

Christchurch Court Limited

Park House

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 House is a 'care home' and rehabilitation service. 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.

Park House provides a specialist service for people who require rehabilitation because of an acquired brain injury or a neurological condition. The service provides bespoke rehabilitation programmes for up to 12 people on a long or short term (six week) residential basis, or as an agreed day care package. An interdisciplinary team, based on site, provides extensive support to the service including psychology, physiotherapy, speech and language, and occupational therapy. The service aims to maximise independence and recovery, equipping people with the skills to return home or to a supported environment, achieving rehabilitation goals that promote re-enablement and enhance their quality of life.

A range of accommodation is provided to suit people in all stages of their recovery, from fully supported ensuite bedrooms to bedsits with cooking facilities and independent living flats.

During this inspection, there were 10 people living at the service and one person was receiving day care.

At our last inspection we rated the service good overall, but found that they needed to improve the frequency at which people's risk assessments were reviewed and updated. At this inspection we found this improvement had been made and further evidence continued to support the overall rating of good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is still rated good:

People were protected from abuse and avoidable harm. Staff had been trained to recognise signs of potential abuse and knew how to keep people safe. Processes were also in place to ensure risks to people were managed safely and these were reviewed regularly.

There were enough staff, with the right training and support, to meet people's needs and help them to stay safe. Staff provided care and support in a kind and compassionate way. The provider carried out checks on new staff to make sure they were suitable and safe to work at the service, and improvements were being made to strengthen these checks.

Systems were in place to ensure people received their medicines in a safe way and people were protected by the prevention and control of infection.

The service responded in an open and transparent way when things went wrong, so that lessons could be

learnt and improvements made.

People received care and support that promoted a good quality of life and was delivered in line with current legislation and standards.

People were supported to eat and drink enough. People could select from a choice of food that was freshly prepared by the chef, or make their own meals as part of their programme towards greater independence.

Staff worked with other external teams and services to ensure people received effective care, support and treatment. People had access to healthcare services, and received appropriate support with their healthcare needs. An interdisciplinary team were based on site, providing on-going rehabilitative support.

The building provided people with sufficient accessible individual and communal space, including a garden.

The service acted in line with legislation and guidance regarding seeking people's consent. People were enabled 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 privacy, dignity, and independence was respected and promoted. They received personalised care and were given opportunities to participate in activities, both in and out of the service.

Systems were in place for people to raise any concerns or complaints they might have about the service. Feedback was responded to in a positive way, to improve the quality of service provided.

Arrangements could be made to ensure people at the end of their life had a comfortable, dignified and pain free death, if the need arose.

There was strong leadership at the service which promoted a positive culture that was person centred and open. Since the last inspection a new manager had come into post. Everyone spoke very highly of them and the deputy service manager.

Arrangements were in place to involve people in developing the service and seek their feedback, and systems were in place to monitor the quality of service provision and to drive continuous improvement. Opportunities for the service to learn and improve were welcomed and acted upon, and the service worked in partnership with other agencies for the benefit of the people living there.

Further information is in the detailed findings below.

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 has improved to Good because people's risk assessments were now being reviewed and updated regularly.

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Park House

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 was 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 comprehensive inspection was unannounced and was carried out on 10 January 2019 by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we checked the information we held about the service and the provider, such as notifications. A notification is information about important events which the provider is required to send us by law.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also asked for feedback from the local authority who have a quality monitoring and commissioning role with the service. No concerns were reported.

During the inspection we used different methods to help us understand the experiences of people living at the service. We spoke with nine people living at the service and observed the care and support being provided during key points of the day, including activity sessions and lunch. We also spoke with one relative, the manager who was also the physiotherapist for the service, deputy service manager, two rehabilitation assistants, a chef and a domestic member of staff.

We then looked at various records, including care records for three people, as well as other records relating to the running of the service. These included staff records, medicine records, audits and meeting minutes; so that we could corroborate our findings and ensure the care and support being provided to people was appropriate for them.

Is the service safe?

Our findings

The provider continued to have systems in place to safeguard people from abuse. People told us they felt safe and protected from harm. One person said, "I do feel safe. I think because there are people (staff) here to ask for help." Another person added, "I've not seen anything untoward but I would speak to staff if I did. There is certainly a lot of information about on posters about CQC (Care Quality Commission) and safeguarding." One staff member echoed this by telling us, "Of course I know of the safeguarding procedure and would go straight to who's in charge. Same if any of the clients tell me something." Records showed that the staff team had followed agreed safeguarding processes when needed.

Risks to people were managed so they were safe but without restricting their freedom, choice and control. Staff described the processes used to manage identifiable risks such as seizures, falls, choking and low moods. This information had been recorded in people's care records, providing clear guidance for staff on each person's agreed risk management approach, and had been reviewed regularly. One person said, "I certainly feel safe. The equipment and the people (staff) here understand our needs and necessary steps to recovery." We observed staff supporting people as they moved about the service. They demonstrated safe techniques and offered people appropriate encouragement and reassurance.

The premises and equipment were still managed in a way that ensured the safety of people, staff and visitors. Checks of the building were carried out routinely, and servicing of equipment and utilities had also taken place on a regular basis to ensure people's safety.

There were enough staff to keep people safe and meet their needs. One person said, "The staff are very good. Any problem they help you. There is enough staff to support us, you just ask." Another person added, "If I press the buzzer in my room they (staff) are there in a couple of minutes. So, I feel safe here." We observed staff meeting people's needs in a prompt and timely manner during the inspection.

Pre-employment checks were carried out to ensure new staff were suitable to work at the service. We looked at a sample of staff files and found that most of the required checks were in place, but some were missing. This included details of one staff member's full employment history and an explanation for any gaps in that history. In addition, we found conflicting information provided by another staff member about their working history and the references supplied by their former employers. Records showed that the management team had already identified the need for a thorough audit of staff files and swift action was taken by the manager following the inspection to address these shortcomings. The manager advised that they had started a full audit of all staff files which would be completed the following week. They also provided copies of a new auditing tool and checklist, that would strengthen existing recruitment processes and ensure all the required information was obtained for all staff in future. We were confident they would make these improvements.

People continued to receive their medicines when they needed them and in a safe way. One person told us, "The staff bring me my meds wherever I am. I wouldn't remember." Other people told us they could take back control and administer their own medicines, when they were ready. One person said, "I administer my

own meds now. Staff did it to start with, then I did it with them checking daily. Now they check weekly." Staff were observed checking with people if they needed pain relief and making sure they took their medicines in the best way for them. Clear records were being maintained to record when medicine was administered to people, with an additional safety check system to minimise the risk of someone's medicines being forgotten.

The service was clean and people were protected by the prevention and control of infection. A relative had provided the following written feedback, 'The bedrooms are ensuite, large and quiet, and kept in tip top cleanliness as is the case with the rest of the house. It was noticed that any spillages or debris was quickly dealt with and cleaning seems ongoing throughout the day'. Dedicated cleaning staff were in place who showed us they followed set cleaning schedules. Other staff were seen wearing gloves and aprons before offering personal care or when handling food. We observed the service to be clean and tidy. Records also showed that staff responsible for preparing and handling food had completed food hygiene training.

Lessons were learned and improvements made when things went wrong. For example, people's care plans and risk assessments were reviewed following incidents, to minimise the risk of similar events happening again in the future. Staff talked about incidents that had occurred between people living at the service which had reduced because staff were following updated guidance and providing a consistent approach. Incident records we saw supported this.

Is the service effective?

Our findings

People experienced a good quality of life because the care and support they received was based on current legislation, standards and evidence based guidance, to meet their individual assessed needs. The management team told us they had signed up to updates from us, Care Quality Commission (CQC). They also showed us that assessment and quality auditing tools had been designed to reflect current legislation and evidence-based guidance, including NICE (National Institute for Health and Care Excellence).

Staff continued to have the right skills and knowledge to deliver effective care and support. One person told us, "All our needs are met by informed, efficient staff, with a clear intention for our progression, regardless of need." Written feedback echoed this statement including a comment from a relative which said, 'The care staff are highly trained in their jobs particularly with an emphasis towards service user and family care'. Training records were being maintained to enable the management team to review completed staff training and to see when updates or refresher training was due. We observed staff using their training effectively in the way they provided care and support throughout the course of the inspection.

Other records showed that regular staff meetings were being held, as well as individual staff supervision; providing the staff team with additional support to carry out their roles and responsibilities. The manager explained that staff meetings were a key way in how the therapy team shared information with the rehabilitation assistants, to ensure a consistent approach in achieving and maintaining people's individual goals and programmes.

People were supported to eat and drink enough to maintain a balanced diet. Everyone told us they had enough to eat and they enjoyed the food. One person told us, "Superb meals here, can't fault them...the standard of food is amazing." Another person added, "Can't praise the food enough. She (the chef) introduced me to a new fruit...she makes me fruit smoothies and all sorts." Staff understood how to support people with complex eating and drinking needs, such as being at risk of choking or from not eating and drinking enough. One person told us, "They (staff) chop my food for me and help as necessary." Care plans contained guidance for staff on how to manage each person's nutritional needs in a safe way.

Lunch time provided a social opportunity for staff and people to come together. We observed staff encouraging people to eat and drink, and to maintain their independence with eating. Staff offered people a choice of food and provided assistance in a discreet manner. Some people prepared their own meals as part of their programme towards greater independence. Separate facilities had been provided for this.

The service had developed positive working relationships with external services and organisations to deliver effective care, support and treatment for people living at the service. For example, the district nursing team visited each day to support one person's healthcare needs. Each person had their own care plan which contained information about their healthcare needs, and demonstrated that they had regular access to a range of healthcare professionals, who supported them in monitoring and managing long and short-term health conditions. One person said, "Staff are helpful with the appointments. Making them and they always go with you. If I'm unwell, I just tell them. They always help." 'Hospital passports' had also been developed

for people, which provided key information for health care professionals, in the event of someone needing to go into hospital.

An interdisciplinary team was based on site, providing on going rehabilitative support including psychology, physiotherapy, speech and language and occupational therapy input. One person had provided the following written feedback, 'The therapy I am receiving at this moment in time is giving me hope for a better way of life soon. It is so brilliant I am lost for words'.

People's needs were met by the adaptation, design and decoration of the premises. Since the last inspection, modifications had been made to the building to enhance the facilities provided and to promote people's independence for example, through the installation of a passenger lift. Everyone had their own individual space, as well as a shared lounge, dining room - with kitchenette facilities and an accessible garden. People could personalise their own rooms; to promote a homely environment and to reflect their individual preferences.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care services, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS). We checked whether the service was working within the principles of the MCA. We found that systems were in place to assess people's capacity to make decisions about their care, and DoLS applications had been completed where appropriate.

Staff were knowledgeable about how to support people to make their own decisions, in accordance with legislation and guidance. Care records demonstrated that people were asked for their consent in all aspects of the care and support provided to them.

Is the service caring?

Our findings

People unanimously told us that staff treated them with kindness and compassion. One person said, "The staff are very supportive. I'm in the right place here." Another person told us, "The staff are lovely. Everyone is wonderful." Someone who had previously used the service had written to give thanks, 'For the night care and cups of tea'. We observed some very positive engagement between staff and people, and there was a real sense of respect and inclusion for people living at the service. Staff made sure people felt like they mattered by listening and providing support in patient manner.

Staff showed concern for people's wellbeing and responded quickly to their needs. We heard staff providing information to one person who had become anxious about the arrangements for an appointment they were attending that day. They spoke in a reassuring manner and ensured the person had everything they needed before the appointment, including warm outdoor clothing.

Staff understood the importance of finding accessible ways to communicate with people. Each person had an Accessible Information Standard (AIS) statement at the front of their care records, to identify any potential communication needs and guide staff on how these should be met. AIS was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. Photo boards had been developed to help people understand what activities were on offer, the menu for the day and which staff were on duty. The service had a speech and language therapist based on site to support with people's individual communication needs. Another member of staff told us that they looked for visual clues such as facial expressions, when someone was not able to communicate their needs verbally.

Staff encouraged people to express their views and be actively involved in making decisions about their care and daily routines. Staff were seen offering people choices throughout the day, and trying to involve them in making decisions about their care as far as possible, such as how they spent their time or what they wanted to eat.

People's privacy and dignity was respected and upheld. One person told us that staff were, "Always about just in case, but allowing independence and privacy." Another person had provided the following written feedback, 'I am treated like a human being. I would like to thank all members of staff for the care and thoughtfulness, and respect they give me'. We observed staff treating people with respect, asking questions and waiting for an answer before they supported them. For example, "Shall I take that away now?" and "Shall I wipe your mouth for you?"

Staff encouraged people's independence by giving them time to speak or to complete tasks for themselves, rather than rush in and take over. They stayed close by, ready to assist if needed. At lunch, we saw staff providing people with various aids to enable them to eat independently. One person said, "The staff are alright. They ask before they help you." The management team explained that helping people to regain their skills and independence was a key aspect of the rehabilitation service they provided. Half of the people using the service were following short term (six week) rehabilitation programmes, following an acquired

brain injury or a neurological condition. Someone who had previously used the service had written, 'Park House offered me an opportunity to regain my independence, have my own room and a chance to learn all the skills which I had lost – all within an environment more similar to home'.

People were supported to maintain important relationships with those close to them. During the inspection one person went out to visit a family member accompanied by staff. Another person told us, "My sisters can come anytime and I can use my mobile phone to keep in touch." Someone else who had previously used the service had written, 'The staff were extremely supportive and made me, my family and visitors feel very welcome'.

Is the service responsive?

Our findings

People continued to receive personalised care that was responsive to their needs. Comprehensive assessments had been undertaken before people came to live at the service, to establish their needs and help staff in developing bespoke care plans and rehabilitation programmes. Records showed that staff regularly spent time with people, to review their support and plan goals for the future; to achieve the best outcome for each person. Additional records evidenced the care and support people received daily, which linked with their individual rehabilitation goals and demonstrated the progress they were making.

People shared their individual stories of progress and achievement since coming to live at the service. One person said, "I am on the six-week pathway. They (staff) tell me I am reaching the milestones, and soon tell me if I'm not doing what I should be." Another person told us, "I've started making home visits and expect to be back home at the end of the six weeks. I have been very lucky...I didn't realise there were services such as this one." We observed one of the onsite therapy team members assessing someone who was planning for their discharge, by preparing their own meal. The therapist provided appropriate verbal prompts whilst enabling the person to consider the task at hand and work out the actions they needed to complete it.

People followed their interests and participated in activities that were meaningful to them. One person showed us their weekly activity planner. They told us, "I go for a walk most days round the park. I do need staff, but there are enough about to come with me when I ask." Another person told us, "I do like joining in with the card games, hangman and quizzes." Other people told us they enjoyed going out shopping, visiting a local art café, having music lessons, spending time on their computer, group news discussions, yoga, baking and word searches. One person said, "The activities vary week to week and they (staff) ask me what I want to do. I won at Connect 4 last week, I enjoy that."

People knew how to raise concerns or make a complaint if they needed to. People were encouraged to speak up and were not disadvantaged as a result. One person said, "I would complain straight away if I had to. I haven't had to, but I would complain to [name of manager], he is brilliant." Records showed that people's feedback was taken seriously when they raised concerns and that appropriate actions had been taken in response, in a timely manner. This showed that systems were in place to learn from people's experiences; to improve the service.

No one using the service had the need for, or was receiving support with end of life care. The management team told us that care and support could be individually tailored to meet someone's needs should the need arise, provided those needs could be met. Records showed that the service had obtained some information from people about their preferences and choices in the event of them requiring end of life care, but this varied depending on the length of time people planned to use the service for. The management team told us they planned to review this to ensure the information they gathered from everyone using the service was more personalised in terms of their protected equality characteristics, spiritual and cultural preferences. This information would help staff to be able to support people at the end of their life to have a comfortable, dignified and pain free death.

Is the service well-led?

Our findings

Since our last inspection, there had been a change of manager. Our records showed that the new manager had applied to register with us, the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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.

People and staff told us they felt positive about the way the service was managed and the support they received from the manager and deputy service manager. One person said, "It's like a well-oiled machine here. Working very well for me." A relative had echoed this in writing by stating, 'Management are highly visible, approachable and knowledgeable leaving all concerned feeling confident and appreciative'. Staff were motivated and clear about their roles and responsibilities. We observed them working effectively together as a team, sharing responsibilities and acting in the best interests of people living at the service.

The management team were also clear about their responsibilities in terms of quality performance, risks and regulatory requirements. For example, systems were in place to ensure legally notifiable incidents and events were reported to us, the Care Quality Commission (CQC), and records showed that this was happening as required. We found the manager and deputy service manager to be organised, open and knowledgeable about the service and the needs of the people living there. We noted they were passionate when they spoke about their roles and it was clear that they led by example; their focus on supporting people to have the best lives they could have.

A letter we saw reinforced our findings. This showed that the service had recently achieved compliance with the standards set out by the Independent Neurorehabilitation Providers Alliance (INPA). INPA are a group of independent specialist health and social care providers who share the common goal of ensuring the delivery of excellent care in neurorehabilitation. The letter stated that, 'Park House has a clear rehabilitation pathway to ensure care and therapy is both coordinated and appropriate to the individual's needs from admission to discharge. Staff structure and administrative systems are in place to support and enable service delivery 24 hours a day by neurorehabilitation trained staff.'

People, their relatives and staff were engaged and involved. The deputy service manager explained that they sought people's feedback in various ways such as satisfaction surveys, meetings and on an informal basis through day to day contact. One person told us, "I do go to the resident's meetings...we're asked if there's anything we'd like to change on the menu." We saw the results of the latest satisfaction surveys completed by people, relatives and staff in 2018. These demonstrated a high level of satisfaction with the service people received, or as a place of work for staff.

Arrangements were in place so the manager and staff team could continuously learn, improve, innovate and ensure sustainability. The deputy service manager showed us the quality monitoring systems they had in place to check the service was providing safe and good quality care. We saw evidence of audits taking place at both service and provider level covering areas such as care records, medicines, incidents and accidents,

the building, staffing, safeguarding, complaints and infection control. Clear action points had been recorded where improvements had been identified, and we found that these were acted on. This showed that systems were in place to monitor the quality of service provision to drive continuous improvement.

The service also worked in partnership with other key agencies and organisations such as funding authorities and external health care professionals to support care provision, service development and joined-up care in an open and positive way. One example was a recent audit carried out by the local authority which had identified some areas for improvement. We saw that the service had acted to address these points. This demonstrated that information and assessments from other agencies was used to improve the service for the benefit of the people living there.