

Hall Park Healthcare Limited

Hall Park Care Home

Inspection report

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Date of inspection visit:
03 August 2021

Date of publication:
20 September 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Hall Park is a care home providing personal care for up to 62 people. There were 32 people living at the home at the time of our inspection. 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.

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

Staffing levels were not adequate to effectively support people. People were not always kept safe due to the lack of suitably trained staff.

Risks were not always managed and monitored. Risk assessments were in place but there were not enough staff to mitigate risk.

Management and leadership were not consistent. Changes in management were frequent and people lacked confidence in management.

People and their relatives were not engaged with in a meaningful way. There was no consistency in managers approach to people.

Management were not always open and honest with people and their relatives which had led to a lack of confidence in approaching management.

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

Medicines were managed and monitored well. Records were clear and staff had been trained and assessed in giving medication to people.

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 1 February 2019)

Why we inspected

We received concerns in relation to the management of falls. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

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

We have identified breaches in relation to safe care and treatment, good governance and staffing levels 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 for 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 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 was not always Safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service well-led?

The Service was not always Well-Led.

Details are in our Well-Led findings below.

Requires Improvement ●

Hall 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 Care Act 2014.

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 carried out by two inspectors.

Service and service type

Hall Park is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had employed a new manager who was in the process of being registered with the Care Quality Commission. This means that the provider is 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 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 with key information about their service, what they do well, and improvements they plan to make. This

information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and five relatives about their experience of the care provided. We spoke with eight members of staff including the operational manager, care manager, cook, domestic and support workers.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at four 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 reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, rota's and quality assurance records. We spoke with professionals who regularly visit the service.

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 now deteriorated to 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.

Staffing and recruitment

- Staffing levels were not adequate to effectively support people.
- Staff told us there were not enough staff, and this posed a risk to people using the service. One staff member told us "It takes two staff to turn and two to hoist and there just aren't enough of us to do it, there are only three of us and people tend to wander."
- We observed people having lunch and saw there were not enough staff to support those who required it. We saw that people were struggling to cut up food and the staff available were too busy serving to be able to assist.
- Staff told us they didn't feel supported and there were no effective one to one supervision with a manager and no staff meetings. Staff were expected to engage in training in their own time.

Having insufficient staffing levels to keep people safe was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We looked at staff files and saw that the manager undertook pre-employment checks to help ensure prospective staff were suitable to care for people. Additional evidence from the provider confirmed this. The provider ensured staff were of good character and were fit to carry out their work.

Preventing and controlling infection

- Infection prevention and control was not always effective. We found areas of the home which were not clean and had not been cleaned for some time.
- In the kitchen people were required to wear a white overall and hat. These were available at the door to the kitchen, but we were unable to find any which had been laundered. All the available items were soiled.
- There was no personal protective equipment (PPE) available in areas of the home where staff would be required to change. This included bathrooms and toilets. Staff told us that aprons, masks and gloves were stored in the sluice room. This posed a risk of cross contamination. We discussed this with the operations manager who then moved the PPE into a store cupboard.

The lack of cleanliness and readily available PPE for staff to access was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- We were somewhat assured that the provider was supporting staff to use PPE effectively and safely.

- We were somewhat 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 accessing testing for people using the service and staff.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Systems and processes to safeguard people from the risk of abuse

- People were not always kept safe from abuse and avoidable harm.
- Staff told us there were not enough of them to keep people safe. One staff member told us "Before [name] took over the rule was to have a member of staff on the floor at all times, now there isn't enough to do that in order to make sure people are safe."
- People and their relatives felt the service was safe. It was difficult for some relatives to comment on aspects of the service's safety, due to restricted visiting during the Covid-19 pandemic.
- Staff understood how to recognise, and report concerns or abuse. Staff received training in safeguarding and felt confident to raise concerns.

Assessing risk, safety monitoring and management

- Risks were not always monitored and managed. Staff were unable to be responsive to people's needs, putting people at risk.
- Personalised risk assessments were in place to support staff to protect people from harm. They balanced protecting people with supporting them to maintain their independence.
- Staff demonstrated a good understanding of people's individual needs and what activities they wanted to be involved in. Staff also showed they understood the actions they needed to take to keep people safe. However, there were not enough staff to mitigate risks to people.

Using medicines safely

- Medicines were managed safely.
- Protocols for the administration of 'as required' medicines were detailed and explained when the person would need to be given the medicine.
- Medicines administration records had been fully completed. They gave details of the medicines people had taken and this was regularly monitored by an internal audit system.

Learning lessons when things go wrong

- Accidents and incidents were reviewed and monitored to identify trends and to prevent reoccurrences. We saw documentation to support this, but it was not always clear that action was taken to minimise the risk of future accidents.
- Incident forms identified action taken and where other professionals had been involved. For example, advice from a GP to refer to the falls team or observations put in place.
- The operations manager was open to suggestions for improvements and was proactive in making changes during the inspection.

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 now deteriorated 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; Continuous learning and improving care

- There was no registered manager employed at the service. At the time of our inspection we had not received an application to register a manager for this service.
- There was a lack of effective leadership to support the staff and have oversight of all aspects of the service. Staff told us they didn't feel supported, they rarely received supervision and didn't have meetings. The issues we found with insufficient staffing levels had not been identified or addressed.
- One relative described the senior leaders put in to manage the home as a "Merry go round of managers." This did not promote trust and confidence in the management of the home.
- The lack of management consistency led to a failure to identify emerging risk. There was no effective monitoring process to identify emerging themes and trends. There was no oversight to drive continuous improvement.

The lack of effective leadership and management is 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

- Management did not promote a positive culture. Staff morale was low, and staff told us they didn't feel valued.
- The culture of the home did not consistently promote good care outcomes for people. We shared feedback about our observations of people waiting for care and support with eating and drinking. This did not promote a culture of person-centred care.
- One relative told us "Communication with relatives is poor." They told us that they felt that management were not open or honest with them.

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 provider has not always acted on the duty of candour.
- The service has had different interim managers and relatives told us that concerns had not always been investigated by management. One relative told us that an incident had not been investigated and they had

not received an apology.

We have recommended that the manager look into this and carry out an investigation on all incidents, accidents and complaints and provide an outcome and an apology where appropriate.

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

- People using the service, staff and relatives were not always engaged with.
- Relatives told us there was little consistency in them being consulted which caused concerns regarding the care and support being provided by the service.
- People were not always provided with high quality, person centred care. We did not see people being engaged with in a meaningful way, there were no activities taking place at the time of our visit.

Working in partnership with others

- We could see that people were receiving visits from professionals including GP's and district nurses when required.
- We could see in care planning where people had been referred to professionals when healthcare needs had changed.

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 The provider failed to ensure that infection prevention and control measure were fully implemented throughout the home. |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance The service did not have a registered manager and management oversight was not effective. |
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to ensure that there was enough trained staff to support the needs of people at the service. |