

Park Manor Limited

# Park Manor Limited

## Inspection report

Park Manor  
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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Park Manor is a residential care home registered to provide personal care to up to 37 older people. There are 19 bedrooms split across three floors in the main house and 12 apartments linked to the home via a corridor. There were 23 people living at the home at the time of inspection

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

Improvements had been made to medicines management within the home and people received their medicines as prescribed. Staff responsible for giving medicines were trained and had their competency assessed to ensure safe practices. Infection control procedures were in place and robust, these had been enhanced due to the COVID-19 global pandemic.

Improvements had been made and the home undertook various audits to ensure safety and quality. There was an overall action plan which demonstrated the home continually sought to improve and develop. Staff morale had improved, however, staff told us they did not always feel appreciated for the work they did. We raised this with the registered manager who told us they would continue to work to improve staff morale.

People told us they felt safe living at Park Manor. People were supported by staff who were knowledgeable and knew them well. Comprehensive risk assessments were in place to ensure staff worked in a safe way and people were protected from avoidable harm. Staff received training in safeguarding people and felt confident any concerns would be taken seriously and dealt with promptly.

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. Where restrictions for people's own safety were in place the home complied with the law.

Staff were recruited safely, and robust checks were in place. Staffing levels were good, and recruitment was ongoing. Recruitment was challenging as it is with many providers due to the national shortage of health and social care workers in England. Accidents and incidents were reviewed and analysed to prevent reoccurrence.

The home undertook various audits to ensure safety and quality. There was an overall action plan which demonstrated the home continually sought to improve and develop. Involving others and seeking feedback on the quality of care and satisfaction was important to the home. The registered manager understood their role and responsibilities and staff felt proud to work for Park Manor.

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 and update

The last rating for this service was requires improvement (published 1 October 2019) and there were

breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 11 and 12 September 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Park Manor Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Park Manor Limited

## 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.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Park Manor Limited 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 Manor Limited 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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 safeguarding teams. 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 spoke with eight people who used the service about their experience of the care provided. We spoke with and received feedback from 12 members of staff including the registered manager and deputy manager. 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 reviewed a range of records. This included six people's care records and six medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, policies and procedures.

# 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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection the provider had failed to ensure medicines were managed safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Improvements had been made and people received their medicines as prescribed. A medicines policy was followed by staff and the processes were regularly checked to ensure compliance.
- There were safe arrangements for the ordering, storage and disposal of medicines. Staff responsible for the administration of medicines were trained and had their competency assessed regularly.
- Medicine Administration Records (MAR) had information about when a person took their medicines. Prescribed creams had details for staff of where to apply and how often.
- Staff checked people's medicines with their MAR to ensure the correct medicine was given to the correct person at the right time. MAR were completed correctly. One person told us, "The staff who give us our medicines are very good."
- Medicines that required stricter controls by law were stored correctly in a separate cupboard and a stock record book was completed accurately.
- Where people were prescribed medicines they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.

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

- People told us Park Manor was a safe place to be. Some comments we received were: "I feel safe because staff are always there", "We are safe here, we are happy and comfortable", "They [staff] do their best to keep us safe."
- Staff knew how to recognise the signs and symptoms of abuse and who they would report concerns to both internally and externally. Staff told us they were confident any concerns they raised would be followed up.
- Records confirmed safeguarding concerns were recorded and referred to the necessary authority.
- Staff had received training in safeguarding adults and posters around the home reminded them of how to report and the telephone numbers to do so. Safeguarding training was updated every year with reminders throughout the year during team meetings.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People had risk assessments in place for all their care and support needs. Risk assessments were reviewed regularly or in response to a change.
- Risk assessments were detailed
- Risks to people's health and wellbeing were discussed within handovers and recorded on the electronic system. This meant staff were involved and knew what the risks were for people.
- Equipment checks were maintained and there were general risk assessments in place for the home. Fire and utility checks had taken place and there were clear, detailed plans in place in case of emergencies within the home.
- Accidents were recorded and analysed, the outcomes were used to reduce the likelihood of the accident or incident happening again.
- The home carried out root cause analysis, a way of looking at events in detail and reflecting on how things happen, what could be done differently and used to change practices within the home. This process had contributed to keeping people safe.

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

#### Staffing and recruitment

- There were enough staff on duty. Staffing numbers were closely monitored by the registered manager to ensure the needs of people could be met. Recruitment was ongoing, the home was experiencing difficulties, as many other providers were, due to unplanned sickness and the national shortage of workers in the care sector.
- The service had a robust recruitment process in place which included interviews, induction training, shadow shifts and competency checks.
- Staff files contained appropriate checks, such as references, health screening and a Disclosure and Barring Service (DBS) check. DBS checks provide 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 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 accessing testing for people using the service and staff.
- 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.
- People received visits from their loved one's safely and this was managed well.

# 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 requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to governance systems were operating effectively. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Improvements had been made and quality assurance systems operated effectively. A range of audits measured the quality of the service. Audits included; medication, falls, infection control and call bells.
- The provider undertook audits and regular checks of the home. Electronic care planning systems meant that they had oversight of the home remotely.
- Actions from audits were listed and used to drive improvements within the home, the home had one overall action plan. The registered manager told us they signed off all audits and records confirmed this.
- Staff had individual job descriptions and understood their role and responsibilities.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Park Manor had a positive and vibrant culture. People told us they enjoyed living at the home and got on well with staff.
- Improvements had been made to staff morale and benefits such as free meals, extra annual leave days and pay reviews were made available for staff. However, staff did not always feel appreciated by the provider, we discussed this with the registered manager, and they told us they were working on ways to further improve staff morale within the home.
- Staff were proud to work for Park Manor. They were complimentary about their colleagues and worked well as a team, some comments were: "We pull together every day", "I am always aiming to provide great care and work as a team player", "I would like to continue to work for Park Manor so I can make a difference", "We are always working as a team and it is a nice work environment", "I love working for Park Manor, as you couldn't get any more wonderful staff anywhere else, they have all got good, warm hearts and always want the best for our residents."
- We received positive feedback about the management and senior staff of the service. Some comments were: "The registered manager [name] is very knowledgeable and a competent manager. They are very

supportive of staff and always takes time to check on our wellbeing. Their main concern is the quality of care provided to our residents and the professionalism of staff whilst providing care", "The senior staff are very approachable and supportive too", "The management are firm but fair", "The deputy manager [name] is really supportive."

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 the requirements of the duty of candour, that is, their duty to be honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm. They told us the circumstances in which they would make notifications and referrals to external agencies and showed us records where they had done this.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The home undertook various surveys throughout the year as well as meetings for people who use the service to be involved in how the home was run.
- Records of meetings showed people and staff involvement, actions were carried out and reviewed by the registered manager.
- People were satisfied with the care they received, and this was reflected in the surveys undertaken by the home. We reviewed the last two surveys which showed that people 100% of respondents were, 'Happy with the home.'
- The home worked well with a variety of health and social care professionals. Records showed input was sought and evidenced good communication and working practices.