

Winslow Court Limited

Park House

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? | Good ● |

Summary of findings

Overall summary

What life is like for people using this service:

- People enjoyed living at Park House and were cared for by staff who were caring and considerate.
- Staff understood people's rights to dignity, respect and independence and promoted these in the way they cared for people.
- People, their relatives and other health and social care professionals were involved in planning people's care. Staff used people's preferred ways of communicating, to assist people to decide what care they wanted.
- People were supported to enjoy a range of activities which reflected their interests, and enhanced their lives.
- People received support to keep in touch with relatives and friends who were important to them.
- People had access to the healthcare they wanted. Staff highlighted how relationships developed with other health and social care professionals had led to prompt access to health provision. This improved health and well-being outcomes for people living at Park House.
- Systems were in place to promote people's safety, and staff understood and supported people so their individual risks were reduced.
- There was sufficient staff to care for people and the environment was regularly checked, to enhance people's safety.
- Staff had received training and developed the skills they needed to care for people. The risk of accidental harm or infections was reduced as staff used the resources and equipment provided to do this.
- We found people's medicines were administered safely. Staff provided people with the support they needed to have the medicines they needed to remain well, and people's medicines were regularly reviewed and checked.
- The registered manager and staff worked together to plan people's care, so people's needs would be met and they would enjoy a good level of well-being.
- People and staff and were encouraged to make any suggestions for improving the care provided and the service further. The registered manager planned to obtain further feedback from people's relatives and other health and social care professionals, and was intending to use this feedback to reflect on the quality of care provided.
- The registered manager and strove to drive through improvements in people's care, so people would continue to enjoy living at Park House.
- We found the service met the characteristics of a "Good" rating in all areas; More information is available in the full report

Rating at last inspection: Good. The last report for Park House was published on 15 July 2016.

About the service: Park House is a residential care home, providing personal care and accommodation. There were six younger people, living with either learning disabilities or autistic spectrum disorders, at the

home at the time of the inspection.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

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 as part of our regulatory functions. This inspection checked 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.'

Inspection team: One inspector carried out the inspection.

Service and service type: Park House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

What we did when preparing for and carrying out this inspection: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does 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 we saw how staff supported the people they cared for. We used the Short Observational Framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with seven members of staff including the provider's representative, the registered manager and five care staff. We also spoke with one health and social care professional who regularly visits Park House, to provide care to the people living at the service.

We reviewed a range of records. This included three people's care records and multiple medication records. We also looked at records relating to the management of the home. These included systems for managing any complaints, and minutes of meetings with people and staff. We also saw registered manager's checks on the quality of care provided. For example, surveys completed by people.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes

- The registered manager and staff understood their responsibility to safeguard people from abuse.
- Staff had received specialist training and knew what action to take in the event of any concerns for people's safety, including when people were anxious, and were presenting any risks to other people living at Park House.
- The provider continued to check the suitability of potential staff to care for people living at the home.

Assessing risk, safety monitoring and management

- Staff knew people's individual safety risks well and used this knowledge when regularly checking if people needed support.
- Staff acted promptly if people needed support with their safety.
- People's care plans contained risk assessments which related to their safety and support needs. For example, if people were at risk of when eating or required extra support to manage relationships which were important to them. Staff had clear guidance to follow to reduce risks to individuals and other people living at the home.
- The environment was regularly checked by staff and free from hazards.

Staffing levels

- Staffing levels enabled people to have support when they wanted. There were suitable numbers of staff to care for people and to spend time individually assisting people. For example, if people were distressed, or wanted to spend time communicating with staff.
- Staffing levels were based on the needs of people living at the home. Staff gave us examples of times when staff levels were increased to meet people's needs. This included in response to people experiencing increased anxiety, and to ensure staffing levels would meet people's safety and well-being needs.
- One staff member explained staff covered shifts, rather than use agency staff so people would benefit from consistent care, from staff who knew them well.

Using medicines safely

- People's medicines were managed safely. Staff had to undertake training and have their competency checked before they could administer people's medicines. Staff competency was subsequently regularly checked.
- Staff worked with people's GPs, so people's medicines were regularly reviewed. One staff member gave us an example of a desirable decrease in medication for one person because of this.
- People's medicines were stored and disposed of safely.
- The administration of medicines was regularly checked by the registered manager, so they could be

assured these were provided as prescribed.

Preventing and controlling infection

- Staff were supported to follow good infection control processes and confirmed they were provided with the equipment and training needed to reduce the likelihood of people experiencing poor health.
- We saw staff used the equipment required to promote good infection control to maintain a safe environment. We also saw where risks of infection were heightened, the provider was proactive in reducing the risk. For example, by ensuring suitable flooring was in place.

Learning lessons when things go wrong

- Accidents, near misses and untoward incidents were regularly reviewed by the registered manager with staff, so any learning could be taken from these. We found staff communicated information about incidents frequently and adjusted the care provided to further reduce the likelihood of reoccurrences.

Is the service effective?

Our findings

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

Good: ☐ 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, their relatives' and other health and social care professionals' views were central to the assessment of care needs. This helped to ensure staff had a good understanding of what care people wanted and how they wanted this to be provided.
- The registered manager highlighted the possible impact on people already living at the home was carefully considered before new people moved to Park House. This was to ensure any possible impact on people already in receipt of the service was mitigated.
- Staff applied the knowledge gained during assessments, so people's preferences and needs were met.

Staff skills, knowledge and experience

- Staff had developed the skills required to care for people. People told us staff knew how to support them. This included specialist training to care for people with autism.
- Staff told us they undertook a comprehensive induction programme. This included working with more experienced staff, initially.
- We found staff used the skills gained through induction and training to carry out their roles effectively.

Supporting people to eat and drink enough with choice in a balanced diet

- People were encouraged to let staff know what they would like to eat and drink, and their choices were respected. Some people liked to develop their independence by preparing some of their drinks. This helped to ensure people had enough nutritional and fluid intake.
- Staff understood if people required specialist diets or particular textures of food and ensured people received the support they required.
- We saw people received support from staff to have enough to eat and drink, and staff chatted to people when supporting them. People's mealtimes were not rushed, and people chose where they wanted to eat their meals.

Staff providing consistent, effective, timely care

- Staff met at the end of each shift to consider if people's care needed to be adjusted to meet their needs.
- The registered manager had put systems in place so staff could work effectively with other health and social care professionals. Staff gave us examples of benefits to people because of the way they and other organisations worked together. These included timely support if people were unwell, and improvements in people's access to healthcare, as their preferences for care were communicated across organisations.
- People had health and hospital passports in place. These supported people and other health and social care professionals to provide the care people needed, based on people's preferences.

- A health and social care professional who was visiting the home on the day of our inspection told us staff knew people's health needs well. The health and social care professional told us, "Staff follow any advice we give them." We saw staff encouraged people to attend routine health appointments, for example, influenza inoculations, so people would enjoy the best health possible.

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

- People were encouraged to be involved in decisions about the home and how these could be best used to meet their needs. One person liked to spend time quietly, with support from staff to do things they enjoyed. We saw "The Hive", a building adjacent to the home, provided opportunities for people to do this. Staff told us other people enjoyed spending time playing pool and enjoying making craft items in The Hive.
- People's smiles showed us they enjoyed having their own, personalised rooms, and using the communal areas of the home. These included areas where people could chat and socialise and eat together if they wished.

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 Act requires 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

- People were supported to be involved in decisions about their care. Where people needed support to make some decisions this was provided by staff.
- Staff respected people's decisions, for example, if people did not want to do a particular activity or attend a routine health appointment owing to distress, this was observed.
- We found the MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way, authorisation correctly obtained, and any conditions observed.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People's smiles showed us they liked the staff who cared for them. We saw people were relaxed around the staff who supported them and confident to ask for any assistance they wanted.
- Staff spoke warmly and respectfully about the people they cared for, and good relationships had developed between people and the staff who cared for them.
- The visiting health and social care professional highlighted staff were considerate to people and knew their histories and preferences well.
- One staff member told us, "You look at care plans, but you find out so much by sitting and working alongside residents." Staff used their understanding of people's histories, preferences and needs when caring for them. This ensured people were communicated with and supported in the ways they liked.
- We saw staff were caring and considerate to the people they supported. This included staff spending time communicating with people, so they would know they were central to life at the home.

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

- People made day to day decisions about their care. For example, people decided what they wanted to eat, and what enjoyable things they would like to do. Where people needed support from staff to make their own decisions this was provided by staff. For example, staff understood one person was confused by having too many choices. Staff supported this person by offering them two different things to choose from, so they were empowered to make their own decision. One staff member said, "You don't just talk about food choices, you open the cupboards and show [people]."
- Staff supported people to make decisions in the ways they preferred. We saw "consultation books" had been developed by staff. These summarised individual meetings between people and staff, and set out people's changing decisions about what care they would like. For example, what interesting things people would like to do, and their food and preferences, and times they preferred to eat their meals. The consultation books contained pictures and photographs which helped people to decide what they wanted and recorded their decisions. We saw people valued these records, as they reminded them what fun things had been agreed.
- Records showed us where this was appropriate relatives and external health and social work professionals had been involved in supporting people to make decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People's level of independence was recognised and promoted by staff who cared them. Staff gave us examples where people's independence was recognised and celebrated. For example, staff had worked out how to support one person so they were more independent in laundering their own clothes. The staff member said, "We want people here to grow as well."

- People's right to dignity was reflected in the way staff cared for them. One staff member gave us an example of how people were supported when they spent time away from their home, so their dignity needs would be met. The registered manager said, "Staff are discreet and supportive. For example, they will make sure people have their dressing gowns on when needed." The registered manager had also put processes in place so people were supported by their preferred gender of staff member when personal care was provided.
- We found people's confidential information was securely stored.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Good: ☐ People's needs were met through good organisation and delivery.

Personalised care

- People's care plans recorded their goals and care preferences and histories.
- People's relatives had been consulted about the care planned for their relatives. Staff and other health and social care professionals' views on the care planned for people were listened to and incorporated into people's plans so their needs would be met.
- Care planning was based on information provided by people at the time of their assessments and subsequent care plan reviews. This helped to ensure people's care reflected their current preferences and needs.
- Staff understood the importance of planning people's care to ensure the structure people wanted was put in place. We saw examples of plans, such as the "consultation books" which were provided in line with the Accessible Information Standards.
- Support people needed to maintain key relationships was included in their care plans. Staff gave us examples of the individualised support they provided so people could stay connected with their families and friends, and to do this safely.
- People smiles enjoyed the activities they planned with staff. We saw staff worked in flexible ways to meet people's preferences. For example, we saw staff offered additional activities to one person as they were distressed. We saw the person was considerably less anxious when they returned from an impromptu trip out with staff.
- Staff highlighted how knowing people well helped them to make suggestions for developing people's independence further. The registered manager gave us an example of a suggestion made by staff to help realise one person's independence goals. The registered manager explained there were plans to buy one person a coffee machine, so they could enjoy making their own drinks.
- We found staff supported people to make decisions about what activities and holidays they might enjoy. One staff member told us, "We got all the travel books out. [Person's name] is really excited about their holiday."
- The home had been registered with CQC before Registering the Right Support guidance and Building the Right Support had been developed. However, we found the care provided included choice, promotion of independence and inclusion. People living with learning disabilities at Park House were supported to live as ordinary a life as any citizen.

Improving care quality in response to complaints or concerns

- Systems were in place to manage and respond to complaints or any concerns raised. We saw the registered manager escalated complaints to the provider. We also saw senior staff used complaints and concerns to drive through improvement in the home.

End of life care and support

- The service had provided end of life care to people since our last inspection. The registered manager had begun to put systems in place to ensure people's needs at the end of their lives were assessed and planned, so their wishes were respected. The registered manager told us they planned to develop this area of work further, so all people's wishes at the end of their lives would be known and respected.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- People living at Park House liked to spend time with care staff and the registered manager.
- Staff told us they enjoyed their work and said they were encouraged to reflect on people's individual needs, so they would have the best care possible. One staff member told us, "Staff are happy, because you can talk to [registered manager's name]. You can have a debate, and decide together what's best for people."
- The registered manager told us, "We want people to be happy and safe, and know this is a real home. You watch the relationships with [people] and staff. You can see they will go to any staff member when they want help."
- Staff confirmed they were clear about the registered manager's vision. We found staff understood how they were expected to care for people. One member of staff told us, "[Registered manager's name] wants the best for [people] and for them to have a choice and grow."

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The home was managed well and people's care needs were met.
- Staff were supported by constructive feedback on their practice from their peers, senior staff and the registered manager. Staff explained they were supported to understand their roles through regular meetings with their managers.
- The registered manager and senior staff checked the quality of the care provided. For example, checks were made to ensure people's medicines were administered as prescribed.
- The registered manager was supported to provide good care to people, based on best practice standards, by the provider, research linked to people's lifestyle choices and support from other local managers.

Engaging and involving people using the service, the public and staff; Working in partnership with others

- People and staff had recently been asked for their views on the service provided, through surveys. We found people's and staffs' feedback had been very positive. The registered manager advised us surveys were in the process of being sent to relatives, and other health and social care providers, and would be used to develop the care provided, further.
- The health and social care professional told us they found the registered manager and staff to be open, and said staff listened to any suggestions for developing the home or people's care further.
- Staff were confident any suggestions they made for driving through improvements in people's care would

be listened to. The registered manager gave us examples of suggestions made by staff, so people would have access to new and fun things to do, and more opportunities to express their decisions. We found these suggestions had been acted on, so people's lives were enhanced.

- The registered manager gave us an example of how staff had worked effectively with the local community. This had led to improved access to local shops for one person living at the home.
- The registered manager and staff had developed close working relationships with other health and social care professionals. These included people's GPs and speech and language and mental health professionals. This helped to ensure people's physical and mental health needs were promptly met and they could continue to enjoy maintaining relationships which were important to them.

Continuous learning and improving care

- There was a drive to learn and improve people's care further. Staff were encouraged to take learning from any incidents and to reflect on the standards of care provided, so lessons could be learnt.
- The registered manager also reported key events to the provider, such as untoward incidents and complaints, so they could be assured people were receiving good care.