

Winslow Court Limited

# Park House

## Inspection report

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Date of inspection visit:  
05 September 2023

Date of publication:  
11 October 2023

### 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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Park House is a residential care home providing accommodation and personal care to 6 people at the time of the inspection. The service can support up to 9 people.

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

#### Right Support

People were supported by staff who recognised and reported the risk of abuse. People's risks were assessed, monitored and managed. People were supported by enough staff who were safely recruited to work in the service. People's medicines were managed safely. There were effective systems to prevent and control infections.

People were supported to eat, and drink where required and have a healthy diet. People were well treated and supported with their equality and diversity respected. People received person-centred care which met their needs and preferences and their communication needs were assessed and met.

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.

#### Right Care

People's needs were assessed and delivered in line with their choices and they were supported by staff who were trained to meet their needs. Staff worked with other health and social organisations. The home was adapted and decorated to meet people's needs and preference. They were supported to share their views and be involved in their care. People were supported to develop and maintain relationships and take part in activities and things of an interest to them.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The provider planned to review the assessments in place to ensure they were decision specific.

#### Right Culture

Processes were in place to record any accidents and incidents. People's privacy and dignity was respected,

and their independence promoted. The provider acted on any concerns and complaints raised to improve people's care.

People were supported by staff who shared a positive culture which provided them with good outcomes. The provider and staff were clear about their roles and responsibilities. The registered manager understood their obligation under the duty of candour. People and staff were involved and engaged in the service whilst we had mixed reviews from people's relatives. The provider was continuing to learn to improve people's care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 11 January 2019).

#### Why we inspected

The inspection was prompted in part due to concerns received about the safety of people. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well led sections of this full report.

#### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# 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

The inspection was carried out by 2 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.

#### 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. Park House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 used all this information to plan our inspection.

### During the inspection

We spent time with people in the communal areas of the home and saw how staff supported people they cared for. We spoke with 3 people who lived at the home and 4 people's relatives. We also spoke with the chief executive officer, registered manager, 4 carers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with 1 professional who was visiting the home. We looked at the care records for 2 people and multiple medicines records for people living in the home. We checked the care people received matched the information in their records. We looked at records relating to the management of the service, including audits and recruitment checks.

# 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. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Medicines were safely administered as prescribed.
- Medicines were stored safely. We found the open date had not been recorded on 1 medicine though records were able to identify when this medicine was opened. The registered manager actioned this immediately.
- Medicines were safely transported and handed over to relatives when people spent time at home. One relative said, "When [person] comes home, we have the right dosage and have to sign docket."
- Protocols for 'as and when' required medicines were sufficiently detailed to provide staff with all the information they needed about when to safely administer these medicines and they were regularly reviewed to ensure they were up to date.
- The competency of staff to safely administer and manage people's prescribed medicines was regularly checked.

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

- The provider had effective safeguarding procedures in place. People living at the service, staff and visitors had access to information about how to protect people from harm.
- Safeguarding and whistle blowing concerns regarding the safety of people had been raised prior to inspection. During the inspection we found the provider and registered manager had supported whistleblowers to speak out and took immediate action to ensure the safety of people.
- People and their relatives told us they felt safe living at the service. One person said, "I am happy here it is really nice; I feel safe, I have good quality staff to look after me." A relative said, "[Person] is very safe here."
- Staff received safeguarding training and had a good understanding of how to keep people safe from abuse. Staff told us they felt confident about raising concerns and that the registered manager would act on them promptly. A staff member said, "I feel confident to raise any safeguarding concerns and I have raised concerns."

### Assessing risk, safety monitoring and management

- Risk assessments were in place to guide staff on how to manage people's safety. For example, risks related to medical conditions such as diabetes and risk from people's behaviour were assessed and mitigation identified.
- People had individual emergency evacuation plans in place. These were accessible for staff to ensure people received the support they needed in the event of a fire or other emergency incident.
- Health and safety checks of the premises were carried out regularly. Risks associated with the premises and environment were well managed. Safety systems and equipment were maintained and serviced at

regular intervals to make sure these remained in good order and safe for use.

#### Staffing and recruitment

- There were enough staff to support people and meet their needs. One person told us, "There are enough staff, they are really good."
- The registered manager reviewed staffing levels at regular intervals to make sure there were enough suitably skilled staff to meet people's needs. For example, when a person's needs temporarily changed the registered manager reviewed the staffing levels and made adjustments where necessary.
- Staff were recruited safely to the service. Recruitment practices were thorough and included pre-employment checks from the Disclosure and Barring Service (DBS) prior to starting at the service. A DBS check provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### 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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- In line with current government guidance there were no restrictions placed on visiting and visitors could access the home freely.

#### Learning lessons when things go wrong

- The management team analysed incidents and accidents in the service to identify trends. This reduced risks to people and improved their care.
- Appropriate action was taken following any accidents and incidents to minimise the risk of events reoccurring. Where needed, healthcare professionals were contacted for additional advice and support.



# Is the service effective?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed and delivered in line with their choices. Their plan of care was individually tailored to meet their needs. The care plans provided staff with clear and up to date information on how to support people.
- The registered manager completed an initial assessment before a package of care was offered. This ensured the provider was able to meet people's needs, preferences and choices.
- People and their relatives confirmed staff knew them well and knew how to support them. One person said, "They (staff) are great they know me really well."

Staff support: induction, training, skills and experience

- Staff had received the training they needed to develop knowledge and skills to complete their roles. All staff had completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff told us they had an induction period and were positive about the training they had received. One staff member told us, "I had a good induction, there was a big effort with offsite training, I done a lot of courses and the quality was good. More than enough to feel prepared to do the role."
- Provider told us the quality of the induction training provided to staff, equipped them to whistle blow and speak up when necessary to keep people safe.

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

- People were supported to eat and drink enough to maintain a balanced diet. People's preferences for food and drink was recorded in their care plan for staff to follow.
- People were supported to eat and drink when needed though were also supported to be as independent as possible when choosing, preparing and eating meals. One person said, "The food is great, I help to cook it and we choose the menu."

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

- The provider worked in partnership with district nurses, GP and psychiatrists to ensure people's healthcare needs were met.
- People had health passports which were used by health and social care professionals to support them in the way they needed. For example, when people needed to visit hospital they had information with them

that hospital staff used to better understand their needs.

- People were supported to attend annual health checks, screening and primary care services. Staff recorded and followed any advice given.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives.

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

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's needs.
- People personalised their rooms how they liked and where able to add their own furniture if they wished. For example, every room was different and some people preferred to display their possessions more than others.

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 MCA.

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager submitted appropriate DoLS applications, when necessary, to ensure people had appropriate legal authorisations in place. The registered manager had oversight of which people were subject to a DoLS authorisation, whether they were subject to any conditions and when they were due to expire.
- Staff had completed MCA training to help them understand the principles of the Act.

# 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 good. At this inspection the rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff members showed warmth and respect when interacting with people. We observed people's needs being met by staff in a manner that demonstrated they knew the person well. One person told us, "[Staff] are great they always knock, they are great they know me really well."
- Staff received equality and diversity training and knew people's needs well.
- Care plans were detailed and written with compassion, they promoted people's choices and preferences.
- Relatives told us that staff were caring, empathetic and compassionate in their approach and managers can be contacted at any time of the day. People using the service shared this and felt reassured that they could have assistance if needed. A relative said, "Staff care very much."

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

- Care plans detailed how to support people to be as independent as possible such as choosing their own clothes and being involved in meeting their own personal care needs.
- Advocacy information was available at the service to support people where needed. Advocacy services offer independent assistance to people when they require support to make decisions about what is important to them.
- People were supported to have choice in their daily lives including the meals they ate, activities they enjoyed and when to get up and go to bed.

Respecting and promoting people's privacy, dignity and independence

- The provider had processes in place to ensure privacy and dignity was maintained
- People were treated with dignity and respect. A staff member told us, "We talk to people as people and include the person in any conversation and part of what is going on." A relative said, "Staff accept [person] as an individual."
- Staff respected people's privacy. Staff were observed knocking on people's doors and asking permission to enter their bedroom. One staff member told us, "We support people to maintain their privacy, closed doors, dressing gowns."
- People were encouraged to maintain their independence. One relative told us "Staff are considerate and help [person] to be as independent as possible."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- People and relatives told us they were involved in the planning of their care packages and felt confident to put forward any changes that may need to be made.
- Staff knew people's care needs and preferences and care plans were reflective of people's current needs, including their protected characteristics. The plans were comprehensive, covering all aspects of people's lives such as health, independence, goals, skills and abilities, and guided staff on how best to support people.
- People were asked for consent before staff provided support which gave people choice and control in their lives.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were identified and detailed in care plans. Staff had a good understanding of person-centred communication.
- Documents such as surveys and complaints procedures were produced in differing formats to meet people's individualistic communicative needs and support them to contribute to the service they received.

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

- The home provided activities such as, walking, shopping, going out for coffee and meals. The home also involved people in a gardening competition with other homes.
- The provider supported people to develop and maintain relationships with others such as family and friends to avoid social isolation. We saw people left the home to visit family and go on holiday with them. A person told us they go home frequently to see family and help with jobs while they are at home.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure for people, relatives and staff to follow should they need to raise a complaint. The registered manager was keen to rectify any issues and improve the quality of the service. We reviewed a complaint and found this had been investigated and actions had been taken to reduce the reoccurrence of the issue raised.

- People and relatives told us they knew how to raise concerns and were assured that these would be listened to and acted upon. A relative said, "I know how to complain to the manager if anything is wrong and can go higher if necessary. But we are very happy and we talk regularly."

#### End of life care and support

- At the time of our inspection there was no one receiving end of life care.
- The registered manager informed us they communicated with people receiving care and their families in relation to any future wishes people had.

# 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 good. At this inspection the rating for this key question has remained 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

- The registered manager promoted an open and transparent culture which promoted good outcomes for people. Staff felt supported and able to raise concerns with the registered manager. One staff member said, "I have raised concerns, the registered manager raised a safeguarding and investigated the concerns."
- People and relatives spoke positively about the service and the care people received. A relative told us, "The atmosphere is very open, friendly and welcoming. It feels like a real home; [person's] home. I do not think we would find anywhere better." Another relative said, "Atmosphere is relaxed, welcoming and everyone says hello. This has a knock-on effect on [person]. [Person] can walk into their house and [staff] will help [person]. Would recommend this place to others as really good."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager and staff were clear about their roles and responsibilities, had the skills, knowledge and experience to perform their role and had a clear understanding of people's needs.
- The registered manager completed a range of comprehensive audits which identified where improvements were required and ensured timely action was taken to make identified improvements. For example, audits identified an issue in their digital system with information not pulling through correctly and immediately took action to address this.
- The registered manager was aware of their role and responsibilities about meeting CQC registration requirements including submitting statutory notifications about the occurrence of any key events or incidents involving people they supported. Notifications were submitted in a timely manner.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they receive. The registered manager was working in accordance with this regulation within their practice.

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

- People and Relatives told us they were consulted about issues relating to people's care.

- People and their relatives had opportunities to provide feedback through surveys. The feedback we reviewed was positive and demonstrated the continued improvements at the service. A relative said, "I completed a survey and put just some areas for improvements. It was all logged by the manager, and they told us what they will do."
- Regular meetings and supervisions with staff were held where they were updated on developments and received feedback. Staff were encouraged to be involved in the development of service delivery.

#### Working in partnership with others

- Staff worked closely with external health and social care professionals to ensure people received the support they required, and the home continued to improve. Feedback from professionals was positive.
- Where changes in care were made, we saw staff had good communication systems in place to share information about people's needs.