

Mr Paul and Mrs Gloria Crabtree

# Park House Residential Home

## Inspection report

3 Worsbrough Village  
Worsbrough  
Barnsley  
South Yorkshire  
S70 5LW

Tel: 01226281228

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Park House Residential Home is a residential care home providing personal care to up to 20 people in one adapted building over two floors. There were 13 people living at the home at the time of our inspection.

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

There was a positive and open culture in the home. People received person-centred care which was inclusive of their needs and preferences. Staff were clearly engaged in delivering this. The registered manager had developed a governance framework and checks and audits took place regularly. However, there was little evidence recorded of how the provider ensured they had oversight of the home.

We have made a recommendation for the provider to consider embedding clear and effective governance arrangements at all levels of the service.

The registered manager understood their regulatory requirements and responsibilities. People were involved in how the home was run. The home kept in regular contact with relatives and regular staff meetings took place. The service had an action plan which was used to continuously learn and improve. The home worked in partnership with health professionals, training agencies, and had worked closely with the Local Authority to drive improvements.

Systems were in place to protect people from abuse. Risks were monitored and managed. Appropriate checks of the environment and equipment took place. Staff were recruited safely and staffing rotas reflected people's needs. Medicines were administered safely. Infection prevention and control best practices were followed. The registered manager had a process for analysing incidents and learning lessons from these.

People's needs and choices were recorded in detailed, person-centred care plans. Staff received appropriate training and supervisions and appraisals were planned and took place. Where people were at risk of malnutrition this was monitored and their food intake recorded. Staff were knowledgeable about people's dietary requirements and preferences. Staff worked and supported each other as a team. Handovers took place and detailed information and observations about people's health needs were recorded. People received timely access to health professionals. The home was decorated to support people's choices and people were involved in this. Consent to care was recorded in line with legislation. Best interest decisions had taken place, where appropriate. People were supported to have maximum choice and control of their lives and staff them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection (and update)

The last rating for this service was requires improvement (published 8 July 2021) and there were three

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

This service has been in Special Measures since 31 January 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 13 May 2021. Three breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, staffing and good governance.

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

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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

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 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 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

# Park House Residential 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.

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 was carried out by two inspectors 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.

#### Service and service type

Park House Residential Home 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 had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service, including Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with one person who used the service and eight relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, deputy manager, senior care staff, care staff and the cook.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

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

# 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 now improved to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection the provider had failed to ensure there was enough staff to support people safely. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

At our last inspection the provider had failed to ensure systems and processes were operated effectively to ensure the service employed suitable staff. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's needs were met in a calm and unhurried manner. Staff told us there was enough staff. However, some relatives did not feel there was enough staff. The registered manager told us there had been some vacancies at the home. Recent recruitment had ensured all vacancies had now been filled.
- Staff rotas were planned according to people's needs identified on the monthly dependency tool.
- Staff were recruited safely. Appropriate pre-employment checks took place. There had been a recent recruitment drive and all vacancies had been filled.

### Preventing and controlling infection

At our last inspection the provider had failed to assess the risk of, and prevent, detect and control the spread of infection. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

At our last inspection the provider had failed to ensure processes to mitigate future risks were in place. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Accidents and incidents were recorded and monitored. Each incident was reviewed by the registered manager and actions taken, where appropriate, to mitigate future risks.
- The registered manager encouraged staff to report accidents and incidents, these were dealt with promptly and lessons learnt were discussed during staff meetings and shared at handovers.

#### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure that equipment was safe and risks had been mitigated. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

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

- Risks to people's safety were assessed and action taken to mitigate those risks. Records showed how staff considered the least restrictive option when doing so.
- The registered manager completed a pre-admission assessment which identified and recorded key areas of managing risks to people's safety. This was used to inform the care plans which recorded how to care for people safely.
- Risks were reviewed regularly, often including advice from health professionals, to ensure people were supported to have as much control and independence as possible.
- Staff ensured information about risks to people was shared at staff handovers, and with people and their relatives, where appropriate. A staff member said, "Keeping people safe; it's all about risk assessment, constantly."
- External contractors undertook regular servicing of the premises and equipment. Internal checks also took place to ensure the environment was safe.
- We found one person, who had moved to the home recently, did not have a personal emergency evacuation plan in place. We brought this to the attention of the registered manager who confirmed this was in place immediately.



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

At our last inspection we recommended the provider consider how they ensure they have appropriate oversight of safeguarding concerns and take action to implement this.

The provider now has a system in place to ensure safeguarding concerns were logged and tracked.

- A safeguarding log allowed the registered manager to track and monitor safeguarding concerns.
- Relatives told us their family member was safe living at Park House. Comments included, "Yes, she feels secure", and, "It is safe now".
- Staff knew how to recognise the signs of abuse and protect people from the risk of abuse. Staff knew about safeguarding processes. One staff member confirmed, "They discuss outcomes of the safeguarding issues with staff in either in supervisions or in team meetings, so that people can understand."

## Using medicines safely

- Medicines were administered safely. Safe protocols for the receipt, storage, administration and disposal of medicines were in place. Regular checks were undertaken by managers.
- Staff administering medicines were trained, had their competencies checked, and received regular training updates.
- Staff were knowledgeable about how people should receive medicines prescribed on an 'as and when' (PRN) basis. However, although detailed information was in people's care plans, protocols to direct staff about how to do this were not available. We discussed this with the registered manager who confirmed these were in place the day following 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider did not have systems and processes in place to ensure staff received up to date training. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were supported by staff who had received training. There was a robust training plan in place. Staff were able to request additional training to better support people's individual needs. A staff member said, "We have training on a regular basis, but also if we want any additional courses. I've got another two courses coming up in January, so yeah the training is very good. They offer you additional things from time to time, to help you develop your skills."
- A programme of supervisions and appraisals had commenced. Most staff had received a recent supervision with a schedule of plans for those who hadn't.
- Staff told us they were well-supported by the registered manager. Comments included: "Nothing is too much trouble. They do go out the way and help out when needed," and, "Very good, we can say whatever is on our minds".
- Staff were knowledgeable and supported people in line with best practice, which helped lead to good outcomes for people and supported a good quality of life.
- Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their roles.

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

At our last inspection we made a recommendation for the provider to consider the NICE guidelines 'Dementia: assessment, management and support for people living with dementia and their carers'.

The provider had undertaken refurbishment to some aspects of the home in line with NICE guidelines.

- The home had recently refurbished the dining area; this better supported people's needs and the cleaning

regime.

- People's rooms were highly personalised. Signs on people's doors helped them navigate around the home and were individual to each person. Dementia friendly signage identified toilets and bathrooms.
- The home was decorated to support people's choices and people were very involved in this. Information about activities, menus, oral health care and staff at the home were displayed in a format suitable for people's needs.

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

- People's needs and choices were recorded in detailed, person-centred care plans. People's personality and how they wished to be cared for were clearly and accurately recorded. The care plans ensured people received care which supported them as individuals to achieve best outcomes.
- Management recognised the importance of ensuring people's care and support was delivered in line with current good practice guidelines. Staff were passionate about delivering this. Staff comments included: "To be quite honest, it's absolutely different in relation to different aspects of care, compared to the other homes that I have worked in," and, "At Park House it's actually person centred and there's no conveyor belt system".

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

- People were encouraged and supported to eat and drink and maintain a healthy diet. The dining experience was very pleasant with background music playing and people were laughing and chatting. Tables were laid with tablecloths, napkins, condiments, chinaware and cutlery.
- Staff offered a good variety of snacks and drinks throughout the day, including a variety of fresh fruit prepared as people wished.
- Where people needed support to eat they received this from staff in a patient and unrushed manner.
- Where people were at risk of malnutrition this was clearly identified on care records. People were weighed regularly and timely advice was sought from health professionals where needed.
- The cook was very knowledgeable about people's likes and dislikes and special dietary requirements. Clear and up-to-date information about these was clearly displayed in the kitchen.

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

- The service had clear processes for referring people to other services, where needed. People's records showed communication with health professionals was effective and timely. Advice was documented and followed.
- Some relatives told us they were not always kept up to date about their family member's health needs. However, some relatives described in detail the information which had been shared with them by the home. Care notes recorded when staff had communicated with relatives. The registered manager had commenced auditing these notes to ensure consistency.
- The home facilitated regular visits from opticians and chiropodists. The registered manager had recently been successful in gaining agreement from a dentist to visit the home. Detailed oral health records were kept and staff knowledge was good.

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.

- Consent to care was recorded in line with legislation. Best interest decisions had taken place, where appropriate.
- DoLS applications were submitted on time and tracked and outcomes recorded.

# 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 inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure quality performance and regulatory requirements had taken place. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The service was open and honest with people when things went wrong. The registered manager was clear about their responsibilities and those of their staff.
- The registered manager had developed a programme of governance arrangements. Thorough checks and audits were undertaken about key aspects of the service.
- The registered manager had good oversight of the home. They undertook a daily walkaround of the home.
- The registered manager had produced an action plan which they used to keep track of actions and improvements.
- The registered manager told us they were well-supported by the provider. A staff member said, "The owners don't prevent the managers doing things that actually need doing." Another said, "It's excellent now."
- The provider undertook regular visits and telephoned the home daily. However, there was little evidence of how the provider ensured the registered manager was doing their job and how the provider had oversight of the service.

We recommend the provider considers embedding clear and effective governance arrangements at all levels of the service.

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

- There was a positive and open culture in the home. A staff member told us, "Management is very

approachable." Other staff commented: "(It's) like a family", and, "(We) work well as a team".

- People knew the new manager well. Relatives told us there had been lots of manager changes and they weren't always informed. Relatives feedback about the management of the home was mixed. The new registered manager started at the home in July 2021 and had plans in place to provide a newsletter to keep relatives informed.

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

- People were very involved in how the home was run. Residents meetings took place every month and people's views were recorded and acted upon.
- Questionnaires had been developed and were due to be issued in the new year to ask opinions about the home.

Continuous learning and improving care; Working in partnership with others

- The service had an action plan which was used to continuously learn and improve. Staff meetings were also used to discuss improvements. A staff member confirmed, "I think they do listen and we have staff meetings every month." Another said, "It's definitely an improvement to (the) past."
- The home worked in partnership with health professionals, training agencies, and had worked closely with the Local Authority to drive improvements.