New Park House Limited

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Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Good
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

The inspection took place over two days on 8 and 16 July 2015 and was unannounced.

New Park House provides nursing and personal care to up to 95 older people. People with nursing care needs are accommodated on the first floor and people with personal care needs live on the ground floor.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission 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's risks were assessed in a way that kept them safe from the risk of harm. This included people's risks of developing skin damage. Records in place supported staff with the management, care and treatment of pressure ulcers.

Summary of findings

People who used the service received their medicines safely. Systems were in place that ensured people were protected from risks associated with medicines management.

We found that there were enough suitably qualified staff available to meet people's care needs. Staff were trained to carry out their role and the provider had plans in place for updates and refresher training. The provider had safe recruitment procedures that ensured people were supported by suitable staff.

The Mental Capacity Act (MCA) 2005 and the DoLS set out the requirements that ensure where appropriate, decisions are made in people's best interests when they are unable to do this for themselves. Not everyone who required a mental capacity assessment had received this, although meetings had been held and best interest decisions made where required.

People's health needs were monitored but referrals to health care professionals had not always been made in a timely way when people's health care needs changed. Records did not always support staff to make appropriate referrals.

People had enough to eat and drink and were supported with their nutritional needs including receiving nutritional supplements where required. Records were kept to demonstrate people's food and drink intake where required.

People told us that staff were kind and caring. Staff treated people with respect and ensured their privacy and dignity was upheld.

There was an activities programme and people had opportunities to be involved in hobbies and interests that were important to them.

The provider had a complaints procedure available for people who used the service and complaints were appropriately managed.

Staff felt able to raise concerns about poor practice knowing that they would be supported to do so.

Staff felt supported by the registered manager but some staff felt that more direct support and management on the floor was required in some areas of the home.

The registered manager had systems in place to monitor the service and we saw that whilst some improvements had been made when identified, others had not been picked up by the system.

Summary of findings

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.

People were protected from harm because staff had been carefully selected to work at the home. Staff knew how to raise concerns about poor practice and abuse.

Risks to individuals were managed and there were enough staff provided to keep people safe and meet their needs.

Medicines were managed so that people received them safely.

Good

Is the service effective?
The service was not consistently effective.

Staff were trained to deliver care and support to people. However not all staff were knowledgeable about how to assess people's mental capacity. Consent to care and treatment was not always sought in line with the Mental Capacity Act 2005.

People were supported to have enough to eat and drink and people's health care needs were monitored. However timely referrals to health care professionals were not always made when people's needs changed.

Requires improvement

Is the service caring?
The service was caring.

Staff were kind, caring and respectful with people. Privacy and dignity was promoted and upheld by staff.

People and their families felt involved in making decisions about their care and support needs.

Good

Is the service responsive?
The service was responsive.

People felt they had choices and that staff respected their views.

People were given opportunities to be involved in activities and entertainment and to maintain hobbies and interests.

People and their families knew how to raise concerns and managers acted on information received.

Good

Is the service well-led?
The service was not consistently well-led.

Not all staff felt well-supported and some staff felt that there was not enough management support provided in some areas of the home.

Requires improvement

Summary of findings

People who used the service felt able to raise concerns and knew that they would be taken seriously.

The quality monitoring system had ensured that some improvements were made but others had not been picked up.

New 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 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.

The inspection took place on 8 and 16 July 2015 and was unannounced.

The inspection team consisted of four inspectors.

The provider had kept us updated of events by sending us relevant notifications. Notifications are reports of accidents, incidents and deaths of service users. We reviewed the information we received from other agencies that had an interest in the service, including the local authority and commissioners.

We spoke with 21 people who used the service and five relatives. We spoke with the registered manager, the quality performance manager, the managing director, a nurse, seven care staff and two activities staff.

We observed the care and support people received in the home. This included looking in detail at eight people who used the service and whether the care and support they received matched that contained in their care plans. This is called case tracking. We also looked at these people's daily care records and records of their medication. We spoke with staff about how they met the needs of these people and others.

We looked at records relating to the management of the service. These included audits, health and safety checks, staff files, staff rotas, incident, accident and complaints records and minutes of meetings.

Good

Is the service safe?

Our findings

People were protected from harm because staff knew how to raise concerns about abuse and poor practice. Staff we spoke with told us they had received training in how to recognise and report any suspected abuse and were able to provide examples of what could constitute abuse. One staff member said, "We have a procedure that tells us what to do, but I would report to the senior or nurse on duty". Another staff member said, "Oh yes I know about this and the various forms of abuse". The registered manager was aware of their responsibilities in making safeguarding referrals to the relevant local authority. Staff felt that they would be supported to question practice and raise concerns about poor practice under the Whistle Blowing policy. A staff member said, "I wouldn't hesitate to report any concerns if I had them and I know that it would be kept confidential". Local safeguarding procedures including contact details were clearly displayed for managers and staff to refer to.

People who used the service felt that there was enough staff around to keep them safe. A visitor told us that they had no concerns regarding their [relative's name's] safety in the home. They also told us that there was always staff around to keep their relative safe. Another visitor said, " I am happy to leave [my relative] in the care of the home". There was a staff recruitment procedure in place which ensured that staff were carefully selected to work at the home. This included carrying out relevant checks to ensure that staff were suitable to work with people who used the service. A staff member said, "There are usually enough staff around although it can be busy in the morning".

Staff knew how to meet people's needs. We observed how a staff member reacted quickly to help a person who was partially sighted when they became distressed. We spoke with the person and asked if staff always attended to them promptly, they replied, "Oh yes, they're all good girls".

Prior to the inspection we had received concerns that people who were at risk of developing skin damage may not be receiving appropriate care to keep them safe. We saw that risks to people were being managed appropriately. Some people using the service were assessed as being at risk of developing skin damage. Risk assessments had been carried out and actions agreed with Tissue Viability Specialist Nurses on how people could be protected from further risk of harm. We saw that staff had acted in accordance with advice about management of skin damage. We saw two people had skin damage and there was evidence they were being managed in accordance with the professional advice. We saw other people who were at risk of developing skin damage had special mattresses in place and had their positions changed by staff frequently whilst in bed. People were also sitting on special cushions whilst they were sitting out. This helped to reduce the risk of damage to people's skin. We saw that mattresses were working correctly and had been checked regularly to ensure they were in good working order.

Some people needed assistance to move safely and some people required the use of equipment. We observed staff handling and moving people safely and staff told us that they had received training for this. As a result of risk assessments people had various equipment in place to help keep them safe. Staff knew how equipment worked and explained why it was in place. There was a chart to show the equipment had been checked as required to ensure it was in good working order and would help keep people safe.

Some people had been assessed as being at risk of harm as they were physically unable to ring the call bell whilst in their bedrooms. We saw that risk assessments were in place to help reduce the risk of harm to the person and we saw staff making regular checks to ensure people were safe and comfortable.

People told us they received their medicines at the time they wanted them. Systems were in place that ensured medicines were ordered, stored, administered and recorded to protect people from the risks associated with them. We observed medicines being administered to people as they were prescribed. This meant that medicines were managed so that people received them safely.

Requires improvement

Is the service effective?

Our findings

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The MCA and the DoLS set out the requirements that ensure where applicable, decisions are made in people's best interests when they are unable to do this for themselves.

We saw that whilst some mental capacity assessments had been completed for people where there was doubt about people's ability to make decisions, others had not. For example we saw that Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made by people able to do so, but usually involving family members. This is a legal order which tells a medical team not to perform CPR on a person. Where the person was unable to make a decision about this, following a mental capacity assessment, their family had been involved in the decision making. When we talked to the GP they confirmed this. We saw that DNACPR decisions were reviewed annually or more regularly by the GP to ensure they were still relevant. However for some other people with dementia care needs, where there was doubt about their ability to make decisions, mental capacity assessments had not been carried out. This meant that some decisions may have been made on people's behalf without gaining appropriate consent. The registered manager told us that they planned to complete mental capacity assessments for all of the people who needed this. When important decisions needed to be made meetings were held involving the person's representative and other relevant people. These were entitled "Best Interest Meetings and helped to ensure that the right decisions were made for the person."

Not all of the staff we spoke with understood the principles of the Mental Capacity Act 2005 or DoLS. One member of staff said, "I don't think I've had that training" another staff member wasn't able to explain how they would recognise a restriction as defined under MCA and DoLS. The registered manager explained that some staff had received MCA training and that there were plans in place for all staff to complete this. They said that this would help ensure that staff had a better understanding of people's needs. The registered manager understood their responsibilities in respect of DoLS referrals and we did not see anyone who appeared to be restricted.

Prior to this inspection we had received concerns that appropriate and timely referrals to health care professionals were not always made when people's health care needs changed and/or deteriorated. We found that a person who had sustained falls should have been referred for a falls risk assessment at the clinic, according to the risk assessment contained in their care plan but this had not happened. The registered manager told us that the person had not sustained any more falls and there was now no requirement for the person to attend the falls clinic. They said that staff had not documented this. We saw that the relevant risk assessment did not support staff to make the appropriate referral. We also saw other risk assessments where it was not clear what action staff should take in relation to making other referrals. The registered manager had recognised a need for more staff training on record keeping and said that they would be reviewing the risk assessments in place. This would help ensure correct and timely referrals were made.

Staff thought that the training they received was good and they felt that they had the knowledge and skills required to meet the needs of people who used the service. New starters confirmed their initial training ensured that they had the basic skills required. People who used the service told us that they felt safe with staff and that staff knew how to care for them. We saw staff delivering personal care to people in the way they wanted it and staff knew what people's needs were. A staff member said, "We receive regular training which is good". A staff member said, "I never thought I would be a senior carer but the home has helped improve both my knowledge and my confidence". The registered manager and quality performance manager worked together to deliver the staff training programme. Records confirmed that staff received relevant training and support.

People who used the service were supported to eat, drink and maintain a balanced diet. A person who used the service said, "There is always choice at each mealtime. The meals are very good." Nutritional assessments were in place for each person with related risk assessments and weight monitoring. People had a choice of menu at each mealtime and special diets and preferences were catered for. We saw people eating different meals at lunchtime. We met with the chef who told us, "We can cook anything people like or want. We ask them regularly if there is anything different they would like. If people change their minds about their chosen food when it is given we will cook

Requires improvement

Is the service effective?

whatever they fancy." We saw staff assisting people with food supplements and staff were aware of the importance of these. A staff member said, "[person's name] has been prescribed these because they don't eat enough so it is important they have them regularly." Records of food and fluid intake were in place to evidence that staff had supported people to eat and drink.

Good

Is the service caring?

Our findings

We observed close and friendly relationships between staff and people using the service. People were treated with respect and approached in a kind and caring way. A person complained of not feeling well, they were unable to express why. A staff member said, “Do you have any pain [person’s name] and they nodded. Staff checked as required (PRN) pain relief and administered it straight away to alleviate any pain the person may be feeling.

People’s families were made to feel welcome by staff at any time. A visitor told us, “ I can visit at any time and they always make you feel welcome”.

People who used the service had choices in their care and felt that they could talk to staff about their care and support needs. A person said, “The staff ask me if I would like to get up, and would I like a shower, things like that.”

We heard staff asking people how they would like their care delivered. A staff member said, “Would you like a shower now or would you like it later this evening because I know your visitors are coming soon.”

We observed that people were treated with dignity and respect. For example a person had spilt food down themselves at breakfast time, two carers pointed this out to the person discreetly and encouraged them to return to their bedroom where staff helped them to get changed.

People’s preferences were taken into consideration. For example, there were ladies with make-up on, as well as jewellery. A person said, “It’s important to me to look smart and I always feel better with my make up on.”

Personal care was carried out discreetly in bedrooms and bathrooms. People were visited by health care professionals in private. Care plans documented how staff should promote privacy, dignity and respect for people.

Good

Is the service responsive?

Our findings

People who used the service did not routinely get involved in the reviews of their care plans. However people and their relatives told us that they felt informed about their care and were kept updated about any changes. A person said, "I don't get involved in the paperwork but they always tell me what's going on and they listen to what I want. I do feel involved". People also felt that any suggestions relating to their care and support needs would be taken up by the staff. The registered manager told us that new care plan documentation encouraged people and/or their representatives to be involved in the reviews of their care plans.

Some activities were provided on an individual basis by the activities coordinators and there were some group sessions or events which people were encouraged to join. People told us they had enjoyed the organist and the quiz evenings. A person said, "I like to join in the activities we have two activities staff and they are very good. Last week we had 'round the world' week. It was really funny to see them in their hula skirts, can you see my garland I made?". Some people did not like to join in group activities and preferred to stay in their rooms. One of the activity staff members provided one to one activity support for these people. We saw some people reading newspapers and a person with impaired vision told us that they like to listen to their talking books that the activity person had organised for them.

People who used the service and their families told us that they knew that they could raise concerns or formal complaints and that they would be taken seriously and acted on. A relative told us that they had raised concerns previously and they had been addressed satisfactorily. There was a formal complaints procedure in place and the manager was available for people to speak with about any concerns they might have. Prior to the inspection we had seen how the provider had carried out an investigation into concerns raised by a relative. The provider had implemented improvements as a result of their findings.

Requires improvement

Is the service well-led?

Our findings

Staff had mixed feelings about the support they received. A staff member said, "We have team meetings but they aren't that often, supervision doesn't happen very regularly and we could do with another senior to help with that". One staff member told us, "I haven't had an appraisal yet I've been here for two years", whilst another one said, "I have regular supervision". The registered manager said that more regular staff meetings were needed and would be arranged. A staff member said, "The training sessions invariably end in discussions with staff talking about their experiences of working in the home, which is good".

Some staff felt that they were not always supported in their role. Staff thought that more direct management support was needed. One staff member said, I know I can go to the registered manager but I don't feel that there is anyone on the floor you can go to, we could do with more support".

People who used the service and relatives felt able to approach the registered manager with any suggestions or to raise concerns. People told us they knew they would be listened to and taken seriously. A relative said, "The manager is very good. If she has no one in the office with her I can just pop in and have a chat, she is very friendly.

The registered manager was supported by a quality performance manager and managing director. They worked together to oversee staff training, quality management and development of the service. There was a quality monitoring system in place which was overseen by the quality performance manager and registered manager. This included monitoring and auditing all of the services provided and obtaining the views of people who used the service and their families. We saw that whilst some improvements were made as a result of audits, other areas for improvement had been missed. For example recent improvements had been made in the way prevention of skin damage and pressure ulcer treatment were managed. However, other areas requiring improvements had not been picked up by the quality monitoring system. These included staff confusion around risk assessments and record keeping, meaning that staff did not always make timely referrals to health care professionals. The registered manager told us they would address this with further staff training.

The registered manager understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration.