

Mr & Mrs C Bennett

Park House

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service caring?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

Park House is a care home without nursing and is registered to provide accommodation and support for a maximum of 21 people. At the time of the inspection there were 19 people living at the service. People living at Park House were older people, the majority living with dementia or mental health needs.

Peoples' experience of using this service and what we found

People told us they were treated with dignity and respect and we made observations to support this. Staff gave us examples of how they promoted dignity for people. We made a small number of observations where some areas of practice could be improved through more effective communication and interaction.

People and their relatives told us they were safe. One person told us they felt, "Absolutely safe." We observed positive and respectful interactions between people and staff, and staff told us they aimed to provide a high level of care. Safeguarding systems and processes were in place to protect people and staff knew how to identify and report concerns. There were no current restrictions on peoples' relatives and friends visiting the service.

The service environment was maintained. Peoples' risks and needs were assessed and risk was managed where required. The service ensured there were enough staff on duty to ensure peoples' needs were met. Medicines were managed safely, and we identified to the service management where minor improvements were needed. The service was clean and followed good infection control practices.

Where appropriate and safe, 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 systems in place that ensured people who were deprived of their liberty were done so with the appropriate legal authority through an application process with the local authority.

People, their relatives and staff gave positive feedback about the registered manager. There were systems to obtain feedback from people, their relatives and staff. There were governance systems in place to monitor both the quality of service people received and to ensure the service was safe. There were effective relationships with external healthcare professionals and links with the local community were being grown in the post Covid-19 period.

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 Requires Improvement (published 20 June 2019) and a breach of regulation was identified. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulation.

Why we inspected

The inspection was prompted in part due to concerns received about staffing, the care people received and the service environment. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from Requires Improvement to Good based on the findings of this inspection.

Enforcement and Recommendations

We have made a recommendation about seeking advice and guidance to improve staff practice in relation to effective communication and interaction.

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?

The service was safe.

Good ●

Is the service caring?

The service was not consistently caring.

Requires Improvement ●

Is the service well-led?

The service was well led.

Good ●

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 and an Expert by Experience. An Expert by Experience is a person who had personal experience of using or caring for someone who uses this type of care service.

Service and service type

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. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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 also reviewed additional information we held about the service, this included previous inspection reports and statutory notifications. A statutory notification contains information about certain incidents and events the provider is required to notify us about by law.

During the inspection

We spoke with six members of staff which included the registered manager, another manager and care staff. We spoke with seven people who lived at the service and one persons' relative. We observed interactions between people and staff.

We reviewed a range of records, including peoples' care records, staff recruitment files, records relating to safety checks including fire safety and accident and incident records. We also reviewed medicines records and records relating to monitoring and quality assurance.

Following our site visit we contacted four healthcare professionals to seek their views on the service and received feedback from two of them. We also spoke with a further relative. We also received further clarification and documentation from the service to validate evidence found.

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 told us they felt safe within the service and we observed people were at ease with the staff supporting them.
- One person said, "I'm well looked after." Another told us, "I've got no complaints." A relative we spoke with described the service as, "Absolutely safe."
- Staff told us they felt confident that any concerns they reported would be addressed promptly to protect people at the service.
- A healthcare professional we spoke with told us the registered manager was always open and transparent and would implement learning from any safeguarding concerns.

Assessing risk, safety monitoring and management

- Risks and needs assessments for people were completed. For example, care plans detailed risks relating to mobility, falls, nutrition and skin breakdown.
- Where the need was identified, planning around the management of risk had taken place. For example, repositioning for people at high risk of skin breakdown was planned and records showed this was completed.
- Staff we spoke with knew the level of support people required to reduce or mitigate identified risks.
- The service environment and equipment was maintained. Records were kept of regular health and safety checks. This included checks in relation to passenger lifts, mobility equipment, fire alarms and associated safety equipment.
- People had individual emergency plans in place to ensure people were supported to evacuate in the event of a fire. We identified that action was needed to the emergency plans due to recent changes to room identifications methods. This was rectified by the registered manager.

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)

- 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. The Registered Manager was aware of any conditions related to certain DoLS authorisations.
- At the time of our inspection, there were three people living in the service that had an authorised DoLS. Where applicable, other applications to deprive people of their liberty had been made. These applications were currently pending progression by the relevant local authority.
- Where required, we found a capacity assessment and best interest decision processes had been followed prior to the implementation of certain practices.

Staffing and recruitment

- There were sufficient staff on duty to meet peoples' needs. People we spoke with told us that they received the support they needed from staff.
- Comments from people included, "I think there is enough staff" and, "The quality of care is above and beyond."
- Relatives and healthcare professionals did not raise any concerns about staffing levels.
- Staff told us there were enough staff to meet peoples' needs. A frequent theme from all staff was the challenges presented through unplanned, short notice sickness. Staff did however comment they always worked together to overcome this. No agency staff were used.
- We reviewed staffing rotas which were planned in advance and the registered manager told us the service was currently fully staffed.
- We observed during the inspection that call bells were responded to promptly. Response times to call bells were monitored by the registered manager.
- Staff had been recruited safely. Pre-employment checks had been carried out including criminal record checks and obtaining references. We discussed the need to record and retain additional information on some staff files which was actioned by the registered manager.

Using medicines safely

- Medicine systems were safe, and records showed people were receiving their medicines when they should.
- Medicine administration records were accurately completed. People or their relatives did not raise any concerns around medication.
- Specific staff were trained in medicines management and staff told us their competency was periodically checked.
- We discussed the benefits of implementing personalised protocols for people for medicines which had been prescribed to be taken 'as required' which was going to be reviewed.
- Medicines requiring additional security and recording were stored and administered as required. A balance check on a sample of these medicines did not identify any concerns.
- We identified some recording omissions relating to both ambient and cold storage areas for medicines. The registered manager stated would be addressed with staff.

Learning lessons when things go wrong

- Accidents and incidents were reported and monitored by the service management to identify any patterns or trends.
- Supporting records showed that following an accident or incident, relevant details were recorded, and a record of any action taken was evident.
- Staff we spoke with were able to explain the processes and procedures they followed following a fall or incident to ensure it was reported correctly.
- There were governance systems in operation that enabled the service management to have oversight of

reported falls and incidents.

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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.

Visiting in care homes

- People were supported to see visitors in line with current UK Government guidance.
- There were no restrictions on peoples' relatives and friends being able to access the service and see people living at Park House.
- Peoples' families told us they were supported to visit in a safe way and felt welcome when visiting.

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 our last inspection we rated this key question Requires Improvement. At this inspection the rating for this key question has remained Requires Improvement. Whilst we found improvements had been made since the last inspection, we identified some areas of care provision still required attention.

Respecting and promoting peoples' privacy, dignity and independence

At our last inspection the provider had failed to ensure people were consistently treated with dignity and respect. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- Whilst improvements were identified around promoting privacy and dignity, some areas of practice still required further development.
- People we spoke with, and their relatives felt their privacy and dignity was respected. One person told us, "Knocking on the door has improved. I'm treated with respect, I'm happy enough." Another commented, "Oh yes, respectful. I've never been spoken to in a horrible way." A relative commented, "I can't praise the staff highly enough."
- Some observations evidenced that practice by some staff needed improving. For example, one person told a staff member they felt their meat was undercooked. The staff member replied with, "It is cooked, they wouldn't be allowed to serve it else" and walked away. This engagement could have been more positive.
- During another observation, one person had their hot lunch meal put in front of them. They were then left for a period of time before a staff member returned to support them with their meal but the staff member then left after a few minutes telling them, "See how you get on, on your own." The person made no further attempts to eat and there was another wait before a different staff member came to continue to support the person. This evidenced better planning around ensuring dignified mealtimes was needed.
- Another person was observed to have some dirty areas on their clothing, and was in the same clothing all day.

We recommend the service seeks advice and guidance from an accredited source to support staff in improving practice around effective communication and interaction.

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

- We received mixed feedback regarding people being involved in decisions about care.
- For example, one person told us, "I can do what I want during the day." Other people commented that sometimes staff picked their clothes for them.
- Feedback about peoples' choice as to how they spent their day was varied. Some people they told us they

spent their time in the room as that was their preference, however some said this was because they found the communal lounge area uninteresting.

- We spoke with staff about how they involved people in decisions about their care. Staff gave examples of how they offered people choice of clothing, food and what they did during the day. Some staff explained how people didn't always remember what clothing was their own, or that if a family member purchased new clothing people wouldn't always wear it as they didn't recognise it as their own. This sometimes presented a challenge when offering people choice.

- People were observed being given choices throughout the inspection and in decisions around daily living. Staff were seen to be respectful when speaking to people.

Ensuring people are well treated and supported; respecting equality and diversity

- People received care from staff who had developed positive and caring relationships with them. Staff we spoke with knew people well.

- Staff had a very positive attitude towards the standards they wanted to provide, with one care staff member saying, "It's [providing good care] a real big thing and we do everything we can for people, as they are all human beings."

- People were very positive about the care they received and staff that supported them. One person told us, "I'm well looked after, the staff are helpful."

- Relatives spoke positively about care provision and staff. One said, "I've never witnessed anything untoward. I would ring the CQC if I did."

- A selection of compliment cards were displayed in the service. In a recent card, an extract from relatives said, 'Your care, home from home approach, provided a safe place for my Dad to call home.' Another card read, 'Thank you very much for all of the care you provided for our father.'

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 Requires Improvement. The rating for this key question has changed to 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

- No concerns were raised about the leadership at the service. A relative we spoke with commented, "The manager keeps me up to date every few days. I can ring anytime. They are amazing supporting me."
- Staff spoke of a positive working environment. All the staff we spoke with told us they felt that any ideas or suggestions they may have to improve the service would be listened to. One said, "They [registered manager] would listen to any ideas we put forward, they are not closed off to things."
- The feedback about the registered manager was consistently positive. One staff member told us, "Very good [the registered manager], very approachable with an open door policy for us to talk to. She really cares about the residents." Staff commented the service management would support them with care and support when needed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; acting on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff we spoke with were a dedicated team and committed to supporting people and achieving good outcomes for people. Staff understood their roles and responsibilities and who they reported to.
- Staff spoke positively of the staff team morale and one staff member told us that, "Everything done is with the residents in mind." All of the staff we spoke with told us they would recommend a family member or friend to live at Park House.
- The service had a range of quality monitoring arrangements in place. Audits of care records, medicines management, and regular health and safety and infection control checks were undertaken. We were also sent a copy of a service improvement plan used by the service management and the local authority.
- The registered manager had notified the Care Quality Commission (CQC) of events which had occurred in line with their legal responsibilities.
- No concerns were raised about communication when we spoke with peoples' relatives or representatives about they service being open and transparent with them. There were appropriate policies in place around the Duty of Candour.

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

- Where appropriate, the registered manager sought continuous feedback from people, their families and staff. This was achieved through frequent conversations and quality surveys. The most recent survey did not

highlight any significant concerns.

- Staff completed surveys in 2021 which did not highlight any areas of concern and evidenced overall satisfaction. Questions around job satisfaction and home improvements were amongst the questions asked.
- We saw staff meeting minutes and staff confirmed meetings were held periodically. All of the staff we spoke with felt communication was positive and effective throughout the service.

Continuous learning, improving care and working in partnership with others

- There was a system to review incidents and accidents to reduce the chance of recurrence and learning was undertaken where needed.
- The service management had community links prior to the Covid-19 pandemic and these were just about to be restarted. Arrangements have been made for the local grammar school to attend over the remembrance period and sing for people.
- A staff member at the service would soon be undertaking work to support members of the local community being more involved with the people living at the service.
- Staff worked with other professionals to ensure peoples' needs were met appropriately. The registered manager commented positively on their relationship working with other professionals.
- The healthcare professionals we spoke with did not raise any concerns. One commented, 'Where issues have been raised, the manager usually responds in a timely way and with sufficient information to support any requested that have been made.'