

Mr Paul and Mrs Gloria Crabtree

Park House Residential Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires improvement 

Overall summary

Park House Residential Home is an old stone built property adapted to provide accommodation and personal care for 20 older people.

There was a manager at the service who was registered with CQC. 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.

Our last inspection at Park House Residential Home took place on 11 March 2014. The home was found to be meeting the requirements of the regulations we inspected at that time.

Summary of findings

This inspection took place on 12 January 2016 and was unannounced. This meant the staff who worked at Park House did not know we were coming. On the day of our inspection there were 15 people living at Park House.

People spoken with and their relatives were very positive about the experience of living at Park House and the staff who worked there. They told us they felt safe and staff were “second to none,” “lovely,” and “fantastic.”

Healthcare professionals spoken with had no concerns with the home and told us they found the staff to be caring. One professional told us, “The care is very good and staff are very responsive to residents.”

The interior and grounds of Park House were well maintained, clean and felt homely.

We found systems were in place to make sure people received their medication safely although the auditing of medicine records and systems does need to improve.

Staff recruitment procedures were thorough and ensured people’s safety was promoted.

Staff were provided with relevant training to make sure they had the right skills and knowledge for their role.

The service followed the requirements of the Mental Capacity Act 2005 (MCA) Code of practice and Deprivation of Liberty Safeguards (DoLS). This helped to protect the rights of people who may not be able to make important decisions themselves.

People had access to a range of healthcare professionals to help maintain their health. People told us a varied and nutritious diet was provided and their preferences were taken into account so their health was promoted and choices could be respected.

People said they could speak with the registered manager or senior staff if they had any worries or concerns and felt that they would be listened to.

We saw people participated in a range of daily activities both in and outside of the home which were meaningful and promoted independence.

Quality assurance systems were not fully in operation to assess, monitor and improve the quality of Park House.

We found a breach in one regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was a breach in; Regulation 17; Good governance.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff had a good understanding of protecting people from potential harm or abuse. People told us they felt safe at Park House.

Appropriate arrangements were in place for the safe storage, administration and disposal of medicines. The service does need to improve the auditing of medicine records and systems.

There were effective recruitment and selection procedures in place.

Good



Is the service effective?

The service was effective.

People were provided with access to relevant health professionals to support their health needs.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were supported to receive adequate nutrition and hydration.

Staff were appropriately trained and supervised to provide care and support to people who used the service.

Good



Is the service caring?

The service was caring

People told us staff were kind and treated them well.

All the interactions we observed between staff and people were positive, supportive, kind and caring.

Good



Is the service responsive?

The service was responsive.

People's care plans contained a range of information and had been reviewed to keep them up to date.

A range of activities were provided for people inside and outside the home which were meaningful and promoted independence.

People were confident in reporting concerns to the staff and registered manager and felt they would be listened to.

Good



Is the service well-led?

Some elements of the service were not well led.

Requires improvement



Summary of findings

There were limited quality assurance systems in place which were inconsistently applied.

The service had a range of policies and procedures available to staff but some of these policies were not up to date.

All staff we spoke with told us they had a very good team. Staff said they felt valued and supported by the registered manager.

Park House Residential Home

Detailed findings

Background to this inspection

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

This inspection took place on 12 January 2016 and was unannounced. This meant the people who lived at Park House and the staff who worked there did not know we were coming. The inspection team consisted of two adult social care inspectors.

Before our inspection, we reviewed the information we held about the home. This included correspondence we had received about the service and notifications submitted by the service. The service was not asked to complete a provider information return (PIR) for this inspection because we had changed the inspection date. A PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Prior to our inspection, we spoke with stakeholders, including the local authority joint commissioning unit 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. Stakeholders we spoke with told us they had no concerns about Park House.

At the time of the inspection there were 15 people living at the home. During the inspection we spoke with 12 people who used the service, three people's relatives and a health professional who was visiting people at the home during the morning of the inspection.

We spoke with ten members of staff, which included the registered manager, a senior care assistant, two care staff, maintenance worker, activities coordinator, administrator, and ancillary staff such as catering and domestic staff.

We spent time looking at records, which included three people's care records, four staff personnel records and other records relating to the management of the home, such as training records, policies and procedures and some quality assurance audits and reports.

Is the service safe?

Our findings

We spoke with people who used the service and they all told us they felt safe living at the home. People said, "I have no worries at all, it's very good here" and "I feel very safe here."

Relatives we spoke with told us they had no concerns over people's safety at Park House. One relative said, "Mum is well cared for and we have no worries."

One professional visitor commented, "I have no worries about the care in the home."

All of the staff asked said that they would be happy for their relative to live at the home and felt they would be safe. Staff said, "I would be very happy for any of my family to live here, I wouldn't have any worries."

Staff confirmed they had been provided with safeguarding vulnerable adults training so they had an understanding of their responsibilities to protect people from harm. Staff could describe the different types of abuse and were clear of the actions they should take if they suspected abuse or if an allegation was made so that correct procedures were followed to uphold people's safety. Staff knew about whistleblowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said they would always report any concerns to a manager and they felt confident that management at the home would listen to them, take them seriously, and take appropriate action to help keep people safe.

We saw that a policy on safeguarding vulnerable adults was available so staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had been identified. Staff knew these policies were available to them.

A policy on handling people's money was in place and this described the responsibilities of staff to ensure people were protected. The registered manager confirmed the service managed no monies on people's behalf and said relatives or people themselves took on the responsibility of managing their own finances.

We found there was a medicines policy in place for the safe storage, administration and disposal of medicines. Training records showed staff that administered medicines had been provided with training to make sure they knew the safe procedures to follow.

Staff spoken with were knowledgeable on the correct procedures for managing and administering medicines. Staff could tell us the policies to follow for receipt and recording of medicines.

We checked four people's Medication Administration Records (MAR) and found three had been fully completed. We found there was no signature against one medication on one person's MAR chart. We counted the tablets left in the blister pack and made a comparison as to when the medication was commenced. This indicated the medication had been administered but not signed for by the member of staff. The registered manager said they would investigate this omission and provide additional training/support to the member of staff concerned and commence regular auditing of MAR charts. The medicines kept corresponded with the details on MAR charts.

We found medicines were securely stored in locked cupboards. We did not find regular documented audit checks regarding the safe storage and accurate record keeping of medicines were being completed by senior staff or the registered manager at the service. The registered manager said the community pharmacist carried out three-monthly checks of medicines and records but accepted the need for written internal auditing of medicines to commence.

The community pharmacist and medicines review team of NHS Barnsley Clinical Commissioning Group (CCG) had audited the medicine systems within Park House in the last month. We saw the community pharmacist's report which highlighted some recommendations to improve medicines management. The registered manager confirmed that these recommendations had been completed and they liaised regularly with the community pharmacist to help maintain people's safety around medicine management. We saw in the CCG report, praise for staff at Park House for some of the management systems relating to medicines within the home.

We checked the records of one person who was receiving controlled drugs. Controlled drugs are prescription medicines controlled under the Misuse of Drugs legislation,

Is the service safe?

which means there are specific instructions about how those drugs are dealt with. The drugs were stored appropriately and administration records were signed by two people. This showed that procedures were in place for the safe handling and storage of medicines.

We looked at three staff files to check how staff had been recruited. Each contained an application form detailing employment history, interview notes, two references, proof of identity and a Disclosure and Barring Service (DBS) check. We saw a staff recruitment policy was in place so that important information was provided to managers. All of the staff spoken with confirmed they had provided references, attended interview and had a DBS check completed prior to employment. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the home. This information helps employers make safer recruitment decisions.

We looked at three people's care plans and saw each plan contained risk assessments that identified the risk and the support they required to minimise the identified risk. We found risk assessments had been evaluated and reviewed on a monthly basis to make sure they were current and relevant to the individual. We saw risk assessments had been amended in response to people's needs for example if the persons mobility decreased and additional support was required from staff.

At the time of this visit 15 people were living at Park House. We found a member of senior care staff, one member of care staff and the registered manager were on duty. Additional support was provided by an activities coordinator and the ancillary staff took an active role in providing support, other than 'hands on' care to people. We saw people received care and support in a timely manner and staff were visible around the home, supporting people and sharing conversation. We spoke with the

registered manager about staffing levels. They said that these were determined by people's dependency levels and occupancy of the home. They said they felt staffing numbers were safe and the service was able to meet people's needs with the current staffing numbers. We looked at the homes staffing rota for the two weeks prior to this visit, which showed that the calculated staffing levels were maintained so that people's needs could be met. All the staff spoken with said enough staff were provided to meet and support people with their needs.

People and their relatives said they were happy with the ratios and number of staff who supported them.

From our observations we did not identify any concerns regarding people who used the service being at risk of harm. We found the home was clean with no obvious hazards noticeable such as the unsafe storage of chemicals or fire safety risks. Systems were in place to monitor the safety of the building and the equipment in use within the home. Records showed the passenger lift, gas and electrical systems were serviced regularly to ensure they were in good working order.

The home had a fire risk assessment in place which included an emergency evacuation plan. We also found that each person who used the service had a personal emergency evacuation plan (PEEP). We noted that the fire assessment was last reviewed in November 2013. The registered manager said they would update the fire risk assessment plan as a matter of priority.

Fire/Smoke alarms were tested by staff on a weekly basis. We saw records of these tests. We saw evidence that fire drills were conducted on a monthly basis. The registered manager recognised the value of these drills as a training exercise for staff.

We found that policy and procedures were in place for infection control. Training records seen showed that all staff were provided with training in infection control.

Is the service effective?

Our findings

People living at the home said their health was looked after and they were provided with the support they needed. Comments included, "I see the doctor regularly, they are at the home most weeks", "The staff are excellent. I had an appointment at the hospital and my key worker came with me on their day off to go with me. After I had seen my consultant they even took me to another department in the hospital to see if we could sort out another minor medical problem I had, that's dedication for you."

Relatives spoken with had no worries or concerns regarding the healthcare support provided to their loved one.

Healthcare professionals spoken with had no concerns with the home and told us they found the staff to be caring. One professional told us, "The care is very good and staff are very responsive to residents."

People told us the food was good and they enjoyed the meals. Comments on the food included, "The food is excellent," "Food is all home cooked and the quality is excellent" and "When my family come and want to take me out for a meal, I say I would rather eat here. The food is so much better."

We observed breakfast and lunch being served. There were clean table cloths, serviettes, drinks and condiments on the tables. We saw meals were nicely presented; the food looked appetising. People said they were enjoying their food. Staff served meals and made sure people had what they needed. There was a relaxed atmosphere in the room. People were allowed to eat at their own pace and weren't rushed. People ate their breakfast at varying times during the morning. This showed a flexible approach to providing nutrition. Staff were aware of people's food and drink preferences and respected these.

We spoke with the cook who was aware of people's food preferences and special diets so that these could be respected. A record of people's food likes, dislikes and allergies was kept in the kitchen and the cook was very aware of these and showed a very detailed knowledge of every person's preferences. This demonstrated that staff had a good knowledge of the people in their care. We looked at the menu for four weeks and this showed that a varied diet was provided. People were offered an alternative if they did not like or 'fancy' the main meal. One particularly nice touch was explained to us in relation to

any person celebrating their birthday. The cook and people explained how the person celebrating their birthday chose the lunchtime menu and the cake of their preference. A person whose birthday was being celebrated the day after our inspection had chosen a roast lamb dinner and fruit cake. One person said they did not like lamb so was being offered an alternative.

Staff told us the training was 'very good' and they were provided with a range of training that included people moving people, infection control and safeguarding people. We saw a training record was in place so that training updates could be delivered to maintain staff skills. Staff spoken with said the training provided them with the skills they needed to do their job. We saw 'posters' inviting staff to attend future training events.

We found that the service had policies on supervision and appraisal. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually. Records seen showed that staff were provided with supervision and annual appraisal for development and support. Staff spoken with said they usually received individual supervisions every three months, group supervisions took place on a regular basis and they could talk to the registered manager or a senior member of care staff at any time. We saw one of these group supervision meetings taking place during our inspection. We did not, however, find any records of group supervisions taking place. The registered manager said they were not always recorded. We discussed the frequency and recording of supervisions with the registered manager. The registered manager gave a commitment to record group supervisions to evidence these had taken place and to provide written updates and guidance to staff.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the MCA (Mental Capacity Act 2005) legislation which is in place for people who are unable to make all or some decisions for them. The legislation is designed to ensure that any decisions are made in people's best interests. Also, where any restrictions or restraints are necessary, that least restrictive measures are used. The registered manager was aware of the role of Independent Mental Capacity Advocates (IMCAs) and how they could be contacted and

Is the service effective?

recent changes in DoLS legislation. Staff confirmed that they had been provided with training in MCA and DoLS and could describe what these meant in practice. This meant that staff had relevant knowledge of procedures to follow in line with legislation. The registered manager was aware that, where needed, DoLS were referred to the Local authority in line with guidance.

We looked at three people's care plans. They all contained an initial assessment that had been carried out prior to

admission. The assessments and care plans contained evidence that people had been asked for their opinions and had been involved in the assessment process to make sure they could share what was important to them.

The care records showed that people were provided with support from a range of health professionals to maintain their health. These included district nurses, GP's, dentists and NHS consultants. People's weights were monitored and we saw detailed food and fluid charts were completed for people identified as needing this support to maintain their health.

Is the service caring?

Our findings

People told us they were happy living at Park House. Comments included, "It's lovely here, staff look after us really well," "Second to none here," "Superb, very good," "Staff can't do enough for you, they are very caring," "I didn't want to come at first, but I am much better off now" and "The staff are lovely I like them all but [name of staff] is really marvellous."

All the people asked said they could make choices and their privacy was respected. People said staff asked them for their views and listened to what they said. We heard staff offer to help a person move to a more private area of the home when visitors arrived to see them.

During our inspection we spent time observing interactions between staff and people living at the home. It was clear that staff had built positive relationships with people and they demonstrated care and compassion in the way they communicated with and supported people. We saw that in all cases people were cared for by staff that were kind, patient and respectful. We saw staff acknowledge people when they passed them in a corridor or entered a communal room. People were always addressed by their names and staff seemed to know them well. People were relaxed in the company of staff.

All of the staff spoken with said they knew the people living at Park House very well. Comments included, "We get to know people well because it's a small home" and "Whatever people want they can have, it's home from home."

All assistance with personal care was provided in the privacy of people's own rooms.

People told us they chose when to get up and go to bed, what to wear and what they ate and this was respected by staff. Some people told us they chose to spend time in their rooms and this was also respected by staff. One person said, "I'm a private person, I don't mind having meals in the dining room but that's about it, staff and the manager regularly come to see me in my room to have a chat and to make sure I'm comfortable."

We did not see or hear staff discussing any personal information openly or compromising privacy. Staff were able to describe how they treated people with dignity. Comments included, "We always ask people what they want, what time they want to get up, go to bed, we must always give people choice."

The registered manager said that visiting times were flexible and could be extended across the 24 hour period under certain circumstances and with the agreement of and the consent of the person using the service.

Relatives spoken with said that they visited regularly and at different times of the day. We saw visitors were greeted warmly by the staff and the registered manager who clearly knew them well.

Is the service responsive?

Our findings

People living at the home said staff responded to their needs and knew them well. They told us they chose where and how to spend their time, where to see their visitors and how they wanted their care and support to be provided.

People said, "I go out with my family, we go for a meal or a drive into the countryside," "We do what we want really, it's very flexible here," "I choose what I want to do in the day, I often go for a walk with my dog, I just let staff know that I am going out." The person explained to us that it had been agreed for the person's pet dog to accompany them when they came to the home a few months ago.

People said they maintained regular contact with their families. Relatives said, "We stay in touch, although we are far away the manager is very good at keeping us informed, we are always made to feel very welcome when we visit."

The staff clearly knew people very well and during our discussions and observations staff frequently made reference to family members, and joined in discussions about plans for forthcoming family events and plans for holidays.

The provider employed an activities worker for two days each week and a notice board informed people of forthcoming events. These events included walks in the village, visits to the local pub, day trips, film days and reminiscence quizzes. This showed a responsive approach.

We joined a group of people who were playing a ball game that encouraged reminiscence. The activity worker used their skills to ensure everybody joined in the activity which also incorporated a social type coffee morning. People said they enjoyed the activity and there was shared laughter with people, staff and inspectors who took part.

Throughout our inspection we saw and heard staff asking people their choices and preferences, for example, asking people what they would like to drink, what they would like to do and if they needed any help.

We looked at three people's care plans. The care plans seen contained details of people's identified needs and the actions required of staff to meet these needs. The care

plans seen contained information about the person's preferred name and how people would like their care and support to be delivered. This showed that important information was available so staff could act on this.

People who used the service and their relatives we spoke with said they could recall being involved in their care planning on admission. They said they had regular discussions with the registered manager and senior care staff to discuss their ongoing care and support.

Staff spoken with said people's support plans contained enough information for them to support people in the way they needed. Staff spoken with had a very good knowledge of people's individual health, support and personal care needs and could clearly describe, in detail, the history and preferences of the people they supported.

We saw that care plans had been reviewed each month. Records detailed an overview of the previous month and noted any changes to the person's health and well-being. These gave a good picture of the person and their current needs. Where changes had been identified as needed, we saw that care plans had been amended to reflect these. For example, one person's plan had been updated to reflect changes in dietary needs. This example showed that care plans contained relevant and accurate information.

Healthcare professionals spoken with had no concerns with the home and told us they found the staff to be caring. One professional told us, "The care is very good and staff are very responsive to residents."

Stakeholders we spoke with told us they had no current concerns about Park House.

There was a complaints procedure in place and we saw a copy of the written complaints procedure on display in the entrance area of the home. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. This showed that people were provided with important information to promote their rights and choices. We saw a system was in place to respond to complaints. A complaints record was maintained and we saw records of appropriate action being taken in response to a complaint and the outcome of the complaint. The registered manager informed us there were no current complaints about the home.

Is the service well-led?

Our findings

The manager was registered with CQC.

People living at Park House and their relatives provided consistently positive feedback about the staff and registered manager. Comments included, “The staff are really good, it’s a fabulous place here,” “superb staff and place,” “Staff can’t do enough for you, very caring” “They [staff] look after us really well,” “Staff and Park House is second to none,” “[Name of Registered manager] and all the staff are very good, they are very thorough and make sure everything is done correctly.”

People and their relatives told us that staff were approachable, friendly and supportive.

During our inspection we saw good interactions between the staff on duty and people who lived in the home. We observed the registered manager and staff around the home and it was clear that they knew the people living at the home very well.

People and relatives we spoke with told us they knew who the registered manager was and said they were approachable and would deal with any concerns they might have. They said they saw the registered manager and registered provider around the home on a daily basis.

We observed that people and their relatives knew the registered manager by sight and name and freely approached them and exchanged views about the service.

We saw a positive and inclusive culture in the home. All staff said they were a good team and could contribute and feel listened to. They told us they enjoyed their jobs and the management was approachable and supportive. Comments included, “The manager is really supportive and available 24 hours a day” and “The manager is very approachable and has been very good with me on a work and personal level.”

Staff said they were ‘happy’ to work at the service. Staff said, “It’s a lovely place to work, the residents are amazing” and “It’s a lovely place to work, we all get on, the residents are looked after how they should be.”

When we asked people what could be improved, most people told us they could not think of anything.

People could not remember if formal ‘resident meetings’ took place but said they saw the registered manager and

registered provider on a regular basis. Although we did not see these, the registered manager confirmed minutes of the last ‘residents meeting’ were displayed in the ‘garden room’.

We found the quality assurance policies in place were adhoc and disjointed. We saw some audits were undertaken by the senior staff as part of the quality assurance process. The staff had undertaken some care plan audits. Any issues relating to the care plan documentation had been followed up and rectified by senior care staff. There was no documented evidence of any medication audits being undertaken by the provider. Some environmental audits such as wheelchair checks and hot water temperature checks had been undertaken but all the information was stored in different files which could not be easily located by staff. Gaps in quality monitoring, audits and monitoring visits meant that quality assurance systems were not fully in operation.

Surveys to people using the service and their representatives to formally obtain and act on their views, had not been undertaken as part of the quality assurance process. We discussed this with the registered manager who informed us they thought surveys were sent to people and relatives, but not health professionals or staff about two years ago.

Staff said staff meetings did take place to share information and obtain feedback from staff. The registered manager assured us meetings were regularly held and staff also confirmed this, minutes of meetings and other information were recorded in the daily communication book so information could be shared with staff who were off duty at the time of any meeting.

Some of the services policies and procedures had not been updated from between 2009-2013. This meant that staff could not be kept fully up to date with current legislation and guidance.

Our findings during the inspection showed the provider had not ensured there were robust systems in place to assess, monitor and improve the quality and safety of the home.

These findings evidenced a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance.

Is the service well-led?

The registered manager was aware of the home's obligations for submitting notifications in line with the

Health and Social Care Act 2008. The registered manager confirmed that any notifications required to be forwarded to CQC had been submitted and evidence gathered during the inspection confirmed this.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Service users were not protected against the risks of inappropriate or unsafe care or treatment because the provider did not have effective systems to monitor the quality of the service provision.