

Park House Care (Sandy) Limited

Park House Nursing Care Centre

Inspection report

Mill Lane
Sandy
Bedfordshire
SG19 1NL

Tel: 01767692186

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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?	Good ●

Summary of findings

Overall summary

Park House Nursing Care Centre provides care and support for up to 30 elderly people, some who may be living with dementia. At the time of our inspection 23 people were using the service. It is an extended Grade II listed building with accommodation over two floors.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

People using the service felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and they felt confident in how to report these types of concerns. People had risk assessments in place to enable them to be as independent as they could be in a safe manner. Staff knew how to manage risks to promote people's safety, and balanced these against people's rights to take risks and remain independent.

There were sufficient staff with the correct skill mix on duty to support people with their required needs. Effective recruitment processes were in place and followed by the service. Staff were not offered employment until satisfactory checks had been completed.

Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who used the service. Effective infection control measures were in place to protect people.

People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were knowledgeable of this guidance and correct processes were in place to protect people. Staff gained consent before supporting people. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff received an induction process and on-going training. They had attended a variety of training to ensure that they were able to provide care based on current practice when supporting people. They were also supported with regular supervisions and observed practice.

People were able to make choices about the food and drink they had, and staff gave support if and when required to enable people to access a balanced diet.

People were supported to access a variety of health professionals when required, including opticians and

doctors to make sure that people received additional healthcare to meet their needs.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service well. People and relatives, where appropriate, were involved in the planning of their care and support.

People's privacy and dignity was maintained at all times. Care plans were written in a person-centred way and were responsive to people's needs. People were supported to follow their interests and join in activities.

People knew how to complain. There was a complaints procedure in place and accessible to all. Complaints had been responded to appropriately.

Quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement.

Further information is in the detailed findings below

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 remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service remains Good	Good ●

Park House Nursing Care Centre

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 unannounced comprehensive inspection took place on 16 November 2018 and was carried out by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority, we checked the information we held about this service and the service provider. No concerns had been raised.

During our inspection we observed how staff interacted with people who used the service. We observed lunch, general observations and activities.

Some of the people who used the service were living with dementia and were not able to verbalise with the inspectors, however, they responded by smiling and using positive body language.

We spoke with three people who used the service and two relatives of people who used the service. We also spoke with the registered manager, a lead nurse, a senior care assistant, two care assistants, a laundry person and the chef.

We reviewed one person's care records, two medication records, two staff files and records relating to the management of the service, such as quality audits and complaints.

Is the service safe?

Our findings

People told us they felt safe. Staff were knowledgeable about different types of abuse and the correct reporting procedures. They were confident that issues raised would be dealt with by senior staff. One member of staff said, "I would report it." They went on to say they were confident any issue would be dealt with. A relative said, "Yes, she is very safe here."

People had risk assessments in place to enable them to be as independent as possible whilst keeping them safe. Risk assessments included; behaviour, eating and drinking, skin integrity and self-neglect. These were written to inform staff what the risk was and what to do to try to mitigate the risk. These had been reviewed on a regularly basis.

People told us there was enough staff. There were enough staff with varying skills on duty to support people with their assessed needs. One member of staff told us, "There are enough of us." Staff did not appear rushed and spent time with people.

We observed lunch time medication being administered. The staff used an electronic system for ordering and administration of medication. Electronic records were checked. Medicines were stored correctly. The lead nurse told us that the electronic system enabled staff to be alerted when any medicines were due, this was useful for time critical medicines. It also allowed an ongoing stock check and audit trail.

Park House Nursing Care Centre was visibly clean and concerns were not identified in relation to infection control. People and their relatives commented that the home was clean and tidy. One relative said, "It's clean and there is never a smell." The provider employed housekeeping staff. There were plentiful supplies of Personal Protective Equipment (PPE) for staff use. Catering staff had received appropriate training to enable them to prepare, store and serve food hygienically.

Accidents and incidents were recorded and investigated. They were analysed for any trends. The lead nurse told us that if any trends were identified they would work with staff and people to find a solution. The yearly accidents and falls numbers were displayed in the office.

Is the service effective?

Our findings

People's needs had been assessed prior to admission. Care plans we viewed shows this had taken place. They had been completed with the person or where appropriate with their family or representatives. Care records were personalised and contained good information for staff to allow them to support people as assessed. Appropriate plans were seen that covered topics such as; communication, continence, personal care, nutrition and skin care.

Staff told us they had received training appropriate to their roles and gave examples. They commented that the training was of a high quality. A lead nurse told us she and the provider had attended some specialist dementia training which had given them some good ideas to introduce into the home. One staff member said, "It does not matter which job you do we all have the same training." People and their relatives told us that the staff were well trained. Observations showed that staff were able to use their skills and experience to meet people's needs.

Staff said they received regular supervision and an annual appraisal. They also said they felt supported by senior staff. For example, one member of staff told us, "We have regular supervisions and they are good."

We observed people being supported to maintain a balanced diet. One person asked for some fruit and was given a varied selection to choose from. People said they enjoyed their lunch and there were enough staff to support them. Drinks and snacks were offered at regular intervals during the day. The chef was aware of people's likes and dislikes and any special dietary needs.

A lead nurse told us they had moved the dining area into another room and had made it more like restaurant dining with nice linen, flowers on the table and assorted drinks to have with meals. One relative said, "The new dining room is lovely, it has made a difference."

People were supported to access additional healthcare when required. Within care records we saw that people had been referred for additional support in a timely manner when required.

The building had been extended and adapted to meet people's needs. There was a secure garden area for people to use. There were areas where people could go with their visitors rather than in their bedrooms.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS). Within people's records we saw capacity assessments had been carried out. Where it had been assessed as the person not having capacity DoLS applications had been submitted. Staff had a good understanding of MCA and DoLS. We observed consent being obtained throughout the inspection.

Is the service caring?

Our findings

People told us that staff were kind and caring. One person said, "The staff are lovely, nothing is too much trouble." A relative said, "Excellent staff, we could not ask for anything more."

Positive relationships had been developed between staff and people who used the service. For example, staff were seen to be very patient with a person who struggled to settle. They spent a long time with them chatting and playing dominoes. They told us the person had days like that but they just spent time with them reassuring them. Staff demonstrated a good knowledge of people's individual needs and preferences.

One person was a little upset after their visitors had left. Staff sat with them and spoke about why they had gone and when they would be back. They settled the person enough to go into the dining room for lunch.

Rotas were devised to allow for staff to support people without being rushed. A staff member explained how they allocated staff on a daily basis for people to be supported. They said, "We are person centred here not task centred. We do what is right for the person."

People were encouraged to express their views and opinions. We observed throughout our inspection that people expressed their wants and needs. Within people's care plans we saw that people had been involved in their development.

People told us their privacy and dignity was respected and kept. We observed staff speak with people in a discreet manner with regards to their personal care and knock and wait to be invited into people's rooms.

Staff understood that people's personal details and information needed to be kept confidential. Records were stored securely and conversations regarding people were held in private.

We saw many visitors arrive throughout our inspection. They were welcomed and staff knew who they were and who they had come to visit. There were areas available for people to sit with their visitors without going to their rooms.

Is the service responsive?

Our findings

Within people's care records we saw that they had been involved as much as they had been able to be. Care records fully reflected people's needs and included guidance on the support a person needed at each stage of the day. They also included a life history which enabled staff to understand them and use in conversation.

The provider employed an activities coordinator. They had a variety of activities planned which were advertised on a large notice board and on a sheet which was given to people so they knew what was on offer. People were supported to access activities and they told us they did not get bored. During our inspection we observed activities taking place. One person said, "I like to do jigsaws, this one is quite hard." There were photographs around the home of people enjoying activities which included baking, pet therapy and tea parties.

The provider had a complaints policy in place. People we spoke with knew how to complain but had not had cause to. One relative said, "I have nothing to complain about." Where there had been a complaint it had been investigated and responded to appropriately following the providers procedure.

The lead nurse told us people would be supported at the end of their life. The registered manager had told us that they worked to the Gold Standard Framework (GSF) with the GP surgery. GSF is a systematic, evidence based approach to optimising care for all people approaching the end of life, delivered by frontline care providers. They would also be supported by the local doctors, nurses and the Partnership for Excellence in Palliative Support (PEPS) team. Within peoples care plans were their end of life wishes. One example seen clearly reflected the person's end of life care wishes. Family and health care professionals had been involved and a DNACPR (Do Not Attempt Cardio Pulmonary Resuscitation) had been completed. The registered manager told us some people were reluctant to discuss this, staff would speak with family or their representatives.

A person had passed away on the morning of our inspection. Staff were seen to deal with this situation in a caring, professional and organised way. They worked with other agencies to ensure the person was treated in a dignified and respectful way. Following the inspection, the family sent a letter to the registered manager thanking them and the staff for their support and asked for it to be passed to CQC.

Is the service well-led?

Our findings

There was a registered manager in post who was aware of their registration requirements. 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.

The provider and management had a clear vision of where and how they wanted to progress the service. A new extension was being built to provide more rooms and a dedicated clinical room. This extension would make improvements to the layout to enhance the environment and work flow for staff. A copy of the plans was displayed in the entrance way. The manager was aware of the day to day culture of the home. The provider visited regularly and was supportive of the registered manager and staff.

We observed that staff and people spoke with the registered manager throughout the day. There was an open-door policy where people and staff could speak with any of the management team at any time. We observed this to happen on the day of the inspection. Staff and management were aware of their responsibilities. There were processes in place for staff to account for the decisions they made on a daily basis. Data was kept confidential, staff had individual log in accounts for the computers and paper files were kept locked in the office.

People were encouraged to voice their opinions or at least make them known. We observed staff asking people's opinions throughout the day. The registered manager had carried out an annual survey for staff, people who used the service and their relatives. We looked at some responses which had been received and they were all positive and some lovely comments had been made. For example; 'My mum feels safe and cared for.' 'The atmosphere is excellent and everyone works very hard to meet people's needs.' And from staff, 'The registered manager and provider are a pleasure to work for.' and, 'Park house has good values and centre care around the service user.'

The registered manager and provider carried out a number of quality audits, if there had been any issues found, an action plan had been devised and signed off when completed. The registered manager told us that when they recently recruited the two lead nurses they were asked to look at the service with new eyes and feel free to make suggestions to improve the service for the people who lived there or for the staff.

The registered manager and provider worked in partnership with other organisations, where appropriate, to provide the best support for people. These included local authority and multi-disciplinary teams.