

Arronbeth Therapeutic Care Limited

Park House

Inspection report

73 Park Lane
Darlington
DL1 5AF

Tel: 01325930150

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28 February 2023
02 March 2023
08 March 2023

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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

About the service

Park House is a residential care home providing accommodation and personal care for one person. The service provides support to autistic people who may also have an associated learning disability. The service is situated in a residential area close to local amenities. At the time of our inspection there was one person using the service.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Right Support:

People received care and support from staff who were passionate about ensuring people lived the life they wished. Risk in relation to people's care and support were assessed and plans put in place to manage these whilst still promoting independence and choice. 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. There were sufficient staff to meet people's needs and supported them to be able to access activities both socially and within their home. Robust infection control measures were in place to keep their home safe and clean.

Right Care:

People received care and support from a consistent and dedicated staff team who knew their needs well. We observed people being treated with kindness and compassion and being encouraged to share their views about how they received their service. Staff respected people's privacy and dignity. Staff received the correct training and support to enable them to provide person centred care and support.

Right Culture:

There was a positive, open and empowering culture with staff putting people at the centre of everything they did. Staff were complimentary about the management of the service and the support they received. The service worked well with other professionals to enable them to meet the needs of the people accessing their service. People's homes were no different to other homes in their street and people had opportunities to access local facilities.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

This service was registered with us on 22 October 2021 and this is the first inspection.

Why we inspected

We carried out a comprehensive inspection as the service was newly registered and had not been inspected before.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Park House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of 1 inspector

Service and service type

Park House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Park House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 28 February 2023 and ended on 09 March 2023. We visited the location's office on 08 March 2023 and the service on 02 March 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 members of staff including the registered manager, deputy manager, 2 care staff and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. In addition, we received feedback from 3 visiting health and social care professionals.

We reviewed the care records for 1 person and looked at records in relation to the safety and management of the service. We also reviewed records the registered manager had sent us electronically.

After the inspection

We continued to seek clarification from the provider to validate the evidence we found. We spoke with one relative to gain their feedback on the service provision.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from the potential risk of harm or abuse.
- Staff had the knowledge and confidence to identify safeguarding concerns and knew how to report them.
- People and their loved ones felt they received a safe service.

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

- There were systems in place to ensure risks to people's safety were appropriately assessed and managed.
- The service responded to accidents and incidents. Records were analysed for trends and patterns to ensure incidents were used as a learning opportunity.
- People were kept safe from the risk of emergencies in the home. Personal Emergency Evacuation Plans (PEEPS) were in place.

Staffing and recruitment

- People were supported by sufficient staff to meet their needs.
- Safe recruitment practices were followed. Checks were made to ensure staff were of good character and suitable for their role.

Using medicines safely

- Medicines were managed and administered safely. Audits were in place with actions documented.
- Staff received training and had their competency assessed before administering medicines.
- Medicine policies embedded best practice initiatives such as STOMPLD. STOMPLD stands for stopping over medication of people with a learning disability, autism or both.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

- Visiting was in line with the latest government guidance and there were no restrictions at the time of our inspection.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they came to live at the home. This ensured the service could meet people's needs.
- Staff worked closely with other professionals when assessing people's needs and choices. One professional told us, "My experience of them has always been very positive and I feel that they have a good understanding of the young person within the home. Where there is further understanding to develop, I feel that the staff are open and available to discussions to better think about the right approach for the young person."

Staff support: induction, training, skills and experience

- People received care from staff who had received the correct training to carry out their roles.
- New staff completed a comprehensive induction which included completing The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme
- A supervision and appraisal system were in place. Staff told us they felt supported by each other as well as the management team.

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

- People told us they liked the food and were able to make choices about what they ate.
- Staff were aware of people's dietary needs and preferences. Staff supported people to be involved in planning and preparing meals in their preferred way

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

- People received health care support when needed. Care records showed relevant health and social care professionals were involved in people's care.
- People's wellbeing was monitored by care staff. Any changes were appropriately responded to.

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

- The design of the service was suitable for the people who used it. People could choose how they wished the décor to look.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- People's care and support was being provided in line with the MCA. Where applicable DoLS applications were in place supported by best interest decisions.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff treated people with respect and as individuals with different needs and preferences
- Equality and diversity were recognised by the registered manager and staff. Care plans documented people's preferences and beliefs.
- People were treated with kindness and compassion in their day to day care. We observed positive and caring interactions between staff and people.

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

- People were supported to express their views. People told us they were happy with the care they received. Where they wished to make changes to their care, they felt comfortable to discuss this with staff.
- People's care records included information about their personal circumstances and how they wished to be supported.

Respecting and promoting people's privacy, dignity and independence

- Staff maintained people's privacy and dignity. One staff member told us, "dignity and privacy are important to [person]. They don't want female staff knowing some of their more personal business."
- People's independence was promoted. People were encouraged to take part in activities where they could develop and learn new skills, such as the preparation of meals.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Care and support plans were personalised and reflected people's needs and choices.
- People were supported to make choices and have control of how their care was provided.
- Handover information was shared at the start of each shift. This ensured important information about people was known and acted upon where necessary.

Meeting people's communication needs

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

- The service assessed people's communication needs. Care plans contained information for staff on what support people needed with communication and accessing information.

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 had access to a range of activities they could be involved in. People were able to choose what activities they wished to take part in.
- People were supported to maintain important relationships. Staff told us they were mindful of seeking opportunities which would support people with developing new friendships.

Improving care quality in response to complaints or concerns

- Complaints and concerns were taken seriously and used as an opportunity to improve the service.
- Where complaints or concerns had been raised these were investigated and actions taken to resolve them.

End of life care and support

- The service was not providing any end of life care at the time of inspection.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The service worked in partnership with health and social care professionals to ensure people's physical and emotional needs were met. One professional told us, "I would like to focus on the culture and ethos of Park House. Leaders model good practice and are not afraid to challenge and support staff when required."
- Staff were complimentary about the support they received from the provider and registered manager. One staff member said, "The management are really supportive. Both [registered manager] and [nominated individual] are really involved and will cover shifts if needed."

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

- Robust and effective governance systems were in place within the service to monitor the quality and drive improvement. Regular audits were completed which included oversight by the nominated individual.
- There were clear structures in place to support managers and staff to understand their roles and responsibilities. Staff received development opportunities to ensure they had the necessary training and skills to provide a high standard of care to people.
- The service was proactive in using information from complaints, incidents and feedback to learn from and drive improvements in care.

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

- People, relatives and external professionals had been invited to take part in surveys. Feedback was used to improve care and support for people.
- There were opportunities for staff to engage with the management team. Staff received regular supervisions and appraisals.

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 investigated incidents fully and was open and honest with exploring any lessons to be learned. Where required, identified changes to practice were implemented to improve people's experiences of their care and support.