Parkhouse Care Limited

Park House Nursing Home

Inspection report

Kinlet
Bewdley
Worcestershire
DY12 3BB
Tel: 01299 841265
Website:

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We carried out this inspection on 15 January 2015. The inspection was unannounced.

The provider is registered for accommodation and personal and nursing care for up to 40 people who may have a diagnosis of dementia. At the time of our inspection 36 people lived at the home.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who lived at the home and relatives told us they felt safe with the staff. Staff we spoke with understood how to protect people from harm and knew who to contact if they had any concerns about people's safety. We found there were sufficient staff available to meet people's needs and that safe recruitment practices were followed.

Summary of findings

We found improvements were needed in the way people received their medicines to make sure they were administered safely and as prescribed.

Staff told us their training was up to date and we saw this was reflected in their practice and the environment. All of the staff felt their training and supervision supported and enabled them to deliver care safely and to an appropriate standard.

People's capacity to make decisions had been assessed and, for those people who lacked capacity, decisions were made in their best interests. People received care and support to meet their needs in the least restrictive way. Where restrictions were in place to ensure people were safe and their needs were met this had been assessed by the local authority in accordance with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff monitored people's health and shared information effectively to make sure people received advice from doctors, dieticians and the community mental health team, according to their needs. People had meals they liked with support from staff to meet their nutritional needs.

People told us the staff were kind and caring. People's privacy and dignity was respected and they were supported to maintain their independence.

All the people we spoke with were satisfied staff cared for and supported them in the way they wanted. People's care plans described their needs and abilities and were relevant to the risks identified in their individual risk assessments. This included enabling people to have fun and interesting things to do.

People's complaints were responded to appropriately and action taken to drive through any improvements to the services people received as a result of complaints.

The provider had effective arrangements in place to support, guide and lead staff that enabled the quality of care and support people received was continually improved and consistent.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not consistently safe.

The administration of people's medicines was not always carried out to promote their safety and ensured people received their medicines as prescribed.

People felt safe with staff and staff knew how to protect people from harm. Risks to people's individual health and welfare were assessed. There were sufficient numbers of staff who were recruited safely and trained to meet the needs of people who lived at the home.

Is the service effective?

Good

The service was effective.

The provider made sure that everyone was supported to make independent decisions where able to. When people were unable to make specific decisions these were done in people's best interests. People received care and support in the least restrictive way to meet their needs.

People were supported to have enough suitable food and drink when and how they wanted it and staff supported people's nutritional needs.

People had access to health care professionals and staff were trained to meet their specific needs.

Is the service caring?

Good

The service was caring.

Staff knew people well and understood their likes, dislikes and preferred routines. Staff demonstrated kindness and compassion in the way they cared for and supported people.

People and their representatives were involved in agreeing how they would be cared for.

People were treated with dignity and respect when staff provided care and support.

Is the service responsive?

Good

The service was responsive.

People were confident that they received the care and support they needed which included enabling people to follow their own interests.

Staff knew when people's needs changed and shared information with other staff at daily handover meetings.

Summary of findings

The manager responded to people's complaints appropriately and took action to improve the service as a result of complaints.	
Is the service well-led? The service was well led. People felt the home was well run and the management team were approachable. The provider had ensured there were sufficient resources to support people consistently. The provider had an effective system to identify and manage risks to people's health and wellbeing.	**Good**

Park House Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 January 2015 and was unannounced. The inspection team consisted of two inspectors.

During our inspection we reviewed the information we held about the service and the provider. We looked at information about any concerns which had been raised with us, information from the local authority commissioners and the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

During our inspection we spoke with the provider, the business manager, three nurses and five care staff, which included night staff. We also spoke with the cook, the administrator and activities co-ordinator. The registered manager was not at work on the day of our inspection.

We spoke with two people who lived at the home, four relatives, a visiting health care professional and an independent mental health advocate. We observed care and support being delivered in communal areas. We observed how people were supported with their medicines and to eat and drink at lunch time.

Some of the people who lived at the home were not able to tell us, in detail, about how they were cared for and supported because of their complex needs. However, we used the short observational framework tool (SOFI) to help us to assess if people's needs were appropriately met and they experienced good standards of care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at four people's care plans and checked the records to see how they were cared for. We also looked at three staff files, records of meetings, complaints and compliments, accident and incident records. In addition to this we looked at management records of the checks the provider made to assure themselves people received a quality service.

Requires improvement

Is the service safe?

Our findings

People we spoke with told us they felt safe living at the home. One person told us, "Of course I feel safe here." All relatives spoken with were confident that their relation was safe and felt safe at the home. One relative told us there relation was, "100% safe here." Staff spoken with told us they had training in safeguarding adults from abuse and records confirmed this. They were able to describe different types of abuse and the signs to look for. Staff were able to tell us how they would respond to allegations or incidents of abuse. One staff member said if they witnessed people being abused they would, "Go straight to the nurse in charge or the manager" and "I could report it to social services."

The provider had identified risks to people's health and welfare when they assessed people's needs. In the care plans we looked at, we saw risks to people's personal hygiene, walking and nutrition had been identified. Care plans described the equipment needed and how staff should support people to reduce risks to their health and wellbeing. We observed staff assisted people to move from wheelchairs into more comfy chairs. This was completed safely and people were not rushed by the staff assisting them.

The provider showed us they acted upon any concerns which had been raised with them to assure themselves people received effective and safe care at all times. For example, the management team had made unannounced checks on night staff during the night prior to our inspection in response to concerns received. The provider ensured the Care Quality Commission had a copy of the outcome of their checks at night which confirmed people did receive the care they needed at night. This showed the provider understood their responsibilities to ensure people's needs were met and they were kept safe.

We looked at the system the provider had in place for recruiting new staff. We saw records that showed us the system was effective. All new staff had a Disclosure and Barring Service (DBS), references and records of employment history. These checks helped the provider make sure that suitable people were employed and people who lived at the home were not placed at risk through their recruitment practices.

All the relatives and staff we spoke with felt that there were enough staff to keep people safe and meet their needs. One relative told us, "Always seems to be enough staff. Staff don't seem to be rushing around and always staff available if someone is distressed to calm them or distract them by showing them things." We asked the provider about staffing levels. They told us the number of staff on duty depended upon people's needs which were considered from the day people came to live at the home and reviewed on an on-going basis. One staff member told us, "Nice and safe place here. [The provider's name] makes sure we have staff to cover shifts if staff are ill." We saw the provider's needs assessment was effective. We saw people received the support they needed whether they spent time in the communal areas or alone in their rooms. Call bells were responded to promptly and there were enough staff to engage one-to-one with people during the afternoon.

Most people were not able to tell us in detail whether they received their medicines when they needed them because of their complex needs. However, people did not express any concerns about the support they received to take their medicines. A relative told us there were no problems with their relations medicines and believed these met their health needs. They told us, "They (staff) are constantly looking at [my relative's] medicines and reviewing these."

The arrangements in place to ensure staff administered people's medicines in a safe way were not sufficiently robust so that people who lived at the home were adequately protected. Some people's medicines were carried in small pots to different parts of the home and staff did not always observe people had taken their medicines. For example, we observed a staff member place a person's medicines on their side table and did not observe that this had been taken before they left the person's room. When we looked at the person's care records it was noted the person would need some support with taking their medicines due to their mental health needs. There was also a risk of another person taking these medicines without realising they were putting themselves at risk. This was unsafe practice that did not ensure that people received the support needed with taking their medicines and potentially put other people at risk of taking the wrong medicines.

We discussed our observations with the staff member who had administered people's medicines and the provider. They confirmed the staff member should have made sure

Requires improvement

Is the service safe?

the person had taken their medicines. The staff member did not provide us with any reasons as to why they administered some people's medicines in this way. Although they did recognise the risks of people not receiving their correct medicines due to the practice of carrying people's medicines in small pots to different areas of the home .

The provider and staff member assured us these practices would be stopped immediately. Later in the day we observed another medicine round where the medicine trolley was used. We also saw people's medicines were given individually and staff observed each person take their medicines before moving on with the rest of their round.

Medicine records we looked at indicated people were receiving their medicines as prescribed. Staff completed a weekly audit count of medicines so that any errors could be identified without delay and rectified. The provider told us that all staff who administered medicines had been trained to do so. This was confirmed by staff we spoke with. This meant that systems were in place to help make sure medicines were managed safely.

Good

Is the service effective?

Our findings

All people and relatives we spoke with were happy with the care and support from staff. One person told us, "Staff are okay". A relative told us they were happy with the care their relation received. They told us, "The staff are trained and you can see that in the standards of care [my relative] receives." Another relative described how their relations health had improved due to the care they received from staff and confirmed to us, "I know for certain staff are trained as it shows."

All staff followed an induction programme when they started work at the home. Staff told us they shadowed experienced staff until they were confident and got to know people's preferences. One staff member told us, "I love it here. If I need support from other staff they come running. Another staff member said, "I felt ready at the end of my induction." This showed staff were positive about their induction and it was effective. All staff we spoke with told us they felt supported by the provider and manager in order to understand and carry out their roles and responsibilities.

We saw some staff supported people to move and walk at different times of the day. Staff spoken with told us they had received training in how to support people to walk and move in a safe way. We observed staff used their knowledge in practice in a supportive way using nationally recognised techniques they told us they had been taught. Staff training records confirmed staff had received moving and handling training with refresher courses when needed. This showed staff had the training to enable them to use appropriate techniques and equipment when required to support people's physical health needs. We also saw staff had more specialist training to meet people's individual needs, such as, dysphasia. Staff spoken with told us they particularly valued this training in helping them to support people who had difficulties in always communicating their needs.

We observed examples where staff supported people to make their own decisions about how they received their care and support where they were able to. For example, one person did not want their lunch meal and wanted something different. Staff went through some choices with the person who made the decision about what meal they would like. The Mental Capacity Act 2005 sets out what must be done to make sure that the human rights of people who do not have the mental capacity to make decisions are protected. We saw where people were unable to make specific decisions due to their mental capacity, consultations took place with their representatives and professionals involved in their care. This promoted people's best interests in line with the Mental Capacity Act 2005 (MCA). When we asked staff what they knew about best interest decisions, a staff member said, "We always make sure decisions are made in people's best interests and sometimes a meeting is needed." We saw staff had received training in the Mental Capacity Act 2005 (MCA) and refresher courses had also been planned. This showed there was evidence to demonstrate the provider had suitable arrangements so that people's consent to their care and support was promoted.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards which applies to care homes. The provider had applied for a DoLS for one person who lived at the home and the funding local authority had authorised this. The provider was also considering doing another DoLS for another person. During our inspection we saw staff supported people in the least restrictive way. For example, one person who could not always assist themselves when they expressed certain behaviour was supported by staff actions to reduce risks to their welfare. This support reduced risks to the person's wellbeing in the best way for the person which did not restrict their choices or freedom of movement. Relevant staff had been trained to understand when a DoLS application should be made and would discuss this with the provider and management team.

We observed lunchtime and saw people had a choice about the food they ate. We saw a menu which offered choices of different meals. We asked people what happened if they did not want anything from the menu. They told us staff would accommodate their choices and make them something up. For example one person did not want what was on the menu and we saw staff made something else which they liked. One person told us, "The food is very good really."

People also had access to snacks, fruit and drinks outside of the set mealtimes. A relative told us their relation was sometimes reluctant to eat but with staff encouragement they were now eating their meals with fruit always available for them. The cook told us they catered for people with special diets, for example people who had diabetes or

Good

Is the service effective?

where people needed extra nourishment they would make smoothies for people to drink. We saw people drank smoothies at different times during the day. The care records showed that where required fluid and nutrition charts were completed. People who lived at the home, staff and relatives all told us that they felt people ate and drank well and that there were no concerns.

Relatives spoken with told us staff contacted them if their relation's care needs changed or if they were unwell.

Records showed staff monitored people's health needs and referred them to other health care professionals, such as doctors and the community mental health team. We received some feedback from a health professional who confirmed to us the care staff provided to people with complex psychological and behavioural needs was excellent. This showed people were supported to maintain their health and they received on-going health care.

Good

Is the service caring?

Our findings

People told us staff were kind and they liked them. We observed positive interactions between people who lived at the home and staff. We saw staff provided thoughtful care and support to people because they recognised the importance of caring. For example, a staff member described to us how they sat with a person to watch the person's favourite television programme in their room. We saw how the staff member chatted with this person and how they responded positively towards them using their facial expressions. This staff member showed they understood people's risks of social isolation because of being cared for in their bed.

We saw staff knew the people they provided care to and made sure people were at the heart of all the care they received. For example, one person expressed some anxiety we saw staff understood the cause of their anxiety. Staff spoke comfortingly and involved the person in conversation and action, which relieved the person's anxiety. One staff member told us, "It is nice for people to have someone to hold their hand." We saw examples where this happened during our inspection. A relative told us, "They (staff) are all caring from the cleaning staff to the boss [provider]." Another relative said, "It is important to me that [my relative] is treated like an individual. They (staff) all know [my relative]." This was also confirmed to us by a health professional as they said the staff provided care that was centred around the person and which they felt was important to people.

We saw staff spoke kindly with people and took time to listen to what people were saying to them. They knew and used people's preferred names. We saw where people made their choices known to staff these were listened to and people were given time to respond. Staff we spoke with told us they enjoyed supporting the people living there and were able to share a lot of information about people's needs, preferences and personal circumstances. One relative told us staff knew their relation and that they liked to go to bed in the afternoons and this was respected. This showed that staff had developed positive caring relationships with people who lived at the home.

We saw arrangements were in place for people to be befriended and supported to be involved in their care. For example, an independent mental capacity advocate (IMCA) had been arranged for one person so that they had an independent person to speak on their behalf. An advocate is an independent person who is appointed to support a person to make and communicate their decisions. The IMCA told us the provider and staff made sure recommendations were actioned.

We saw that people who remained in bed were dressed in clean clothing which was loose so that people were as comfortable as they could be. We observed staff knocked on people's doors and before they entered when they checked whether people needed anything. We noticed staff understood the importance of small details, such as, helping a person with the style of their hair which required more than combing. We also saw people were provided with suitable equipment in order to maintain their dignity. For example, walking aids, crockery and cutlery which enabled people to be as independent as possible. These practices meant people were treated with dignity and their independence was promoted as much as possible.

Good

Is the service responsive?

Our findings

One person we spoke with told us, "They (staff) always help me when I need it. They (staff) are going to help me to have a bath." All relatives spoken with told us their relations received the right care and support according to their needs. A relative described to us how staff had resolved some issues with their relative's new chair so that they were able to sit at the right height which was comfortable for them. This meant staff were responsive in working out solutions so that people's needs were met in the best possible way for them.

The care plans we looked at described people's needs and abilities and how staff should support people. We saw that the action staff took to support one person matched the care plan. For example, a staff member supported one person with their lunchtime meal which was in line with meeting their needs as written down in their care plan. We also saw staff were aware of people's individual needs and checked they had the equipment they needed, such as a pressure cushions for people to sit on where required to meet their needs.

Staff showed they understood how to engage people with dementia effectively on a one to one basis. We saw examples of staff supporting people with things which they cherished. For example, one person liked to hold an item that was important to them and staff encouraged this. A relative told us they had observed staff with their relation and how they tried to make sure they were supported to eat when they had forgotten to do this. This showed staff training in dementia awareness was helping people to improve the quality of their everyday living experiences.

We saw examples where people's care needs had changed and care plans reflected these changes so that staff had up to date information available to them. We also saw staff kept daily records of the care they delivered and how people responded to care so they could monitor if their needs changed. Staff told us they knew when people's needs changed because they regularly supported them and attended handover. We observed a staff handover and saw staff were given up to date information about each person's needs and their wellbeing on the day to enable staff to respond to these in the right way and at the right time. We found examples where these arrangements for assessing, planning and reviewing people's care needs had been successful. For example, we saw a person's needs had been reviewed by an external health professional. They had complimented staff responses to the person's mental health needs which had led to improvements in their mental health.

We saw arrangements were in place for people to do fun and interesting things. We saw a staff member was dedicated to organise activities and these were displayed so that people could plan their day. We saw people could choose what they did during the day, such as, having their nails manicured and hands massaged, music to movement to encourage exercise and going for walks. A staff member told us people particularly liked the yoga sessions where lots of laughter was experienced by all who joined in which included people who lived at the home, relatives and staff. During the day we observed staff spent time with people on an individual basis where they sat and talked with people. For example, one person enjoyed cricket and staff talked with them about the game. People were also supported to keep up with what was happening in their local community and one of the ways was through a community newsletter which people could choose to read as they wished.

We saw and heard from people they were supported to follow their religious beliefs. For example, a relative told us people can choose to receive Holy Communion from the priest.

People were encouraged to maintain relationships that were important to them. We saw visitors during the day and relatives spoken with told us family and friends could visit at any time and we saw visitors at the time of our inspection. We observed staff were friendly and welcoming to visitors to the home.

All the people we spoke with told us they knew how to raise concerns with the provider but had not felt the need to. All relatives spoken with told us they knew who to speak with if they had any complaints. One relative told us, "I don't have any and staff would help me if I did." Another relative told us the provider was accessible and they felt happy to raise things with them if they needed to. The provider told us any complaints regarding people's care, concerns and complaints were welcomed and would be addressed to ensure improvements where necessary. We saw the complaints records showed where complaints had been received, investigated and action taken. People could therefore feel confident that they would be listened to and supported to resolve any concerns.

Good

Is the service well-led?

Our findings

At the time of our inspection the registered manager was away from work. However, we observed and heard consistently during the day that the provider played an active part in the running of the services people received. Feedback from all the people, relatives and staff we spoke with consistently highlighted their satisfaction at the provider's active involvement and proactive approach in taking action when suggestions about improvements were made. A relative told us, "Seems to be well run."

The provider had developed opportunities to enable people who lived at the home and their relatives to express their views. We saw surveys that had been completed were displayed in the home. These showed everyone was encouraged to share their views and these were acted upon. Some examples where the provider had taken action was to improve the standard of the meals and the home environment. A relative we spoke with told us the meals had recently improved.

The provider and the management team told us they saw and talked with people every day so they could hear what people thought about the care they received first hand. People we spoke with were happy with this approach. People who lived at the home and relatives spoken with told us they were happy with their care. A relative told us they felt involved because, "The management is accessible." They did not have any suggestions for improvements. This showed the providers arrangements of consulting with people about the quality of the service were effective for people who lived at the home and their relatives.

Staff were all positive about the support they received from the provider and the management team and told us they were confident to question and report poor practice. Staff were aware of the whistle blower procedures and told us they would be encouraged to speak up about poor staff performance which could impact upon the standards of care people received.

Staff told us that they attended regular staff meetings and were given the opportunity to contribute to the development of the service. All staff spoken with told us the provider and manager were approachable. One staff member told us, "[The provider's name] is very supportive and is quick to act when she needs to." Another staff member told us," The management team always listen to us and we get feedback which helps us to improve."

The services people received were consistently well led. Arrangements were in place to assess the quality of the service and these had been effective in identifying risks which related to the health, welfare and safety of people. This included the monitoring of accidents, incidents and falls for each individual person. Appropriate advice and support was obtained from other health professionals and actions were identified for staff to take to reduce risks to each person.

The provider understood their responsibilities for reporting any concerns to the appropriate external agencies and was responsive to any concerns raised. For example, recently the provider had taken action in response to concerns raised to assure themselves people received the appropriate care. This showed the provider was open to learning from concerns and complaints to improve practices where required so that people's health and wellbeing was not placed at risk.

The provider had a system of internal auditing of the quality of the service provided. Records showed that quality audit visits were carried out on a regular basis to monitor, check and review the services people received. These helped to promote the delivery of good standards of care and support. The provider told us about some of the improvements they had planned. These included improvements to the home environment to meet the needs of people with dementia and make it a more comfortable place to live which included the décor, furnishings and signage. They told us they prioritised the improvements needed so that the aspects of service delivery which had the most impact upon people were completed in the first instance. This showed there was a commitment to defining the quality of the services from the perceptions of the people who lived at the home.