of environmental and generic risk assessments. This guided staff on action to take to reduce risk for themselves and others as much as possible. These were reviewed and amended when needed.
- There were checks of the environment and equipment and these were serviced and maintained as needed. Systems for reporting concerns to the maintenance team were in place. There was a plan of changes to the environment including redecoration to make the service more appropriate and homely for the people living there. This will be reviewed at our next inspection.
- People had personal evacuation plans in place. This guided staff on how to support the person in case of an emergency. There were regular checks of emergency equipment and fire drills and staff completed practical fire training.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- Staff were being recruited using safer recruitment processes which included checks of character, previous employment and with the Disclosure and Barring Service (DBS). 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 feedback from relatives and staff about staffing levels. We found that staff were generally busy and there were times of the day, such as mealtimes where people may have to wait for support. However, call bells were responded to quickly and one family member told us, "There has never been a time when I've thought my family member has not been looked after and they have never had to wait for assistance."

Using medicines safely

- Medicines were being securely stored and records of administration maintained by staff who were trained and had been assessed as competent to do this task.
- People's administration records were generally detailed and clear. Staff had guidance on how and when to support people who needed 'as required' medicines such as medicines prescribed to manage pain or distress. However, people who were supported to take their medicine covertly, hidden in food and drink, did not always have the necessary level of detail and pharmacological input in the records. The registered manager was working with local services and the clinical commissioning groups (CCG) to access the appropriate advice. We will review the progress on this at our next inspection.

Preventing and controlling infection

At the last inspection we made a recommendation the provider consider current guidance and review the layout of the laundry area to ensure the risk of infection is minimised. At this inspection the provider had considered options, but this was structurally difficult and continued to be under review. We will further review this at our next inspection.

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

The service was supporting relatives to visit their family members living at the home in line with the current government guidelines and the provider's policies.

Learning lessons when things go wrong

- Systems were in place to enable lessons to be learnt when things went wrong. The service used root cause analysis to investigate and analyse incidents to enable staff to understand what and how things went wrong and take steps to prevent reoccurrence.
- The systems use by the service highlighted areas of risk within the home. This allowed the registered manager and management team oversight of areas such as weight loss and falls so that quick action could be taken where needed. The provider had systems to share learning across the provider's homes in the local area.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

- The provider and registered manager were committed to driving improvement. The service was in a period of transformation and was working with experts in the field to develop and embed good practice and learning.
- Relatives told us staff were very caring and understood how to meet the needs of their family member. One relative told us, "Communication, that is great. I cannot praise them enough. They put the residents needs above everything else." Another relative told us, "Staff always try to encourage [family member]. I know it can take a long time, so I know they have incredible patience. The staff are exceptional. The made a fuss of [family member] on mother's day."

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

- Relatives were positive about the home and felt confident if they had any concerns these would be quickly addressed. One relative said, "I've never had to raise any concerns, but I feel that I could and that it would get sorted out. All the staff are friendly and helpful."
- Accidents and incidents were recorded and investigated as needed. Records showed families were kept informed and relatives we spoke with confirmed communication worked well. The service had not received any complaints recently, but relatives felt that any concerns they might have would be addressed quickly. The registered manager understood the requirements of duty of candour.

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

- The registered manager understood the regulatory requirements. We found a couple of incidents for which statutory notifications had not been submitted to CQC. We discussed this with the registered manager, and this was immediately addressed. We will review processes for oversight at our next inspection.
- Staff, and relatives spoke positively about the registered manager. One relative told us, "The management team are very approachable. The registered manager is never too busy to talk to me." A staff member told us, "The managers are 100% approachable and fair."

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

- The registered manager held meetings with families via the internet. These were used to update families on changes and provide opportunities for them to ask questions, raise concerns and make suggestions.
- Staff had regular meetings to discuss the service. Staff told us they felt able to raise concerns and share ideas within these meetings. One staff member told us, "We get lots of updates. I think we all work well as a team. The registered manager is a good listener."

Working in partnership with others

- The service worked closely with other health care professionals to meet people's needs. Referrals were made to specialist services as needed, such as speech and language therapy. Any difficulties were escalated when required to ensure that people received the right support, for example regarding the management of covert medicines.