Care Quality Commission

Ultimate Care UK Ltd

Park Manor

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

Park Manor provides accommodation and personal care for up to 21 older people, some living with dementia. There were 15 people living in the service when we inspected on 9 May 2017. This was an unannounced inspection.

There was a registered manager in post, who was also a director. 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.

There were systems in place to guide staff to ensure the safety of the people who used the service. Risk assessments provided guidance to staff on how risks to people were minimised. There were arrangements in place to ensure people's medicines were stored and administered safely.

Staff were available when people needed assistance, care and support. The recruitment of staff was done to make sure that they were suitable to work in the service and people were safe. Staff were trained and supported to meet the needs of the people who used the service.

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. People's nutritional needs were assessed and met. People were supported to see, when needed, health and social care professionals to make sure they received appropriate care and treatment.

Staff had good relationships with people who used the service and were attentive to their needs. Staff respected people's privacy and dignity and interacted with people in a caring, respectful and professional manner. People and/or their representatives were involved in making decisions about their care and support.

People were provided with personalised care and support which was planned to meet their individual needs. People were provided with the opportunity to participate in activities which interested them. A complaints procedure was in place. People's concerns and complaints were listened to, addressed in a timely manner and used to improve the service.

There was an open and empowering culture in the service. Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service. The service had a quality assurance system and shortfalls were addressed promptly. As a result the quality of the service continued to improve.

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.

There were systems in place to minimise risks to people and to keep them safe.

Staff were available to provide assistance to people when needed. The systems for the safe recruitment of staff were robust.

People were provided with their medicines when they needed them and in a safe manner.

Is the service effective?

Good

The service was effective.

Staff were trained and supported to meet the needs of the people who used the service.

The Deprivation of Liberty Safeguards (DoLS) were understood and referrals were made appropriately.

People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

Is the service caring?

Good

The service was caring.

People were treated with respect and their privacy, independence and dignity was promoted and respected.

People and their relatives were involved in making decisions about their care and these were respected.

Is the service responsive?

Good

The service was responsive.

People's wellbeing and social inclusion was assessed, planned and delivered to ensure their individual needs were being met.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Is the service well-led?

Good

The service was well-led.

The service provided an open culture. People were asked for their views about the service and their comments were listened to and acted upon.

The service had a quality assurance system and identified shortfalls were addressed promptly.

Care Quality Commission

Park Manor

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 inspection took place on 9 May 2017 and was undertaken by one inspector.

We reviewed information we held about the service, such as notifications and information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with six people who used the service and three relatives. We observed the care and support provided to people and the interaction between staff and people throughout our inspection. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who may not be able to verbally communicate their experience of the service with us.

We looked at records in relation to four people's care. We spoke with the registered manager, a director and seven members of staff, including the deputy manager, care, activities and catering staff. We looked at records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service.

Good

Is the service safe?

Our findings

People told us that they were safe living in the service. One person said, "I do feel safe." A person's relative commented that they felt that their relative was safe living in the service and that they were kept updated with any issues which may affect their relative. We saw letters and cards which had been sent to the service thanking them for the care and support provided. One card stated, "It is such a relief to know [person] is safe and well looked after." We saw staff ensuring people's safety, for example, when mobilising around the service.

Staff had received training in safeguarding adults from abuse. Staff understood their roles and responsibilities regarding the provider's safeguarding policies and procedures and how they could raise safeguarding concerns to the local authority, who are responsible for investigating concerns of abuse. This meant that there were systems in place intended to protect people from abuse. The registered manager gave us examples of actions taken when there had been previous concerns, which included disciplinary action and developed protocols to reduce the risks of similar issues happening. When incidents had happened, the service had apologised to the person and their relatives, where appropriate, in line with the Duty of Candour requirements.

Care records included risk assessments which provided staff with guidance on how the risks to people were minimised. This included risk associated with using mobility equipment, falls and pressure ulcers. Where people were at risk of developing pressure ulcers records showed that there were systems in place to reduce these risks. This included the use of pressure reliving equipment and the administration of prescribed barrier creams. The registered manager told us that there were no people living in the service who had pressure ulcers. The risk assessments were regularly reviewed and updated. When people's needs had changed and risks had increased the risk assessments were also updated. This meant that the staff were provided with the most up to date information about how they should minimise the risks to people.

Risks to people injuring themselves or others were limited because equipment, including electrical, hoists, the passenger lift and the fire safety had been serviced and regularly checked so they were fit for purpose and safe to use. There was guidance in the service to tell people, visitors and staff how they should evacuate the service if there was a fire.

People told us that there was enough staff available to meet their needs. One person said, "I think there are enough, I never have to wait if I need help." Another person commented, "If I need help, I never have to wait, so I think there are enough."

The registered manager told us that the service was fully staffed and the staffing arrangements were planned to ensure as well as meeting people's physical needs, staff had time to spend with people to meet their emotional and social needs. Our observations and records confirmed the staffing levels we had been told about. One staff member told us, "There is enough staff, we have enough time to have a giggle and chat with people." We saw that the staff were available when people needed assistance, which was provided promptly.

Records showed that checks were made on new staff before they were employed by the service. These checks included if prospective staff members were of good character and suitable to work with the people who used the service. Three staff members we spoke with confirmed that they were not able to start working in the service until satisfactory checks had been received.

People told us that they were satisfied with the arrangements for their medicines administration. One person said, "They [staff] look after my pills for me, they bring them round. Don't think I have had any problems."

We saw that medicines were managed safely and were provided to people in a polite and safe manner by staff. Medicines administration records (MAR) were appropriately completed which identified staff had signed to show that people had been given their medicines at the right time. Where people were prescribed with medicines to be administered when required (PRN) there were protocols in place to advise the staff when these medicines should be considered for administration. This minimised the risks of inappropriate administration of these medicines. People's care records identified how people were to be supported to take their medicines, including their preferences, such as with water. People's medicines were kept safely but available to people when they were needed.

Audits were in place to ensure that any discrepancies were identified and addressed in a timely manner. Where issues had arisen there were systems in place to reduce these risks and the management had also taken action, including disciplinary action, where required. A staff member who was responsible for administering medicines told us how they checked the medicines trolley and records when they started their shift to identify any issues. They also explained the system in place to manage any missing signatures in MAR and the stock of medicines to ensure that they were not overstocked but medicines were always available for people. Records confirmed what they had told us, this included records of stock changes, for example where a new medicine had been opened, and where signatures had been identified as missing and actions taken to reduce risks to people, including checks made that the medicines had been administered.

Good

Is the service effective?

Our findings

People told us that the staff had the skills to meet their needs. The provider had systems in place to ensure that staff received training, achieved qualifications in care and were regularly supervised and supported to improve their practice. This provided staff with the knowledge and skills to understand and meet the needs of the people living in the service. Staff were knowledgeable about their work role, people's individual needs and how they were met. We saw that training was effective, for example in moving and handling. A staff member was supporting a person to use the chair lift, they encouraged and prompted the person to be as independent as possible whilst ensuring their safety.

Staff told us that they were provided with the training that they needed to meet people's requirements and preferences effectively. One staff member listed the training they had attended in the service, which included food hygiene, safeguarding, Deprivation of Liberty Safeguards (DoLS) and moving and handling.

Records identified the training that staff had completed and when they were due to attend updated training. New staff were provided with the opportunity to complete the care certificate during their induction. This is a set of assessed standards that the staff member needed to be aware of and competent in when they started working in care. This showed that the service had kept updated with changes in the requirements of staff development to provide a good quality service to people.

Staff told us that they were supported in their role. Records and discussions with the registered manager showed that staff were provided with one to one supervision and appraisal meetings. These provided staff with a forum to discuss the ways that they worked, receive feedback on their work practice and were also used to identify ways to improve the service provided to people. For example, providing further training.

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 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. 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.

The registered manager understood when applications should be made and the requirements relating to MCA and DoLS. They told us how they had made applications to ensure that any restrictions were lawful. Where applications had been granted the service complied with the conditions and kept them under review, for example relating to expiry of the DoLS. Staff were provided with training in MCA and DoLS.

People told us that the staff asked for their consent before providing any care. One person said, "They [staff] always ask me if it is okay to help me." We saw that staff sought people's consent before they provided any support or care, such as if they wanted to participate in activities, if they needed assistance with their meals and where they wanted to spend their time in the service.

Care plans identified people's capacity to make decisions. Records included information which showed that people and/or their representatives, where appropriate, had consented to the care set out in their care plans. Where people lacked the capacity to make their own decisions, this was identified in their records, including where best interest meetings and decisions had been made, with the input, where appropriate of advocates.

People were supported to eat and drink sufficient amounts and maintain a balanced diet. People told us that they were provided with choices of food and drink and that they were provided with a healthy diet. One person said, "I am having cheese on toast [for their evening meal], the food is always nice." Another person commented about their lunch, "I chose chilli and rice today, it was tasty."

There were choices of meals for the day on a large chalk board in the dining room. A staff member told us about the good quality food served in the service, "It is well prepared, homemade, everything is cooked from scratch."

During the morning of our inspection we sat at a dining table in the communal area. When preparing for lunch a staff member asked if we could move because it was a person's usual routine to sit there. This showed that staff were aware of what people preferred to do and responded to ensure that they were able to do it. When the person arrived they confirmed this was where they liked to sit, "Always sit here." They were later joined by staff who ate their meal with the person. Another person commented that they chose where they wanted to sit for their meals, "We all sit together, us friends." This showed that people's choices and preferences were respected to ensure that their dining experience was a positive one.

People were encouraged to eat independently and staff promoted independence where possible. Where staff identified that people may need assistance this was offered in a caring manner, for example, by cutting up their meal. People ate at their own pace and were not rushed by staff.

People were provided with choices of hot drinks throughout the day. There were also cold drinks available for people in the communal areas. This meant that there were drinks available for people to reduce the risks of dehydration.

Staff had a good understanding of people's dietary needs and abilities. The member of the catering staff we spoke with was knowledgeable about people's specific dietary requirements and how they were supported to maintain a healthy diet.

Records showed that people's dietary needs were assessed and met. Where issues had been identified, such as weight loss and difficulty swallowing, guidance and support was sought from health professionals, including a dietician, and their advice was acted upon. For example, providing people with food and drinks to supplement their calorie intake.

People's health needs were met and where they required the support of healthcare professionals, this was provided. A staff member told us how they had an agreement with the local GP surgery and a GP visited the service weekly. This enabled any concerns about people to be discussed and visits people needed regarding their health were completed.

Records showed that people were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support. This included mental health and physical health professionals. Where guidance had been provided, this was detailed in people's care records to ensure they received a consistent service which met their assessed needs to maintain good health.

Good

Is the service caring?

Our findings

People spoken with said that the staff were caring and treated them with respect. One person said, "All of them [staff] are lovely." Another person commented, "Staff are very good." One person's relative said, "[Person] is very happy here, the staff are all friendly and respectful." Another relative told us that the staff, "Do care. [Person] said that they are caring even when we are not here, think [they] were saying that they are always caring."

We saw letters and cards which had been sent to the service thanking them for the care and support provided. Comments made in these by relatives included, "Thank you for all the love and care you gave [person]," "You were kind, supportive, wise, full of empathy and fun and above all compassionate," and, "You promised me that [person's] last journey would be dignified and peaceful and it was all of that and more."

There was a relaxed and friendly atmosphere in the service and people and staff clearly shared positive relationships. Staff spoken with stated that they liked working in the, "Calm and homely," service. Staff communicated with people in a caring and respectful manner. They communicated in an effective way by making eye contact with people and listening to what people said. People laughed and chatted with the staff. For example one person was having a discussion with a staff member about their drink and they laughed and said, "Oh you are funny." Another person had got up from the table with reassurance from a staff member. When the person stood the staff member said, "Olympics next." This made the person laugh. A staff member, on their first meeting of the day with a person said, "You look very dapper today," which made the person smile.

Staff respected people's privacy by knocking on bedroom doors before entering. People's privacy was further respected by staff who communicated with people discretely, for example when they had asked for assistance to use the toilet.

Staff talked about people in a caring and respectful way. They knew people well and understood people's specific needs and how they were met. People's records were written in a way that respected people's diversity and choices, relating to gender and sexuality. One person's records identified that they may be embarrassed by a certain aspect of their personal care, the records guided staff to ensure that they were supported in a sensitive manner.

People's views were listened to and taken into account when their care was planned and reviewed. One person's relative told us how they were involved in their relative's care planning when they moved into the service and were invited to reviews of their care, with the person. Records of care reviews included information and comments about the care provided from people and, where appropriate their relatives. For example one person's care review included a comment from their relative, "[Person] seems to be settling in really well, we are very happy with your care for [person]."

People's records included information about how their preferences were met and listened to. People's usual

routines were identified and how these should be respected. One person's records identified that their preferences could change about the use of equipment. Staff were advised to ask the person each day for their choice. People's records included their decisions about their end of life care, including if they chose to be resuscitated.

There was a choice of outside grounds that people could use, this included an area for people to smoke, if they chose to. There was a choice of bathing facilities in the service which meant that people could choose if they wanted a bath or shower. People's bedrooms were personalised and reflected their choice and individuality. A staff member told us that people could bring in their own furniture if they wished. Some people's bedroom doors had their name on them. We spoke with a staff member who told us that they were looking into ways of personalising doors which was meaningful to the individual to support them to independently find their own bedroom.

People's independence was encouraged and respected. A staff member supported a person to stand from a chair, they encouraged the person and reminded them, "You know I can't lift you, but if you push, that's it…", advising the person step by step of how they could do this independently with the support and encouragement of the staff member. People's care records identified the areas of their care that they could attend to independently and the areas that they required help from staff.

Good

Is the service responsive?

Our findings

People received personalised care which was responsive to their needs and that their views were listened to and acted on. One person said, "I am happy here, they [staff] do what I want." Another person commented, "I am happy, I have had a good day." One person's relative said, "I am very happy with the care, [person] is healthy and very happy here."

We saw letters and cards which had been sent to the service thanking them for the care and support provided. One relative had written, "From the moment [person] and I stepped into Park Manor we knew it was the perfect place for [person] to be. Your support, honesty, advice given at any given moment was outstanding and I shall never forget it."

Care plans were person centred and reflected the care and support that each person required and preferred to meet their assessed needs. These records provided staff with information about how to meet people's specific needs and conditions.

Where people may display behaviours that could be challenging to others, events which could trigger these had been identified and recorded. When we were planning to speak with people who used the service, the registered manager explained conversations to avoid to ensure that we did not distress people. This showed that they were knowledgeable about people's individual needs. This was also the case for discussions with staff who knew people well. Records were maintained to enable staff to monitor any behaviours, such as distress reactions, that people displayed. Records of incidents were detailed and gave a clear picture of what had happened before, during and after, and the support people were provided with during their distress. This was to identify any patterns and triggers

The management team told us how a person's wellbeing had improved since moving into the service. This included attending the communal areas with others. This was confirmed by the person's relative. The person's care records identified the step by step support which had encouraged the person to do this in small steps so not to be too overwhelming for the person. This had reduced the risk of the person becoming socially isolated and improved their quality of life. This demonstrated that the service responded to people's needs in a sensitive way which respected their choices and abilities.

Care plans and risk assessments were regularly reviewed and updated to reflect people's changing needs and preferences. If any changes in people's needs were identified these were included in the records, for example in their mobility. This showed that people received personalised support that was responsive to their needs.

People's daily records included information about what care and support had been provided and the person's wellbeing, including how they had spent their day and their mood. We saw a senior staff member discussing the completion of daily records with a staff member. They guided the staff member to always include what the person had done during the day and their manner.

People told us that there were social events that they could participate in, both individual and group activities. One person commented, "We have games and different things, I can do them if I want to." One person's relative said, "There are always plenty of things going on." During our inspection we saw people participating in various activities, including games and quizzes.

There were activities staff working in the service seven days a week, this provided people with the opportunity of participating in activities to reduce the risks of boredom and social isolation. Staff moved around the service to make sure that people were not left without any interaction for long periods of time. This included discussions with people about, their family and memories. This resulted in people showing signs of wellbeing. For example we saw one person was reading the newspaper, and when they had told a staff member what they were reading about, they engaged in a discussion about this. People's care records identified their interests and hobbies and how these were incorporated into their daily living. For example, once person's records said that they had an interest in gardening and that they were to be encouraged to help with the gardening. We saw one person with the activities staff member watering the plants in the service. There were several plants that people had potted, including herbs. This meant that the activities provided were meaningful to people and designed to meet their individual needs and choices.

A staff member showed us bird boxes people had painted which were in the garden. There was a selection of books on subjects of interest, including tea, cross stitch and needlecraft, which people could look at. Publications were available that people could access and were used in reminiscence activities, these identified the history of particular days, weeks and years. An activity programme was available in the service which showed that people were provided with the opportunity to participate in activities, such as discussions about the daily newspapers, games, crosswords, music, reminiscence, exercise and art. Records also identified there was regular Holy Communion, outings, pamper sessions, takeaway meals and activities relating to things such as making Easter cards and a bank holiday 1950's themed party. We saw staff members discussing the outfits that they were going to wear for the party.

The activities staff told us how they spoke with people about what they wanted to do each day, including in groups and one to one. They told us about a recent visit to a local food hall, which people had enjoyed. This was confirmed by a person's relative. The activities staff were also planning a trip to a local seaside town. The registered manager told us that there was a local pub which people could go to and have a drink or meal, which they enjoyed. This demonstrated that as well as activities inside the service, people were also provided with the opportunity to access the community.

There was a bird in the communal area, the registered manager told us that this belonged to a person who was in hospital and they had brought it into the communal areas so it was not alone in the person's bedroom. The bird had a lot of attention from people who talked to and about it. Whilst it was positive to see that people were enjoying the bird, it also showed that the service's staff had ensured that the pet, which was important to the person it belonged to, was cared for until they returned home.

People told us that they could have visitors when they wanted them. We saw people entertaining their visitors, which confirmed what we had been told. This reduced the risks of isolation.

People told us that they knew how to make a complaint and that their concerns and complaints were addressed. One person's relative told us how they had raised a concern, which had already been identified by the registered manager. They said that they were satisfied that their concern was addressed in a timely and appropriate manner.

There was a complaints procedure in the service, which advised people and visitors how they could make a

complaint and how this would be managed. Records showed that complaints and concerns were responded to in a timely manner and the complainant was kept updated with the outcome. Where appropriate, people were provided with an apology and actions were taken to minimise the risks of issues arising in the future. This included speaking with staff and people and advising of how their actions may affect others.

Good

Is the service well-led?

Our findings

There was an open culture in the service. One person's relative said that they were, "Impressed," by the registered manager and that they could speak with them at any time if they had any concerns. They gave examples of how they, their family and the person had been supported by the registered manager and where any concerns and suggestions had been quickly addressed by the registered manager.

The registered manager was also a director of the organisation, as well as another person. Both worked in the service and understood their roles and responsibilities in managing the service, including the requirements of their registration. They had previously provided a personal care service in the community and told us how they had kept updated with information on the requirements of running a care home by accessing information and guidance from areas such as CQC and National Institute of Health and Care Excellence (NICE) publications and website and the local authority. This was the service's first inspection and we found that the management team had a clear understanding of future improvements they wanted to make to ensure that they continually improved the service provided to people. They continued to keep updated with any changes in the care industry and the requirements of their role.

People were involved in developing the service and were provided with the opportunity to share their views. This included in satisfaction questionnaires. We saw the questionnaires that had recently been completed by people and visitors. These had not yet all been received and the registered manager told us that they would analyse the responses and inform people of the changes and improvements they had made as a result of their comments. The registered manager told us how they were planning on having meetings for people and relatives, but this had not yet been done, due to the timings not fitting with relatives. However, they told us that they always had an open door and people and relatives could speak with them at any time and any concerns were addressed immediately to reduce the risks of complaints and people not being happy with the service they were receiving. In addition the registered manager said that they spoke with people using the service throughout each week to ensure that their views were listened to. This was confirmed by people and relatives we spoke with. This included making improvements and/or changes to the service as a result of their comments. For example, in the care provided.

Staff told us that they felt supported and listened to and that the service was well-led. The registered manager said that they operated an open door policy and staff could approach them at any time. This was confirmed by the staff we spoke with. Staff spoke about the calm and homely atmosphere in the service and how they enjoyed working there. We asked two staff members if they could think of anything the service could improve on and they said they could not.

Staff understood their roles and responsibilities in providing good quality and safe care to people. Staff were provided with the opportunity to share their views about the service in meetings. Records showed that there were systems in place to monitor the care provided, including in competency observations of staff providing care to people. Where issues had been identified this was discussed and plans made moving forward to improve practice. For example advising staff on the importance of leaving people's personal space in good order after they had been supported and checking that this had improved in further observations. The

registered manager told us about how they had consulted with staff on how they could improve on recording to reduce the time staff spent on this. Staff had provided some suggestions and these were being trialled. This demonstrated that staff were involved in the running of the service and were encouraged to offer suggestions to improve.

The service's quality assurance systems were used to identify shortfalls and to drive continuous improvement. Audits and checks were made in areas such as medicines, falls, infection control and care records. Incidents and accidents were checked and reviewed by the management team and there were records which identified where actions had been taken to minimise future risks, such as referring to health professionals. The registered manager told us that they were in the process of improving the way that they analysed incidents for any trends and patterns. They understood their responsibilities in monitoring and assessing the service and had plans in place to ensure that the service continually improved.