

Kloriann Medicare Limited

Park House Nursing Home

Inspection report

Park Lane
Queensbury
Bradford
West Yorkshire
BD13 1QJ

Date of inspection visit:
17 January 2019

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Tel: 01274817014

Website: www.parkhousepnh.co.uk

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 Nursing Home is a residential nursing home in the Queensbury area of Bradford. The home provides accommodation, personal care and nursing care for older people and people living with dementia. At the time of our inspection there were 21 people using the service.

People's experience of using this service:

People and relatives told us that the service was caring and well led.

People received safe, person centred and good quality care.

Medicines were being administered safely and people's dietary and healthcare needs were being met.

Staff were consistent and knowledgeable and received good training and supervision to ensure that they could carry out their roles effectively.

The registered manager provided staff with leadership and was visible and approachable.

The service met the characteristics for the rating "good" in all key questions .

Rating at last inspection:

At the last inspection on 26 July 2016 the home was rated good.

Why we inspected:

This inspection was part of our routine scheduled plan of visits.

Follow up:

We will continue to monitor the service to ensure that people receive safe, high quality care. Further inspections will be planned for future dates.

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 safe

Details are in our Safe findings below.

Good ●

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

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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 Nursing 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 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

Our inspection was completed by two adult social care inspectors.

Service and service type

Park House is a residential nursing home providing accommodation, personal care and nursing for up to 25 people.

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

The inspection was unannounced.

What we did:

We reviewed information we had received about the service since the last inspection in July 2016.

This included information that the provider must notify us about.

We also received feedback from professionals who work in the local authority and commissioning teams.

We asked the service to complete a Provider Information Return. This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this prior to our visit.

We spoke with the registered manager, one registered nurse, three care staff and the activity and training coordinator.

We reviewed parts of three people's care records.

We spoke to four residents and three relatives.

We reviewed records and audits relating to the management of the home.

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 observed the mealtime experiences, activities and how staff interacted with people throughout the day.

We asked the registered manager to send us further documents after the inspection. This was provided in a timely manner and this evidence was included as part of our inspection.

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Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us that they thought the care was safe. One person said, "I am very happy here, staff are very kind and caring."
- Staff had developed positive and trusting relationships with people that helped to keep them safe.
- People were protected from potential abuse and avoidable harm by staff who had regular safeguarding training and knew about different kinds of abuse.

Assessing risk, safety monitoring and management

- The environment and equipment were safe and well maintained. Risk assessment documents were in place and safety checks took place on the building. Key safety features were in place including window restrictors and guards on radiators to reduce the risk of burns. Equipment was safely managed and subject to regular checks.
- Risks to people's health and safety were assessed and appropriate risk assessments and care plans were in place. Risk assessments were generally appropriately detailed. However, manual handling care plans required some additional detail recording, for example about which sling loops to use with each person.
- We saw staff following care plans which showed that they delivered care in the safest possible way.
- There was evidence of prompt response times when call bells sounded.

Staffing and recruitment

- Staffing levels were calculated according to people's needs and we saw evidence of them being regularly reviewed. We observed that there was enough staff to ensure that people received prompt care and support.
- People told us there were enough staff.
- Staff were recruited safely and all the appropriate checks were carried out. The registered manager confirmed that the home only recruited people with the relevant qualifications and experience.
- People were supported by a consistent team of staff.

Using medicines safely

- Medicines were safely managed.
- People received their medicines as prescribed and clear records were kept demonstrating this. Medicines were regularly checked and audited. Medicine stock levels were monitored and all medicines could be robustly accounted for. Medicines were stored safely and securely.
- Whilst some people had 'as required' protocols in place, to assist staff in consistent use, this was not always the case. We spoke with the registered manager about the need to ensure these were consistently in place. The registered manager confirmed that this would be addressed.

Preventing and controlling infection

- The premises were clean, tidy and free from odours.
- Staff completed training in infection control.
- Staff had access to aprons and gloves when supporting people with personal care. This helped prevent the spread of infections.
- The service had received a 5-star rating from the Food Standard Agency indicating food was stored, prepared and served hygienically.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted. Records were accessible and clear.
- The manager reviewed near miss incidents and acted promptly to prevent any recurrence
- The manager sought the views of staff, relatives and residents and acted on their feedback.

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

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 moved into the home.
- People's care plans described what people needed and were current and detailed.
- The service has recently introduced an electronic care record system and staff reported that this was accessible and effective.
- Staff knew the people they supported well and this was observed by the way they communicated and supported residents.

Staff skills, knowledge and experience

- People received effective care and treatment from competent and skilled staff who had the relevant qualifications and skills to meet their needs
- Relatives were confident in the abilities of staff. One relative said, "they [staff] are absolutely fantastic, friendly and very helpful."
- Staff completed a wide range of training including specialist training that was applicable to their role.
- There was a monthly schedule of training which was delivered face to face by a dedicated in-house trainer. A staff member said, "She [the trainer] is brilliant, she goes out of her way, very caring."
- Staff spoke very highly of the training, support and supervision they received.
- The home had recently developed a dedicated training room. Staff told us this had greatly improved the quality of their learning opportunities.

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

- Overall people's individual nutritional needs were met. Nutritional needs were assessed and used to formulate care plans.
- We identified one person was not being weighed at the frequency set out in their care plan and it was not clear who had made the decision to place them on a pureed diet. There had been no impact on the person. manager took immediate action to review this person's plan of care.
- People spoke positively about the food. The mealtime experience was positive. Staff assisted people in a patient and friendly manner. The food looked tasty and there was variation from day to day. Moulds were used for pureed diets to make the food more appetising.
- One person said, "Food is smashing, fresh every day. You can have whatever you want, whenever you want."

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

- People were supported to see healthcare professionals regularly.
- The service worked with health professionals closely to meet people's needs.
- Information on people's care needs was sent with them to hospital should they be admitted ensuring good coordination of care.
- The local G.P. visited the home routinely every two weeks.

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

- The home was comfortable and tastefully decorated.
- Specialist equipment was available when needed to deliver support and care.
- Refurbishment was ongoing to ensure people were provided with high quality accommodation.
- The provider had recently extended the outdoor patio area to link it to a paved woodland walk which is accessible for people who use wheelchairs.

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

• The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS)

- Overall the service was compliant with the requirements of the MCA and DoLS. Staff demonstrated an understanding of how to work within the legal framework of the act.
- Staff spoke with people before any care and support was given to get consent.
- Mental capacity assessments had been completed and DoLS applications had been submitted when people had been assessed as not having capacity to consent to their care and treatment. However, some documentation needed reviewing to ensure it demonstrated relatives had been consulted rather than consenting to decisions relating to people's care.

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

People were supported and treated with dignity and respect; and involved as partners in their care

Ensuring people are well treated and supported; equality and diversity

- We observed care using the Short Observational Framework Tool . Interactions between staff and people were consistently positive.
- Staff were kind and caring and treated people well. We observed staff chatting to residents when they were having breakfast, complimenting them on their appearance and discussing their plans and wishes for the day. We observed staff adjusting their tone and communication style appropriately dependant on the needs of the residents.
- Staff knew what was important to people and offered people reassurance and comfort.

It was clear good relationships had developed between people and staff. Staff spent time engaging people in conversation as well as completing care and support tasks.

- We received a range of unanimously positive feedback from relatives about the quality of the staff. One person said, "The staff here are brilliant."
- One resident said, "I am very happy here, staff are very kind and caring."

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

- Staff had formed good relationships with people who used the service and used this to support them in making decisions about care and treatment.
- When people had expressed their views about their preferences these were recorded and respected
- It was clear that good relationships had been developed with relatives and a warm and welcoming atmosphere was observed. Relatives worked closely with staff to support people who lacked capacity in making decisions.

Respecting and promoting people's privacy, dignity and independence

- People were supported in a respectful and dignified manner
- Staff promoted people's independence. This included providing plate guards to reduce spillages at mealtimes and staff encouraging people to be as independent as possible with washing, dressing and mobilising.
- Staff were conscious of maintaining people's dignity when helping them to mobilise, knocking on doors before entering and providing clothing protectors at mealtimes.
- People were treated fairly and their human rights upheld. People were listened to and their views used to make changes to their care and support. For example, one person had requested to move to a larger room, so this was being actioned.
- Visitors were made to feel welcome and this then helped to create a warm and relaxed atmosphere in the home.

- People looked very well presented and cared for.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that services met people's needs

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

Personalised care

- People's needs were assessed prior to admission and used to formulate detailed plans of care. Care plans were generally detailed, appropriate and up to date. Whilst most care plans were in place the service would benefit from adding oral health care plans in line with recognised guidance. We identified one person's care plan needed reviewing to ensure it was clear the type of diet they required and why.
- The manager was undertaking a piece of work to make care plans more person centred.
- Care records were reviewed monthly or if people's needs changed. One relative said that staff responded very promptly to changes in people's health and sought medical advice when this had been needed.
- People and relatives felt involved in care and regular reviews were held.
- People's rooms were decorated to meet their personal tastes and preferences
- People's social needs were assessed. Activities staff were employed to ensure people received a range of activities. This included a good range of internal activities and external entertainers also visited the home on a regular basis. We saw staff talking to people and meeting their social needs. We were told about a recent initiative involving being pen friends with local school children. One resident told us, "It allowed me to reminisce. It is good that we can relate to the outside world. A nice feeling."

Improving care quality in response to complaints or concerns

- A clear complaints procedure was in place.
- People who used the service and relatives told us they felt able to raise any concerns with the manager or the provider and felt assured that they would be dealt with.
- Systems were in place to monitor and respond to any concerns or complaints.
- A call bell was situated in the foyer of the home which specifically called the registered manager or the nurse. This meant that visitors could talk to a senior member of staff promptly if required

End of life care and support

- People's end of life care plans were assessed and plans put in place to assist staff. The service worked with other professionals to help meet people's end of life needs.
- The service catered for people's religious needs with religious clergymen visiting the home.

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

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The home was well run. The provider and the registered manager were committed to providing high quality and person-centred care.
- The service utilised an electronic care record system. This allowed the manager to have good oversight of people's care needs, regularly monitoring and checking the system.
- People who used the service received high quality care. One relative described the home as, "Like a hotel, five stars."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was an open culture in the home and staff told us that the registered manager was approachable and visible.
- People spoke positively about the home. They said they would recommend it to others.
- The service was caring and focussed on ensuring that people received person centred care.
- The registered manager was clear about their role and responsibilities.

Engaging and involving people using the service, the public and staff

- People, relatives and staff had completed a survey of their views and this had been reviewed to ensure that feedback led to continuous improvement.
- The provider and registered manager made themselves available to people using the service, relatives and staff. There was consistent feedback that they were visible and approachable
- Staff meetings and supervisions were held regularly.
- The registered manager and provider planned meetings for relatives

Continuous learning and improving care

- The registered manager understood their legal requirements. They were open to change and learning to improve care.
- The manager completed regular detailed audits of all aspects of the service.
- The manager was committed to staff development and training and in-house training was planned monthly.
- People and relatives were asked about their views of the service and feedback was acted upon.
- People and relatives knew how to make complaints were confident that they would be listened to.
- Staff meetings were organised for all staff and there was evidence of a robust and detailed daily handover

process.

Working in partnership with others

- The registered manager had made good links with local health professionals and GP practise.
- The service worked closely with health professionals to meet people's care needs.
- The service worked very closely with relatives in fostering positive and warm relationships. We observed a friendly and open interactions between staff, residents and visitors. One relative said, "The nursing home feels like home from home."