

Care Concern Regional LLP

Haling Park Care Home

Inspection report

46
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South Croydon
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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

Haling Park Care Home provides residential, nursing and dementia care and accommodation for up to 62 older people. It also offers respite care. At the time of our inspection there were 59 people living at the service. The home is spread over three floors and is situated within a quiet residential area of South Croydon.

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

The management, leadership and staff team were committed to continuous development to ensure people received high quality care that gave them positive experiences and outcomes. Staff focused on what was important for the individual and worked with other agencies to enhance people's quality of life. This included focusing on people who had dementia, where they were with their dementia journey and finding meaningful experiences that people could engage with. Staff were working with Age UK, through the care connectors initiative, to reduce the risk of people feeling isolated.

The home had been recognised for the high quality care they provide through achieving the top 20 care home of the year in 2021 and 2022 on carehome.co.uk, the provider's care home of the year 2022, and the registered manager achieved the provider's England Care Home manager of the year 2022.

There were sufficient staff at the service and staff worked well together to support each other and provide consistency in care delivery. Staff reflected as a group on any incidents that occurred so they could improve practices and outcomes for people. Feedback from people and visitors was welcomed and encouraged. The provider had introduced a 'you said, we did' board so people could see how their suggestions were used and implemented at the service.

Staff were knowledgeable of the people they cared for. This included knowing the people and what they were interested in, as well as knowing their needs and how to keep them safe. People received safe care and support which met their needs. The service used a Red, Amber, Green (RAG) rating system to prioritise outcomes for people and highlight higher risks to people's welfare. They were supported with their medicines and to receive further medical attention when required. Regular pain assessments were undertaken to support people to live pain free.

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. People were supported to live free from abuse or discrimination. Staff celebrated people's differences and ensured their culture, heritage and religion was respected.

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

Rating at last inspection and update

The last rating for this service was good (published 3 February 2020).

Why we inspected

We received concerns in relation to the environment and staffing levels. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We found no evidence during this inspection that people were at risk of harm from this concern.

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 remained good based on the findings of this inspection.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Haling 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

This inspection was carried out by two inspectors.

Service and service type

Haling 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. Haling Park Care 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 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 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 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 5 people and 10 staff, including the registered manager, the regional director, the deputy manager, nurses, care workers, domestic staff and the chef. We reviewed 6 people's care records and records relating to staffing and the management of the service. We undertook general observations and observed the daily staff meeting.

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. 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 kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- In response to anonymous concerns received, the management team met with staff to remind them of whistleblowing and safeguarding procedures so that any concerns could be raised and investigated in order to keep people safe and protect their welfare.
- Staff ensured people were free from discrimination and people's culture, heritage and religion were respected. Staff celebrated religious festivals and key events, including an event for Black history month.

Assessing risk, safety monitoring and management

- People received support to stay safe.
- Staff assessed risks to people's welfare and followed management plans to help mitigate those risks. This included the use of equipment to minimise the risk of falls and pressure ulcer development. Assessments also included any risks associated with people's medical conditions, for example in relation to diabetes care.
- We observed staff supporting people in a kind and caring manner, whilst supporting them to manage their risks. For example, reminding them to drink and/or eat slowly to reduce the risk of choking.
- The service used a Red, Amber, Green (RAG) rating system to prioritise outcomes for people and highlight higher risks to people's welfare. This included prioritising the outcome for many people which was to live pain free. For other people their priority outcome was in relation to their behaviour and supporting them to communicate their feelings and minimise their feeling of frustration.
- Staff also supported people with any emotional needs. One person said, "I've had my wobbles, but the staff supported me through these." We observed staff taking their time talking with a person and reassuring them, ensuring they were happy and comfortable before they moved on to support someone else.
- Staff were knowledgeable of the risks to people's safety and these were discussed daily during the senior team meeting and individual floor care meetings.
- Staff were aware of the procedures to follow in a medical emergency to ensure people received prompt medical attention. Feedback from the ambulance service commented on the professionalism and knowledge of staff when supporting with medical emergencies. They said, "I would like to put on record our appreciation and thanks, as an ambulance crew, to [staff] and [staff] who assisted us with one of your residents. Both [staff] were incredibly helpful in helping us ascertain the patient's presenting complaint, the reason for our attendance, having all the information we required at their fingertips and for assisting us with transferring the patient ready for hospital conveyance."

- There were regular and up to date health and safety checks of the environment. There was regular servicing and maintenance of systems and equipment in the home to ensure a safe environment was provided.

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.
- Care and support plans clearly identified people's capacity to make decisions in relation to each care need, and any restrictions in place. For example, in relation to supporting a person's safety whilst mobilising. There were clear instructions to staff about when to use a lap belt on people's wheelchairs and when this was appropriate to ensure their safety.
- Any restrictions in place were assessed on an individual basis and the lowest restrictions used as possible. One person was very independent and safe to go out in the community on their own. They had a ground floor bedroom and their own door to the garden so they could access this freely.

Staffing and recruitment

- A dependency tool was used to support senior managers to work out staffing numbers required at the service. At the time of our inspection we saw the home was staffed at a higher level than that indicated as required by the dependency tool. The rationale given for the higher staffing level was due to the current risk at the service and the number of people at higher risk of falls and the required skill mix in the team. A person said, "I feel there's a good skill mix in the team. I've absolutely got no complaints." Another person told us, "I get on well with the staff and can have a joke with them. A night worker comes in and has a chat every day."
- On the whole staff reported there were sufficient numbers of staff to undertake their duties, provide people with the level of support they required without feeling rushed and have regular breaks. A staff member told us, "Yes, there are enough staff... Everything is going well." Another staff member said, "We take our time to support people with their needs and give them the level of support they need." We heard that at weekends and on one particular floor there were increased domestic duties that were causing a strain on the team. The registered manager told us that a new member of the housekeeping team was due to start in the week following the inspection.
- Safe recruitment practices were in place to ensure people were supported by suitable staff. This included obtaining more than one reference, checking people's eligibility to work in the UK and undertaking criminal records checks.

Using medicines safely

- People were supported by staff who followed systems and processes to administer, record and store medicines safely.
- People received their medicines as prescribed.
- Safe procedures were in place for administration of covert medicines (medicines to be given to people without them knowing), and medicines to be given when required, for example, pain relief. Pain

assessments were undertaken regularly to ensure people were not left in pain and pain relief was administered in a safe timely manner.

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 welcome to visit the service and we saw people visiting at the time our inspection. There was some confusion about where visits could take place and the registered manager told us they would ensure that all staff, people and visitors were clear that visits could take place anywhere at the service. However, if there was a large group visiting they requested that these visits take place in a person's bedroom or one in the visitor's lounge to minimise disruption to other people at the service.

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.
- When things went wrong, staff apologised and gave people honest information and suitable support.
- The staff team undertook reflective practice sessions following any trends in incidents to understand what could be done to reduce the incidents and prevent the pattern recurring. Staff told us about one person who had recurrent chest infections associated with their asthma. Staff worked with the GP to support the person to use a spacer with their inhaler which in turn stabilised their asthma.

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 remained 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

- Management were visible at the service, approachable and took a genuine interest in what people, staff, family and other professionals had to say. They put people at the heart of the service and went out of their way to engage people and enable them to spend time enjoying their interests. Manager spent time with people and engaging with them in conversation and activities. One person told us, "The management here is very good. [The registered manager] likes Liverpool and comes in quite often to have a long chat about football. And I love sport." We were also told that the registered manager had purchased BT sports package so two people who previously played sport to a high standard could enjoy watching sport together.
- Staff felt respected, supported and valued by senior staff. A staff member said, "Colleagues help each other. We are a team. If we need anything then we can talk with the managers and they understand everything. We always have good support and the deputy or manager is available." Another staff member told us, "You can't do everything yourself. You call on each other and ask them to help and they do." A third staff said, "[The registered manager] comes and listens and helps out. He checks on things and asks if there's anything they can do to help. He has dedicated time to assist me."

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

- People's feedback was central to the development of the service and people felt listened to. One person said, "I absolutely feel any concerns or suggestions would be taken on board." This included the development and delivery of activities at the service, and celebrations of important events and milestones in people's lives. The registered manager, with support from the relatives of one person, organised a video call for a person with their childhood friend living in the country where they were born. This was done on the big screen to help the person who had some visual impairment and dementia, and we were told the two of them enjoyed a call reminiscing about their childhood together.
- There were regular meetings with people and their relatives to obtain their views of the service. There was also completion of surveys to further engage with people and their relatives. At the front of the home there was a 'you said, we did' emphasising the importance of continuous feedback from people and their visitors, and how this was incorporated into service development.
- A monthly newsletter was produced which updated people, relatives, staff and visitors on activities and developments at the home.

Continuous learning and improving care

- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.
- The home had achieved a number of awards and recognitions in the last year showing sustained excellence. This included being in the top 20 care home of the year in 2021 and 2022 on carehome.co.uk and internally the provider awarded Haling Park Care Home as their care home of the year 2022, and the registered manager their England Care Home manager of the year 2022. The registered manager had become a role model for other managers within the provider group and supported them to develop their knowledge and skills.

Working in partnership with others

- The provider worked in partnership with other agencies including participation in the monthly care provider sessions held by the local authority and training sessions held by St Christopher's hospice.
- The home was also taking part in the Care Home Connectors initiative which is a partnership run by Age UK and the Asian Resource Centre in Croydon to help residents feel more connected, less isolated and more informed. They were currently supporting a person who wanted to feel more connected to his routes in Scotland.
- The registered manager worked with other agencies to explore innovative ways to support people, including those with dementia, to remember and experience the times of their lives they had most enjoyed. One of the people using the service used to play for Fulham football club. They have dementia but can still recall their time at the football club. The registered manager liaised with the football club and organised for him to go to matches and tour the stadium as a VIP guest.

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

- The registered manager had the skills, knowledge and experience to perform their role and a clear oversight of the service they managed.
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support. There was a regular programme of audits to review the quality of care provision. If any areas of improvement were identified these were addressed promptly. A member from the provider's senior management team came to undertake their own quality review every three months. There was also a regular review of key service information to identify any learning.
- In response to governance processes staff had implemented a mid-morning meeting on each floor to improve communication amongst staff.
- Senior staff understood and demonstrated compliance with regulatory and legislative requirements.

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 service apologised to people, and those important to them, when things went wrong
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.