New Park House Limited

New Park House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 31 May 2017 and was unannounced. At our previous inspection in December 2016 we had found that the service was Inadequate in the safe domain and required improvement throughout. The service had remained in special measures until the provider improved the quality of care for people. At this inspection we found that the quality of service had improved and there were no breaches of Regulations of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 however the service still requires further improvement. The service is no longer in special measures.

New Park House provides nursing and personal care for up to 95 older people. At the time of this inspection 68 people were using the service.

There were two new managers in post who were yet to register with us. 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.

Risk of harm to people were not always assessed in a timely manner. Individual care plans were not always available to support staff to care for people safely.

There were sufficient numbers of suitably trained staff however, they were not always deployed appropriately to ensure people received a positive meal time experience.

People were not always given choices about how they spent their time and encouraged to be independent. People's individual needs were not always fully assessed or their care needs met.

The management were not ensuring that all people's care needs were being assessed and met.

New staff were being employed through safe recruitment procedures to ensure they were fit and of good character to care for people.

People's medicines were stored, managed and administered in a safe way.

People were safeguarded from the risk of abuse as staff knew what to do and acted when they suspected someone had been the victim of abuse.

The principles of the Mental Capacity Act 2005 were being followed to ensure that people who lacked the mental capacity to consent to their care, treatment and support were being supported to do so in their best interests.

People were being cared for by staff who were supported and trained to fulfil their roles.

People were supported to maintain a healthy diet and they had access to a range of health care professionals if their health needs changed or they became unwell.

People's right to privacy was upheld.

Relatives and friends were free to visit people and were involved in people's care and there were a range of hobbies and entertainment for most people to participate in if they chose. However, people within the nursing unit would have benefitted from more stimulation.

The provider had a complaints procedure and they investigated and acted upon people's concerns.

There had been improvements in the systems and processes to improve the quality of service for people.

Staff felt supported and were involved in making improvements to the way they worked and to the quality of care.

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.

Risks of harm to people were not always assessed, managed and minimised in a timely manner.

There were insufficient staff deployed in one area of the service to support people to eat and drink in a dignified manner.

New staff were being employed through safe recruitment procedures to ensure they were fit and of good character to care for people.

People's medicines were stored, managed and administered in a safe way.

People were safeguarded from the risk of abuse as staff knew what to do and acted when they suspected someone had been the victim of abuse.

Is the service effective?

Good

The service was effective.

The principles of the Mental Capacity Act 2005 were being followed to ensure that people who lacked the mental capacity to consent to their care, treatment and support were being supported to do so in their best interests.

People were being cared for by staff who were supported and trained to fulfil their roles.

People were supported to maintain a healthy diet and they had access to a range of health care professionals if their health needs changed or they became unwell.

Is the service caring?

Requires Improvement

The service was not consistently caring.

People were not always given choices about how they spent their

time and encouraged to be independent.

People's right to privacy was upheld.

Relatives and friends were free to visit people and were involved in people's care.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People's individual needs were not always fully assessed or their care needs met.

There were a range of hobbies and entertainment for most people to participate in if they chose. However people in the nursing unit would have benefitted from more stimulation.

The provider had a complaints procedure and they investigated and acted upon people's concerns.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

There was no registered manager in post. The two new managers were yet to apply for their registration.

The management were not ensuring that all people's care needs were being assessed and met.

There had been improvements in the systems and processes to improve the quality of service for people.

Staff felt supported and were involved in making improvements to the way they worked and to the quality of care.

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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 31 May 2017 and was unannounced. It was undertaken by three inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information we held on the service. We looked at notifications sent to us by the manager and used the action plan they had sent us following our previous inspection to inform the inspection. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any incidences which put people at risk of harm. We refer to these as notifications.

We spoke with eleven people who used the service, seven visiting relatives, nine care staff, three unit managers, the two managers and chief executive. We observed care throughout the service. Some people were unable to talk to us due to their communication needs so we observed their care. We used our short observational framework for inspection (SOFI) tool to help us see what people's experiences were like. The SOFI tool allowed us to spend time watching what was going on in a service and helped us to record how people spent their time and whether they had positive experiences. This included looking at the support that was given to them by the staff.

We looked at the care records for 14 people who used the service. We looked at staff rotas and two staff recruitment files. We looked at the way in which people's medicines were managed. We also looked at people's daily care records and records of their medication. We looked at the systems the provider had in place to monitor the quality of the service. We did this to see if they were effective.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection we had concerns that the care being delivered to people was not safe and we found the provider was in breach of Regulation 12 of The Health and Social Care Act 2008 Regulated Activities) Regulations 2014 as people were not always receiving care that was safe. We had issued the provider with a warning notice to improve. At this inspection we found that improvements had been made and they were no longer in breach of this Regulation, however further improvements were required.

People who used the service told us they felt safe. One person told us: "Yes I feel safe here. It's a really nice place to come and live, I was on my own at home and there's nobody left that you know". Another person told us: "Yes I feel safe here because I went off my feet suddenly and fell down. I'm immobile now it came on all of a sudden. The doctor at the hospital said you can't go home because you're not safe. I was transferred here because they've got a hoist and they can lift me from my chair to my bed or wheelchair. I'm safely moved." We found improvements in how the staff assessed and managed risks of harm to people and action was taken to minimise risks following incidents. However we found that risks to people were not consistently risk assessed and managed safely. We saw two people had recently been admitted into the service. Both people's pre assessment plans stated that their needs should be fully assessed by staff at the service within 24 hours of being admitted. We found that this had not been competed for either person. The unit manager and managers were unable to tell us why these had not been completed. One person had been admitted into the service for 'end of life' care. We saw that it was recorded on the person's discharge notes from the hospital that the person had sore areas of skin on their body due to their frailty and being cared for in bed. No assessment of this person's risk of sore skin had been undertaken and no precautions had been put in place, such as pressure relieving equipment. There were no care plans or risk assessments in place to support staff to provide safe end of life care for this person. This meant that this person was at risk of harm and suffering as their needs had not been assessed to ensure safe care was being delivered.

Since the last inspection we saw improvements in the care and support offered to people who may at times become anxious and aggressive toward others or at risk of harm to themselves. We saw care plans had been put in place to inform staff how to support individual people at these times. Staff told us they had received training in caring for people with dementia and this helped them be more confident in supporting people through periods of feeling unsettled. Incidents of anxiety and aggression were recorded and support was gained from community psychiatric nurses (CPN) to develop strategies to support people. A member of staff told us: "Two people can become aggressive when we try and support people with personal care, so we need to offer them reassurance and if that doesn't work, walk away and then go back later and try again. All incidents are recorded in people's care records". This meant that people were being supported to manage their anxiety in way that was safe and dignified.

At our previous inspection we had concerns that people's medicines were not always being managed safely. We found that improvements had been made in this area. One person who used the service told us: "Yes I get my medicines on time and I understand what it's for. I can have pain relief if I ask for it." New medicine audits had been implemented, medicine stocks were being monitored and people were being administered their medicines at the times they had been prescribed. Medicines were stored securely in a locked trolley

and administered by suitably trained staff. A member of staff told us: "I was trained in the process over two weeks and then had some observations undertaken by the trained nurse to make sure I did it right". We observed that people were offered their 'as required' medicines such as pain relief if they had been prescribed it. This meant that people's medicines were being stored, administered and managed in a safe way.

We checked to see if there were sufficient numbers of suitably trained staff throughout the service. At our previous inspection we had no concerns, however at this inspection staff within the nursing unit informed us that they felt there were times when there were insufficient staff to meet people's needs in a timely manner. We observed lunchtime in the nursing unit and found that people had to wait for long periods of time to be supported with their meals as many people had remained in their rooms and required staff support to eat and drink. One member of staff told us: "Today is a good day, but mealtimes are problematic we need extra help with the preparation and supporting people to eat". We saw that two people who were in their rooms had not had their lunch by two o'clock and a person in the dining room was still eating at 14.30pm. We discussed this with the managers and chief executive who told us that most people would normally be up and not in their rooms and this made the mealtime easier for staff to manage. Staff rosters had been recently altered and some increase in staff presence had been made at two periods during the day. A member of staff in another unit told us: "Staffing has really improved recently, staff are more stable and new staff have been recruited". However, more staff availability to support people would have improved the meal time experience within the nursing unit.

When new staff were recruited safe recruitment procedures were followed to ensure that new prospective staff were checked for their fitness to work with people. References and Disclosure and Barring checks were carried out to ensure that the prospective staff was of good character. The DBS is a national agency that keeps records of criminal convictions.

At our previous inspection we found that the provider was in breach of Regulation 13 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as people were not always being safeguarded form the risk of abuse. Previously not all unexplained injuries had been investigated or reported to the local authority for further investigation. Since the last inspection we had received notifications of safeguarding referrals which had been made which demonstrated that the staff were referring incidents of suspected abuse. We saw no records of unexplained bruising or injuries which did not coincide with an accident or incident that may have caused the bruising. Staff we spoke with all knew what to do if they suspected someone had been the victim of abuse, one staff member told us: "I would report any incidents to a manager and follow the procedures; I would whistle blow if I needed to". This meant that people were being protected from the risk of abuse as action was being taken when incidents of potential abuse had been identified. The provider was no longer in breach of this regulation.

Good

Is the service effective?

Our findings

At our previous inspection we found that the principles of The Mental Capacity Act 2005 (MCA) were not being consistently followed. At this inspection we had no concerns in this area.

The 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. We found that people's capacity to consent to their care was assessed and where they were able to people had signed their own care plans and were involved in the decisions about their care, treatment and support at the service. When people lacked the mental capacity to agree to their care or make decisions about their care their representatives and relatives were involved in making decisions in their best interests. For example, we saw several people had been refusing to take their prescribed medicines and were being given their medication covertly. Covert medication is the administration of any medical treatment in disguised form. This usually involves disguising medication by administering it in food and drink. As a result, the person is unknowingly taking medication. The decision to do this had been agreed by the person's GP, family and other representatives as being in the person's best interests. This meant that the principle of the MCA were being followed to ensure that people who lacked capacity to agree to aspects of their care were being supported to do so in an open and transparent way.

The Deprivation of Liberty Safeguards (DoLS) is part of the Mental Capacity Act 2005. The legislation sets out requirements to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. We saw that where people had been assessed as lacking the mental capacity to agree to being at the service and where other restrictions of their liberty such as regular checks on their whereabouts had been put in place referrals to the local authority had been made and some people had authorisations in place. Staff we spoke with knew who was subject to a DoLS authorisation, one staff member told us: "I have had training in the MCA and I understand about people needing to consent to their care, if people refuse care we walk away. Some people are subject to a DoLS as they aren't able to say they want to be here or they are being monitored".

People who used the service felt that staff were effective in their roles. One person who used the service told us: "The staff mostly they know what they're doing. I'm generally satisfied and I wouldn't want to leave here. It's good care in general". Staff we spoke with told us that they felt supported and received training to fulfil their roles. One staff member told us: "There is always someone to talk. We have supervision about every six weeks and we can request training. I want some diabetes training to improve my knowledge and this is being arranged". Since the last inspection staff had received training in supporting people living with dementia. One staff member told us: "The dementia training has helped me understand people's behaviour, their mood changes and any signs of deterioration in their wellbeing". We saw there was a regular programme of training available and staff were being supported to complete the care certificate and other qualifications applicable to their individual roles. This showed us that people were cared for by staff who were appropriately trained and supported to perform their roles.

People were supported to eat and drink sufficient amounts to remain healthy. A visiting relative told us: "My relative enjoys the food, they can have snacks and drinks when they like. The staff make a note of their water intake and drop them off fruit." Another relative told us: "The food is fine the staff help my relative eat it. They can hold a sandwich if it's finger food and they can manage it alone, otherwise the staff support them to eat". Since the last inspection a new chef had been employed and we were informed that people throughout the service had gained weight. People's food preferences and allergies were clearly recorded in their care plans. We spoke to the cook who was able to tell us people's preferences and food allergies and they were recorded on a whiteboard in the kitchen. We saw that there were fortified drinks and snacks available throughout the day. The drinks trolley had a variety of homemade cakes, biscuits and fruit available to choose from. People who had been identified at risk of weight loss were regularly weighed and referred to their GP, dietician or speech and language therapist (SALT) for advice and guidance. Some people had been assessed by a SALT as requiring a special diet such as pureed food to prevent choking and we saw this was available to them. We discussed with the management team that the mealtime experience within two units of the service may not be conducive to a particularly pleasant and satisfying experience and may not promote an appetite for food and drink. They told us they would look into this and address this following our inspection.

When people became unwell or their health care needs changed we saw that action was taken to access the appropriate health care support. One person told us: "The staff spotted a couple of lumps on my back and got me an appointment with a GP, so they do look out for things". We saw one person's mental health had deteriorated and the staff had contacted the person's GP who had made referral to a CPN. We saw that staff had regularly been chasing up the CPN support as there was a delay in them contacting the service and visiting the person. We saw in another person's daily records that they had been noted to be unusually sleepy and their fingertips were cold and purple. The staff had rung the GP and the person was taken to the hospital as a precaution, they had since returned. This showed that the staff recognised and responded to the changing needs of people who used the service.

Requires Improvement

Is the service caring?

Our findings

At our previous inspection we had found that people's right to privacy was not always being respected. We had seen people's confidential care records were outside people's rooms visible to passing visitors. At this inspection we saw that improvements had been made in this area and the care records were stored either in people's rooms or in a secure place.

People told us that their privacy was respected, one person told us: "The staff always knock when coming to my room". However, we found that people experienced different levels of dignity and respect throughout the service. We saw that people were not always encouraged to be independent and offered choices about their care. On the nursing unit we found that 15 people remained in bed all day and this was not necessarily their choice to do so. We discussed this with the managers who told us that only two people they knew of chose to stay in bed; however other people should be supported to get up and out of bed to allow them some independence and stimulation. We saw one person was trying to sit up and looked as though they wanted to get out of bed. A member of staff told us: "[Person's name] can shout a lot and present as not very happy when they get up so it depends on their mood as to whether staff will get them up or not". The managers were unable to tell us why people were not being supported to get out of bed and we saw that at a recent staff meeting this had been discussed and identified as an issue. This did not demonstrate dignity and respect for people as they were not being given the choice as to where and how they spent their time

We observed lunchtime in all areas of the service and saw that the experience for some people was not always dignified. For example, in the nursing unit it was chaotic and unorganised. People were crammed around a small dining table in the dining room with some people not able to reach the table. There was a long wait for some people in them getting the support they needed to eat and drink. In another unit we saw that people were offered disposable plastic cups as a drinking utensil. This did not demonstrate a respect for people and create a caring environment for people to enjoy their meals.

People who used the service who we spoke with told us that they were treated with dignity and respect and that they were offered choices and supported to be independent. One person who used the service told us: "Yes they're nice care staff. "I choose when to go to bed and what to wear. I go to bed quite early as I get up quite early between 7am and 8am in the morning. The care staff come in my room in the mornings and says things like 'what would you like to wear today?'." A visiting relative told us: "The staff are kind and lovely to my relative. They know him by now and have a joke with him."

We saw that there were members of staff who had been delegated as 'Dignity Champions'. One dignity champion told us: "It's my role to make sure people are treated properly, with dignity and respect". We observed that staff interacted with people in a kind and caring manner we heard staff asking if people had slept well and chatting about the day ahead. One person told us: "The staff make you laugh, make you feel easy. They don't make you do anything, it's easy going".

People's friends and relatives were free to visit at any time and we saw lots of visitors on the day of the inspection. One person who used the service told us: "My son and daughter in law can visit whenever they

like." Relatives we spoke with told us they were kept informed of their relative's well-being and had been involved in the planning of their care. One relative told us: "We have contributed to the care plan. My relative is happy here, we've asked them if they want to move homes. They say nowhere's perfect, I like the staff and I like my room". Another relative told us: "We are totally contented and pleased with the way my relative is being looked after."

Requires Improvement

Is the service responsive?

Our findings

At our previous inspection we had concerns that people were not always receiving care that met their individual assessed needs. At this inspection we found that further improvements were required. Although some people were receiving care that met their individual needs we found that several people remained in bed all day. The managers informed us that these people had each been individually assessed and their care plans stated that they were able to and should be supported to get up during the day if they chose to. They were unable to tell us why the staff had not followed people's care plans and supported people to get up on the day of the inspection. This meant that these people's assessed care needs were not being met and they were at risk of social isolation.

We found that people's needs were not always assessed and responded to in a timely manner and care plans were not put in place to support staff to be able to care for their individual needs. Two people's needs had not been fully assessed since being admitted into the service and they were not receiving the care they required to maintain their health and safety.

People we spoke with told us that staff knew them well and knew how they liked their care delivered. One person told us: "The staff all know me by now, the staff always think the way I think, they know what I like". A relative told us: "The staff understand how to look after my relative, if they are in a mood they will try and talk it out of him". Staff we spoke with knew the needs of most people they cared for. One staff member on one unit told us: "We have no one who has specific cultural needs, we do have a vegetarian and [Person's name] likes their food soft, it's not risk related it's their choice".

There was a range of organised activities for most people to become involved in if they chose to. We saw that there had recently been a Cliff Richard tribute singer entertaining and people from all over the service had been able to join in supported by staff. One person told us: "I like to go out on visits if I can, we went to Trentham Gardens and I want to go to Stoke market because I used to work there." However we were concerned that people in the nursing unit may not have the same opportunities for activities that met their individual preferences as other people who used the service. On the day of the inspection there were no activities evident. A member of staff told us: "I don't know if anything is planned, maybe a pamper session", however a large proportion of people remained in bed all day.

People and visitors we spoke with told us that they knew who to speak to if they had any concerns. A relative told us: "We've raised complaints in the past and they were dealt with". A person who used the service told us: "I have complained about a new person who had been in my room in the night and I hope they sort it". We discussed this person's complaint with the managers and saw that this had been dealt with on the day of the inspection. The provider had a complaints procedure and we saw that any complaints that had been received had been investigated and acted upon according to the policy. This meant the provider had a procedure to ensure complaints were appropriately managed.

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection we found that the systems the provider had in place were not always effective in monitoring and improving the service. At this inspection we found that the provider had been responsive and made some improvements however further improvements were required. Since the last inspection the previous registered manager had left and two new managers had been employed. They were yet to register with us (CQC).

Previously not all people's care records were up to date and reflective of people's current care needs. Although we found that there had been some improvement in this area, some people's needs had not been fully assessed on admission into the service to ensure staff had the relevant information to be able to care for them safely. There were no care plans for two people who used the service and they were at risk of not receiving the care they required. There was no system in place to assess people following admission to ensure that their needs were being met.

Staff were not always ensuring they were following people's plans of care. They were not ensuring that people who had been assessed as being able to be cared for out of bed were supported to do so. We discussed this with the managers and chief executive who stated that they had assessed people's needs in relation to this after we had raised this as a concern at a previous inspection. They told us that only two people required nursing in bed due to their physical condition however we found that on the day of the inspection 15 people were in bed. We saw that this had been identified and discussed at a recent staff meeting the new managers had held, however they were not ensuring that staff were following people's care plans. This meant that the managers did not effectively monitor the care delivery within the service to ensure that people's needs were being met.

Since the last inspection we found that there had been improvements in the management of people's medicines. A new audit had been implemented and was effective in identifying any areas that required improvement and ensuring that people had their medicines at the prescribed times. Improvements were also seen in the managing of incidents and accidents. We saw that the audits identified how people had become injured and what action had been taken to reduce the risks of the incident occurring again.

One area of the service had been closed and there were now three living areas instead of four. The home was not full to its registered capacity and the chief executive told us that they planned not to increase the numbers of people as having less people meant that the quality of care was improving. We found that the service was improving and the closure of one of the living areas had been partly responsible for this.

People who used the service and their relatives were regularly asked their views on the quality of service they received. There were meetings to discuss plans and ideas to improve the service. There was an annual quality survey and we saw that the results from this had been analysed and action taken to improve. For example, we saw that people had expressed concern over the effectiveness of the agency staff that the provider was using. We saw that following the concerns being raised they had contacted all the agencies and ensured they had up to date training profiles and checked for any discrepancies.

Staff told us that there had been improvements and that they were being supported by the management. One member of staff told us: "We have well-being meetings and the managers are always available to talk to". Another member of staff told us: "Things have really improved recently, staff are more stable and recruitment has happened. We now have a rolling rota, which means staff are happier and this has improved things for the residents". There were staff surveys and we saw that action was taken to improve where areas had been identified. One staff member had asked for a 'better system for reporting confidential information' to the management team. A new confidential concerns box had been located on the wall outside the manager's office. This showed that the provider was seeking people's and staff views on the service and taking action to improve the service for all.