

Park House Residential Care Limited

# Park House Residential Care Home

## Inspection report

77 Queens Road  
Oldham  
Lancashire  
OL8 2BA

Tel: 01616260802

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Good</b> ●
Is the service caring?	<b>Good</b> ●
Is the service responsive?	<b>Good</b> ●
Is the service well-led?	<b>Good</b> ●

# Summary of findings

## Overall summary

### About the service

Park House is a residential care home providing personal care for up to 28 people. At the time of our inspection there were 26 people living at the home.

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

We have made a recommendation about the management of medicines, as some improvements are needed in relation to medicines documentation. The registered manager has assured us of greater oversight of this area, so that improvements can be made promptly, embedded in practice and sustained in the future.

The service was well-led. The registered manager was supported by a team of staff who worked together to provide people with a good quality of service. The registered manager led by example and was respected by staff. Staff reported a high level of job satisfaction.

There was a warm and happy atmosphere at the home and people were supported by a committed and caring staff team. People were treated with dignity and respect.

There were systems in place to ensure only staff who were suitable to work with vulnerable people were recruited. There were enough staff to care for people and people told us they felt safe and happy living at Park House. Staff understood safeguarding procedures and had received training in recognising the signs of and types of abuse.

Everyone we spoke with was complimentary about the home and staff. People told us they knew how to raise a complaint, and were confident action would be taken. However, no one we spoke with had any concerns about the home.

The home was clean, well-maintained and nicely decorated. All servicing of equipment had been completed. Correct infection control practices were followed by staff.

Care was person centred and care plans contained a good level of information about people's needs and preferences. Risks to people's health and safety had been assessed and were managed appropriately. People were supported to stay as healthy as possible and eat a balanced, varied diet. They were referred to health care professionals, when needed, for advice and guidance.

A variety of appropriate activities were provided and people were actively encouraged to participate in them.

Staff supported people to have maximum choice and control of their lives and supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Audits were in place to monitor the quality of the service. We discussed the concerns we found around medicines management with the registered manager, who told us she would increase her oversight of this area of care provision.

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 (report published 16 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement 

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

# Park House Residential Care Home

## **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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Park House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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 before the inspection

We reviewed information we held about the service. This included the previous inspection report and notifications the CQC had received. Notifications contain information about events the manager must tell us about. For example, safeguarding concerns, serious injuries and deaths, that have occurred at the service. We gathered feedback from the local authority. We used all this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We observed how staff supported people in the communal areas of the home. We spoke with two people who used the service and one relative. We also spoke with the registered manager and two care staff.

We reviewed a range of documents. These included three people's care plans and risk assessments and multiple medication records. We looked at three staff files to review the provider's recruitment, training and staff supervision processes. We reviewed a variety of records relating to the management of the service, including audits and meeting minutes.

#### After the inspection

We reviewed additional information sent to us by the registered manager and spoke with three relatives on the 'phone to gather their opinion of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

Although we found no evidence that anyone had been harmed, we identified some issues with the management of medicines. We recommend the provider follow national guidance for the safe management of medicines in care homes.

- All staff who administered medicines had been trained and had their competency checked. However, some staff had not had this rechecked annually to ensure they remained competent, as recommended in national guidance.
- Where additional information had been hand-written onto pre-printed medicine administration records (MAR) it had not been signed or countersigned to ensure it was correct.
- Medicines records did not include guidance to help staff administer 'when required' medicines. However, staff told us they knew people well and could identify when people needed medicines, such as pain relief.
- Records did not show where staff had applied pain patches or if they had applied them to a different area of a person's body each time they were changed. There is a risk that a person's skin could become irritated if a patch is not rotated properly. Staff told us they always re-applied a patch in a different area of the body to prevent skin irritation.
- The registered manager responded promptly to our concerns with medicines and told us they would ensure they had greater oversight of this in future.
- There were arrangements for the safe delivery, storage and disposal of medicines.

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

- There were systems in place to help protect people from the risk of abuse.
- People and relatives had no safeguarding concerns about the home and were complimentary about staff. One person told us, "I can't fault the staff." A relative said, "I am very happy with the home." A visiting health professional spoke highly of the standard of care provided at the home.
- Staff understood what action they should take if they suspected abuse. They told us they were confident any concerns raised would be promptly investigated.

### Assessing risk, safety monitoring and management

- People had risk assessments in place. These set out the risks individuals faced, such as from falls, and included information about how to keep them safe.
- Steps had been taken to ensure the premises was safe. All servicing of equipment was up-to-date. Regular

safety checks were carried out, for example in relation to the fire alarm and emergency lighting. These ensured the building and equipment were safe and well-maintained.

#### Staffing and recruitment

- There were enough staff to support people and meet their needs. During our inspection we observed staff spent time with people and engaged in activities. They responded promptly when people needed support.
- Staff told us staffing numbers were good and they were able to support people safely. Staff told us they worked well together as a team and we saw this during our inspection.
- Thorough recruitment procedures were followed. Appropriate pre-employment checks were completed, including Disclosure and Barring Service (DBS) checks. These ensured staff were suitable to provide care and support to vulnerable people.

#### Preventing and controlling infection

- The provider had systems in place to reduce the risk of the spread of infection.
- The home was clean and well-maintained and offered a pleasant environment for people to live in. Relatives told us they were happy with the level of cleanliness in the home.
- Staff were provided with personal protective equipment (PPE), such as disposable gloves and aprons, and we observed these being used. Anti-bacterial hand gel was available throughout the home.
- Staff had been trained to follow infection control measures.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and investigated
- Systems were in place to review these for wider learning and to reduce the risk of the same accident or incident occurring again.



# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Newly recruited staff followed an induction programme. This involved a mixture of training, shadowing experienced staff, and completing the care certificate. The care certificate is a training programme designed for staff who are new to the care sector.
- Records showed staff were up-to-date with required training.
- Staff were well supported by the registered manager and their colleagues. Supervision was carried out individually and through staff meetings.

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

- People were supported to eat a varied, balanced and nutritious diet. A choice of freshly prepared food was provided at mealtimes, with snacks available between meals. Jugs of juice were left out in the communal areas so people could help themselves to a drink.
- People were given the opportunity to discuss menu options at residents' meetings.
- People's weights were monitored, and healthcare professionals were involved when people had lost weight or had difficulty eating or drinking.

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

- The home was nicely decorated with good quality furniture and equipment. There were several communal rooms with easy chairs and dining tables. These provided pleasant areas for people to relax in.
- There was a large, enclosed area at the back of the home, with garden furniture and flower beds. There was an attractive and well-maintained garden at the front of the home, which overlooked a park.

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

- The service worked with different agencies to ensure people's health was maintained. People had routine access to health care professionals, including podiatrists, dentists, district nurses and an advanced nurse practitioner.

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

- People's needs were assessed before they moved to Park House to ensure staff could safely and appropriately support them.
- Admission assessments were used as the basis for developing care plans and risk assessments. Care plans were regularly reviewed to ensure they continued to be accurate when people's needs changed.

## 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 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Records showed that DoLS authorisations were in place for people when required. The provider had notified the Care Quality Commission about DoLS authorisations, in line with their legal responsibility to do so.
- Where people lacked capacity, we saw evidence best interest processes had been followed. For example, where a person lacked capacity to make decisions about taking medicines, and refused to do so, best interest decisions had been taken to allow staff to administer medicines covertly (hidden in food).

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People told us they were treated in a caring and respectful way by staff. Family members were very happy with the way staff treated their loved ones. One told us, "The staff are really good with [name]. Everybody is treated with respect."
- Everyone we spoke with was complimentary about the staff and our observations during the inspection supported this positive feedback. Staff interacted with people in a kind and caring way and were patient and considerate. It was clear that staff knew people well and had formed trusting relationships with them.
- People were appropriately dressed and looked well cared for.
- Relatives we spoke with were happy with the standard of personal care provided by staff. Relatives acknowledged that at times it could be difficult for staff to provide personal care to people who had dementia. However, they told us staff did their best to encourage people to accept help, while respecting their rights and choices.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- Staff encouraged people to be as independent as possible. We saw people being encouraged to do things for themselves where they were able, such as mobilising with their walking frames.
- Staff were attentive to people's needs, for example asking them what they would like to watch on the television or what they would like to eat.
- Staff treated people as individuals and respected their choices. We saw staff checked with people before providing support and respected their decisions.
- Resident meetings were held occasionally so that people could raise any concerns or worries and make suggestions about activities and menus. Feedback about the service had also been obtained through a resident satisfaction survey. We saw that comments about all aspects of the service had been very positive.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- The home provided personalised care which met people's needs and wishes.
- Care plans were in place, which set out people's assessed needs and how staff should meet them. These were of a good standard and personalised around the needs of the individual.
- Care plans covered key areas, such as personal care, oral care, mobility, nutrition and fluids, continence and behaviour. They were reviewed regularly so they reflected people's needs as they changed over time.
- There was a staff 'handover' between shifts. This ensured important information about people was communicated to all staff.
- Family members told us the service responded promptly to get help and advice if their relative became unwell.

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

- People were supported to maintain relationships with family and friends. We observed several relatives visiting on the day of inspection and those we spoke with told us they were warmly welcomed. One relative told us, "I've become friends with the staff."
- People were supported to take part in a variety of group and one to one activities. During our inspection a visiting choir provided entertainment which people thoroughly enjoyed. Other recent activities included exercise sessions, food tasting events, watching 'dancing on ice' with whisky cocktails and 'nibbles' and a 'Burns night' party.
- During warmer weather people were supported to spend time in the garden areas and go for walks in the local park.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had communication care plans, which explained any communication difficulties they had and how staff should best help them, for example by speaking slowly and clearly.
- There was no one living at the home who required information in a special format, although this could be provided if needed.

Improving care quality in response to complaints or concerns

- The service had a process for recording and investigating complaints.
- People and relatives told us they knew how to raise any concerns, although they had not had to. Relatives told us the registered manager was always available to talk to and they had confidence in the staff.

End of life care and support.

- People could remain in the home supported by familiar staff when approaching the end of their lives.
- The service worked with other health professionals to provide care for people who were approaching the end of their life.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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; 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

- There was a warm and welcoming atmosphere at the home.
- People and relatives spoke positively about the leadership of the service. The registered manager led by example and was a positive role model for staff.
- Staff told us there was good team work and this ensured people received the care and support they needed. Staff told us they were happy in their jobs. One care assistant said, "I absolutely love coming in to work. We are just like one big family."
- There was an open and transparent culture at the service. The registered manager understood their responsibility regarding the duty of candour to apologise and give people an explanation if things went wrong.

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

- Oversight of medicines management had been delegated to the deputy manager. In light of the issues we identified around medicines records, the registered manager told us she intended to take over this aspect of quality monitoring herself to ensure improvements were implemented promptly, and sustained in future.
- The latest CQC inspection rating was displayed in the home. The display of the rating is a legal requirement, to inform people about our judgments.
- The registered manager understood their regulatory obligations and had made appropriate notifications to the CQC and external safeguarding bodies.
- There were systems in place to make sure staff were well-trained and supported.
- Monitoring checks were carried out to ensure the service was safe and running smoothly.

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

- The service worked closely with health and social care professionals. They sought advice when necessary and worked closely with other professionals to ensure people received the appropriate care and support to maintain their health and well-being.
- People, relatives and staff were involved and consulted in a range of ways. People and relatives were involved in care reviews, and an annual survey gathered feedback from relatives. Staff kept in regular contact with families and kept them informed about their loved-one's health and welfare.

- A staff information board displayed guidance on a number of issues, such as infection control and tissue viability.