

Four Seasons Homes No.4 Limited

Park House Care Home

Inspection report

50 Park Road
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Park House is a residential care home providing personal and nursing care to 36 people aged 65 and over at the time of the inspection. The service can support up to 42 people in one purpose built facility.

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

People were not always treated with dignity and respect. Staff were task focussed and did not always put people first.

Risk assessments and care plans didn't always contain up to date, clear information about people's current risks. Staff did not act in accordance with measures put in place to manage risk.

Systems and processes in place to monitor and improve the quality of the service were ineffective. The registered manager had not identified or acted on the issues we found during inspection.

Relatives spoke positively about staff and management. Relatives told us people were safe and they were protected by staff who understood their responsibilities and how to keep people safe.

Appropriate recruitment checks took place before staff started work and there were enough staff available to meet people's needs. Staff received comprehensive training to enable them to carry out their roles effectively. Staff were happy working for the service and felt supported by the registered manager and colleagues.

The home was well equipped, clean and tidy and good infection control practices were being followed. Further work was being considered to make the home more suited to people living with dementia.

People took part in activities they enjoyed and plans were in place to expand the range and times that activities were available. Visitors were welcomed. The home had good relationships with health and social care professionals.

People and their relatives were involved in the planning and delivery of their care, and were asked for feedback which was acted upon appropriately.

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.

The provider was keen to work in partnership with key organisations including the local authority to improve the service for people. Staff at the service worked with healthcare professionals to ensure good outcomes for 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 9 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to safety, dignity and respect, and governance of the service.

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 from 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 effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our Responsive 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 ●

Park House 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.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Park House 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 a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. 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 six people who used the service and two relatives about their experience of the care provided. We spoke with eight members of staff including the regional manager, registered manager, nurses, personal activities leader and care workers.

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

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 Requires Improvement. At this inspection this key question has remained the same. 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.

Assessing risk, safety monitoring and management. Learning lessons when things go wrong

- Staff did not act in accordance with care plans to minimise risk. For example, people who were cared for in bed were not repositioned within the required time frame. This meant they were at risk of developing pressure wounds.
- People's food and fluid intake was not appropriately monitored. As a result, staff did not identify or take appropriate action when people had not had enough to eat or drink. This meant people were at risk of dehydration and poor nutrition.
- Staff did not carry out water temperature checks before supporting people to bathe or shower. This put people at risk of scalding.
- A lack of clear falls records and analysis meant that care plans and risk assessments were not updated to reflect people's current risk. This meant people were not protected from the risk of harm.
- System and processes were not robust enough to identify the issues we found. The registered manager had failed to act when the same concerns had been raised by the local authority. This meant people were not protected from the risk of harm and opportunities to learn from errors were missed.

Systems were insufficient to ensure people were protected from the risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Staffing and recruitment

- Although rotas showed there were enough staff to meet people's documented needs, people, staff and relatives told us staff were always very busy. One relative told us this made staff 'task orientated'. One staff member told us, "It would be nice to be able to spend more time with the residents – I'd love to be able to spend more time."
- The provider used a lot of agency staff. This meant people did not always receive care from staff who were familiar with them or the service. One relative told us, "Due to the agency staff they don't know her needs, they don't always spot when things change."
- Safe recruitment and selection processes were followed. Staff files contained all the necessary preemployment checks which showed only fit and proper applicants were offered roles. All employees' Disclosure and Barring Service (DBS) status had been checked. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse.

- Staff received training in safeguarding vulnerable adults. They demonstrated they understood their responsibilities to protect people from the risks of harm and abuse.
- The provider's safeguarding policy guided staff on how to raise referrals to the local authority safeguarding team. Staff told us guidance was available in the staffroom to refer to at any time.

Using medicines safely

- Staff received training in the safe management of medicines and their competencies had been checked. Medicines were appropriately stored and administered, and records correctly completed.
- When people had medicine prescribed 'as required', for example, for pain relief, protocols were in place to manage this.
- Regular medicines' audits informed managers of any issues which were rectified in a timely manner.

Preventing and controlling infection

- People were protected from the risks of infection by staff who received training in infection prevention and control.
- Staff followed the provider's infection prevention procedures by using personal protective equipment such as gloves and aprons.
- All areas of the home appeared clean and were free of odour.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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 effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to eat and drink enough to maintain a balanced diet

- People did not receive appropriate support to eat their meals in a timely manner. One relative told us, "[Person] says the food isn't very nice, its often cold." We saw people sitting for an extended period of time with food which staff did not offer to reheat.
- Care plans contained information about whether people needed specialist diets or support to eat. However, care plans did not always provide staff with sufficiently detailed information to meet people's needs. Where clear guidance was in place, staff did not always follow this. For example, one person was left alone with drinks in bed when they were at risk of choking.
- Systems and processes put in place to manage people's risks of malnutrition and dehydration were not followed. For example, staff did not complete charts which kept records of people fluid intake. Staff did not take appropriate action when records showed people had not had enough to drink.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Evidence-based assessments of people's needs, for example relating to their mobility, were not always sufficiently detailed. As a result care plans did not contain clear guidance for staff to follow.
- The provider was keen to use technology to improve the service. Information about care provided by staff was directly input to an audit system using tablet computers. However, the information gathered was not always detailed enough to give the registered manager clear oversight of the service.
- Care plans showed all aspects of a person's needs were considered including the characteristics identified under the Equality Act and such as religious and cultural needs.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- Staff did not always effectively monitor of people's health, care and support needs, and did not consistently identify issues or take action. This meant there was a risk people's health could deteriorate.
- Staff supported people to attend health appointments and referred people to their GP or other medical services when they showed signs of illness.

Staff support: induction, training, skills and experience

- Staff received supervision to provide them with support and guidance in their roles. They told us they found this useful. The registered manager was working to complete supervision sessions more regularly in line with the provider's policy.
- Staff received regular training to ensure their skills were up to date and in line with current guidance. One

staff member said, "I get enough training but if needed extra, I could go to [deputy manager], who is absolutely fantastic, very supportive."

- New staff shadowed experienced staff to get to know people they would be caring for. They told us their induction provided them with a good foundation of knowledge and understanding of the organisation and their roles.

Adapting service, design, decoration to meet people's needs

- The building was well-maintained and traditionally decorated. People's bedrooms were personalised with items they had brought with them and pictures they had chosen.
- The management team were considering further work to make the environment more suitable for people living with dementia, for example, signs to help people find their way around the building.

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 Act 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 MCA.

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

We checked whether the service was working within the principles of the MCA.

- Staff demonstrated they understood the principles of MCA, supporting people to make choices. People confirmed the staff asked their consent before providing their care.
- Staff carried out mental capacity assessments to establish people's insight and understanding of their care needs. This enabled people to make informed decisions about their care, or health and social care professionals make best interest decisions about people's future care.
- Processes and applications for DoLS had been completed appropriately.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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 people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence. Ensuring people are well treated and supported; respecting equality and diversity

- Staff were sometimes more focused on tasks than people and their wellbeing. For example, we saw that during a meal, support was inconsistent and not always respectful. One person who required support was not given time to chew and swallow their food before they were given more. Staff did not chat or interact with the person in a positive way and left the person alone at the table without explaining why.
- People and relatives told us some staff did not always treat people with kindness, dignity and respect. For example, people were not supported to use hearing aids which left them feeling isolated.
- Staff did not always respond promptly to distress or discomfort. For example, when one person expressed pain, staff did not ensure they had access to pain relief.

The provider not ensure people were treated with dignity and respect. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The registered manager responded immediately during inspection to ensure staff received guidance relating to maintaining people's dignity and respect.

- People's independence was promoted. Staff ensured people were encouraged to do as much as they wanted for themselves. One member of staff said, "We still offer people support even if they're independent so they know they've got the support if they want it."
- Staff spoke positively about the people they cared for. One member of staff told us, "I do like to speak with people and learn about them - you have to know about people to understand them."
- People's information was stored securely, and all staff were aware of keeping people's personal information secure.

Supporting people to express their views and be involved in making decisions about their care

- People, and their relatives where appropriate, were involved in the planning of their care; their care plans clearly showed how people preferred to receive their care.
- The provider had information to refer people to an advocacy service where people needed additional support to make decisions. Advocates are independent of the service and support people to decide what they want and communicate their wishes.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

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 people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans lacked person-centred detail, for example, life histories or personal information which would enable staff to gain understanding of people's needs and choices.
- People and where appropriate, their relatives had been involved in creating and updating their care plans.
- People's care plans reflected their preferences and cultural needs. Staff used this information to ensure people received their care in the way they preferred. For example, when one person's religious beliefs impacted their plans for future care, this was clearly recorded in their care plan.

Improving care quality in response to complaints or concerns

- The provider took action in response to concerns raised, however, issues were not resolved in a timely manner. For example, some of the issues we found during inspection had previously been raised by the local authority.
- There was a complaints procedure in place whereby complaints would be addressed in accordance with the provider's policy.
- Relatives were confident the management team would deal appropriately with any complaints or concerns. One relative told us, "The registered manager is fantastic, so is [assistant manager], they work with me when there's an issue, they respond."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider complied with the Accessible Information Standard, they ensured people with a disability or sensory loss had access to and understood information they were given.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff had built links with the local community. A school made regular visits to the home and people were supported to access a local music group.
- The service had a dedicated personal activities leader. This was a new role and was being developed to ensure people had access to a range of activities.
- People were supported to maintain relationships with people who were important to them and visitors

were encouraged. One visitor told us, "Staff are welcoming, [person] has lots of visitors because they are cared for in bed."

End of life care and support

- People were supported to make decisions about their end of life care. Staff followed people's wishes and worked closely with people's GP and district nurses.
- Staff recognised the importance of supporting people with care and compassion. One staff member told us, "I enjoy end of life care, making sure people's last few days are as good and comfortable as they can be."

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.

- The provider had failed to implement effective governance systems or processes to effectively assess, monitor or drive improvement in the quality and safety of the care being provided. Systems to monitor quality assurance and audits were limited. Records relating to checks that were being completed were disorganised and unclear. The registered manager had not identified the issues we found during inspection.
- The systems in place to monitor the health and safety of people using the service were not robust. This meant risks to people were not being adequately managed.

The provider did not have effective arrangements to assess, monitor and improve the quality of the service. This was a breach of Regulation 17 (1) of the Health and Social Care Act (Regulated Activities) Regulations 2014. Good governance

- Senior managers recognised there were areas which required improvement. The provider was keen to put measures in place to drive improvement.
- The registered manager understood their regulatory requirements to report incidents and events to CQC, our records showed these had been submitted as required.

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

- People were not always put first because managers and staff did not prioritise safe, high-quality, compassionate care.
- Staff told us they were happy working at the service and felt supported by each other and the management team.

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. Continuous learning and improving care

- The registered manager was aware of their responsibility to keep people informed of actions taken following incidents in line with duty of candour.
- Quality assurance arrangements were ineffective and improvements were not always identified. Action to introduce improvements was not taken in a timely way.

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

- People and their relatives were asked for their feedback through formal surveys and at group meetings. The registered manager ensured they were kept up to date about what was happening at the service.
- People's equality characteristics were considered when sharing information, accessing care and activities.
- Staff attended meetings to share information and refresh knowledge.

Working in partnership with others

- Staff had built and maintained close working relationships with people's GP, district nurses and health teams.
- The provider was keen to work in partnership with key organisations such as the local authority to support care provision and service development.

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 10 HSCA RA Regulations 2014 Dignity and respect
Treatment of disease, disorder or injury	Staff did not treat people with dignity and respect

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Staff did not act in accordance with measures put in place to manage risks to people

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems and processes in place to monitor and improve the service were ineffective