

Maples Community Care Limited

The Park House

Inspection report

The Dower House
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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

The Park House is a care home providing accommodation, personal and nursing care to up to 12 people. At the time of our inspection 6 people were living at the service. The service provides rehabilitation for men with mental health needs to support and develop their wellbeing and independence within the community.

The Park House is in a large, converted property in a rural location with extensive grounds. Accommodation includes large communal spaces and facilities such as gym, kitchen, IT suite and music studio. Bedrooms are en-suite and located on the ground and first floors of the property.

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

We received positive feedback from people and their relatives about the service, staff and management team. Professionals were also complimentary about the service.

People we spoke with told us they felt safe living at the service. They were kept safe from avoidable harm because staff knew them well and understood how to protect people 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.

Staff completed risk assessments and involved people in these where possible. Risk assessments were clear and up to date and provided guidance for staff to help people take managed risks and enjoy their lives safely. Staff knew people well, which meant they recognised changes and were able to act to manage or reduce risks.

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.

There were enough competent staff to support people and meet their needs, with regular bank and agency staff providing continuity of care when necessary. A multi-disciplinary team enhanced the support people received. All staff received training and induction to ensure they had the skills and knowledge necessary to support people safely and in line with best practice. Staff were safely recruited.

People received support from staff to take medicines safely. Medicines records were completed, and audits were carried out regularly to check practice and ensure standards were maintained.

Staff managed the safety of the living environment and equipment in it through regular checks. Effective infection prevention and control measures were in place and the building appeared clean and hygienic.

The provider worked hard to instil a culture of care in which staff valued and promoted people's individuality, protected their rights and supported them to progress. The management team were visible and had the skills, knowledge and experience required to lead the service.

Governance processes were robust, and the quality and safety of the service was closely monitored. Systems helped identify shortfalls and areas for improvement. Audits were carried out regularly to ensure people received a safe and well run service. Information was reviewed by the management team and used to learn and make changes to develop and improve the service. The provider invested in the service to deliver improvements and achieve effective outcomes.

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 23 September 2021).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

The Park House

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 one inspector.

Service and service type

The Park House 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. The Park House 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 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 reviewed information we had received about the service since the last inspection. This included CQC notifications. These describe events that happen in the service that the provider is legally required to tell us about.

We used all this information to plan our inspection.

During the inspection

We spoke with 2 people who lived at the service and 2 relatives. We spoke with 7 staff, including members of the management team and the nominated individual, as well as staff at all levels. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also received feedback from 3 professionals who had contact with the service.

The views of everyone we spoke with have been incorporated into this report.

We viewed a range of records and documents. This included 3 people's care plans and a selection of medicines records. We looked at 3 staff files in relation to recruitment and checked records of training and staff supervision. We looked at a variety of records relating to the management of the service. This included policies and procedures, quality assurance and health and safety documents. We considered this information to help us to make a judgement about 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 our last inspection we rated this key question good. At this inspection the rating 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 we spoke with told us they felt safe living at the service. One person said, "I'm fine here. If I had any problems, I'd just speak to staff. They'd help me."
- Systems and procedures were in place to keep people safe and manage any potential safeguarding concerns.
- Staff received training and were confident about the steps they would take to protect people from abuse or avoidable harm. They felt able to raise concerns with the management team and were confident actions would be taken when needed. One staff member told us, "It's important to act. I would do that if I had any concerns about the safety of service users."
- Staff told us some people who lived at The Park House faced complex emotional and practical issues. They felt the multi-disciplinary team took a person-centred approach to support people and keep them safe.
- Previous concerns had been referred to the local authority and investigated as necessary. The management team also communicated effectively with the Care Quality Commission to provide assurance and additional information about how they managed risk.

Assessing risk, safety monitoring and management

- People and their relatives told us they felt staff supported them to stay safe. One person said, "The staff are helpful. They're nice. We're all safe here."
- Staff completed risk assessments with each person before they came to the service. These were monitored on a day-to-day basis and formally reviewed regularly. Assessed risks included accessing the community, medicine management and self-harm. People were involved in making decisions about risks and safety where possible.
- Guidance was included in risk assessments to support staff to help people to take managed risks and enjoy their lives safely. One staff member told us people were supported to, "Upskill and de-risk" to help them safely move on.
- Staff knew people well, which meant they were able to act to manage or reduce risks. During our inspection, we observed staff sensitively discussing how best to safely support a person. This included considering the most effective ways of supporting them to re-engage and restore their usual routines and behaviours.
- Regular checks and monitoring were in place to ensure environmental risks were assessed and safety maintained. Records showed the buildings and equipment were monitored and servicing and repairs took place. Systems were in place to ensure people were protected from the risk of fire.

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

- Staff received training and were working within the principles of the MCA.
- At the time of our inspection, no-one was deprived of their liberty under the principles of the MCA.
- Staff had a good understanding of individual needs and risks and worked with people to keep them safe whilst protecting their dignity and rights. We saw staff supporting people to make their own decisions and choices.
- Staff understood restrictions or conditions for individuals, and worked with other professionals to ensure these were in the person's best interests and when there was no less restrictive option available.

Staffing and recruitment

- There were enough staff to support people and meet their needs, although it was acknowledged more permanent staff would improve consistency and the service overall. There was a rolling programme of recruitment and the provider had recently changed working patterns to reflect some staff's preference for working regular day/night shifts.
- Regular bank and agency staff provided continuity of care when necessary, and agency staff were appropriately trained and inducted to the service.
- People and relatives told us there were enough staff to meet individual needs. One person said, "There's always staff around. There's been a few changes recently, but I usually know them."
- A multi-disciplinary team enhanced the support people received and improved outcomes. The team included an occupational therapist and psychologist.
- The provider had systems in place which supported them to recruit staff safely. The recruitment process included pre-employment checks such as obtaining references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- When staff started working for the service, they undertook an induction programme which included working alongside experienced staff, completing a period of probation and ongoing supervision. This meant people could be confident staff were competent to support them.
- When necessary, the management team took disciplinary action and managed staff and performance to keep people safe and ensure standards remained high.

Using medicines safely

- People's medicines were safely managed, stored, and administered in line with good practice standards. Staff completed medicines records accurately and kept these up to date.
- Some people managed their own medicines, and a risk assessment was in place to ensure this was safe.
- People received their medicines on time from trained and competent staff. When medicine errors occurred, these were reported and managed appropriately.
- Staff reviewed the effects of medicines on people's physical health and wellbeing and followed best practice guidance.
- Audits were carried out to check practice and ensure standards were maintained. Action was taken if there were shortfalls relating to medicines management.

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. The building was clean, well maintained, well-furnished and fit for purpose.
- We were assured that the provider was making sure infection outbreaks could 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

- In line with current government guidance, visits to the service were unrestricted and people were welcome at any time. Visits would only be restricted if there was an increased risk from infections.

Learning lessons when things go wrong

- The provider had effective systems to investigate incidents and accidents. Staff knew what incidents to report and how to report them.
- Following each incident, the team reviewed events and considered ways of reducing risks and keeping people safe. For example, after one incident, the staff team worked with the psychologist to review triggers and early warning signs for the person. They developed a formulation and used reflective practice to help staff understand the person's experiences and difficulties.
- There was a procedure for managing complaints, and people and relatives told us they felt able to raise concerns with staff. One relative told us, "I'd have no problem if there were any concerns. We can get in touch any time."

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

- People and their relatives gave us positive feedback about the service, staff and management team. One person said, "This facility is amazing" and another added, "I like it here, it's really peaceful." A relative told us, "They're fabulous, I can't fault them."
- A professional said, "The relationship the workers have with the families and people is their biggest strength, in my opinion. The family talk about the service with real trust and warmth."
- The provider had clear values and a vision which focussed on supporting people to achieve their full potential and lead independent and meaningful lives. One person told us the best thing about The Park House was, "The aftercare when you move on and the support you get when you transition between services."
- The provider's values were reflected in the actions of staff who ensured the service they delivered was inclusive and person-centred. This had supported some people to gain paid employment, develop new skills and re-establish themselves in the community. Staff were motivated to work with people to ensure they were safe but challenged by their goals.
- Staff enjoyed working at the service. They felt supported and valued by the management team. One staff member said, "They really prioritise the service users and their needs. Everyone understands each other." Another staff member added, "I love seeing the move on successes, that's got to be one of the best things."
- People and relatives were positive about the senior team and told us managers were approachable and helpful. One person told us, "One of the good things about The Park is the way it's run."

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 understood the duty of candour and acted accordingly. Staff were open and honest and understood their responsibilities in the event of something going wrong or a near miss.
- The service apologised to people, and those important to them when things went wrong.
- Relatives told us staff communicated with them and updated them if things changed. One relative said, "We have regular phone contact. They always call me back."

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

- An experienced team led the service and were clear about the responsibilities of their roles. They had the necessary skills, knowledge and experience to perform their roles.

- Staff understood their responsibilities and received training to ensure they followed best practice. People and relatives spoke positively about the staff team. One relative said, "[Name] has really gelled with some of the staff. They're fabulous."
- Staff were confident that if they needed to raise concerns, these would be dealt with appropriately. One staff member told us, "I would have no fear of being treated differently because of speaking out."
- Governance was well embedded in the service. Robust systems and processes were in place to identify and manage risks and monitor and maintain the quality of the service. For example, thorough checks, audits and performance monitoring were regularly reviewed and overseen by the provider. These were consistently carried out by senior staff. Actions were taken when shortfalls were identified. This ensured ongoing improvements to the quality of the service people received.
- When positive achievements were identified in audits, these were included in action plans. For example, one audit had identified no shortfalls, but the action was to 'maintain 100% compliance'.
- Legal requirements were consistently met by the management team. This included communicating openly with CQC and sending notifications as required. Notifications contain information about important events the service is legally obliged to send within required timescales.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There were opportunities for people, relatives and staff to be involved and give feedback about the service. We were told about examples of changes which had been made because of feedback from people who lived at The Park House.
- People were encouraged to be involved in reviews of their care and regular meetings with staff. This meant people could share their views in different ways.
- People had been sent a survey the week before our inspection. Some responses had been returned, and the feedback from these was positive. For example, one person gave the highest score possible for each question, and added, "Maples has helped me loads regarding jobs, courses, new accommodation etc."
- Other compliments from people and their relatives included, "You gave me my son back" and "I feel more positive now because of medication and staff support."
- Daily handovers, update meetings and staff meetings took place regularly and staff were encouraged to attend and give their views. Staff told us they felt able to raise concerns and make suggestions for the benefit of people who used the service.
- The staff team worked alongside other health and social care providers to ensure the service people received was joined up and promoted good outcomes.
- People accessed a wide range of community resources which reflected their needs and preferences. This included addiction support groups, sport and leisure facilities and vocational opportunities.
- Health and social care professionals gave positive feedback about the service. Comments included, "My experience with The Park House to date has been a positive one, they support the client base well, and all levels of the Maples Team are approachable and communicate well. The standard of the accommodation is good and feedback from people is also positive" and "The communication between staff and other agencies is strong and this is essential for us to continue working together collaboratively."

Continuous learning and improving care

- Staff were proactive when there were incidents or concerns. We saw evidence of the ways in which learning and reflection contributed to ongoing improvement.
- The provider invested in the service, embracing change and delivering improvements. For example, as well as employing support workers, psychology, occupational therapy, and clinical lead roles were in post. This demonstrated ambition and a desire for people to achieve the best outcomes possible.