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Park House Care Home

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 

Overall summary

This inspection was unannounced and was started on the 6 March 2015 and a second announced visit to complete it was then undertaken on the 20 April 2015.

The home is registered as a partnership and has two registered managers who are closely related to each other. 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 and associated Regulations about how the service is run.

Both of the registered managers are fully involved in the home but have different responsibilities. One registered manager is more involved in the day to day delivery of care, for example, care plans, staff recruitment and training and often undertakes the cooking. The other takes responsibility for the practical issues, for example the on-going maintenance of the home and for dealing

Summary of findings

with any contractors used. In addition to the registered managers and as part of the long term planning for the future of the home another close family member was acting as the deputy manager and had recently taken over some of the day to day management responsibilities within the home, this included, staff training and supervision.

Park House Care Home is privately owned and is registered to provide accommodation for a maximum of 29 people who require help with their daily lives such as assistance with personal care. It is a two storey building located in a rural location on the outskirts of Sandbach. The town centre is approximately one mile from the home. On the first day of our inspection there were 28 people living in the home.

People living at the home, relatives and staff were positive about the services provided at Park House. We observed how staff spoke and interacted with people living at the home and found that they were respectful, kind and patient offering various choices throughout the day.

The staff members working at the home had a good understanding of the need to ensure people were supported to stay safe. They told us that they were aware of safeguarding and would report any issues of concern.

Medicines were organised and audited monthly to ensure safe practices were maintained and people were given any medicines as prescribed.

We found care plans to be up to date and individual to the person whose plan it was. They had been regularly reviewed and checked by senior staff to ensure records were appropriately kept up to date. They contained guidance to enable staff to know how to support each person's needs. Staff had a good understanding and knowledge of the people they supported.

People living at Park House told us that they could raise their opinions and discuss any issues with staff. The service had a complaints procedure in place.

The home operated safe recruitment processes and ensured that staff members employed were suitable to work with people living at Park House.

Staff members were receiving training and supervision to assist them in their job roles and in their personal development. Training records and supervision for staff had recently been updated to improve the accuracy of records to show what training staff had received and when staff were due refresher training.

Various audits and maintenance checks were carried out on a regular basis by the registered managers and senior staff to help ensure that appropriate standards were maintained throughout the home. The people we spoke with who lived at the home, relatives and staff were positive about the service and how it was managed.

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.

There were enough staff members on duty to meet the needs of the people living in the home.

Care plans contained relevant risk assessments so that risks to people were managed and risks reduced.

The arrangements for managing medicines were safe. Medicines were kept safely and were stored securely. The administration and recording of when people had their medicines was safe.

Good



Is the service effective?

The service was effective.

We asked staff members about training and they all confirmed that they received regular training throughout the year; they also said that their training was up to date.

There was a rolling menu prepared each day from fresh ingredients in place which provided a good variety of food to the people using the service.

A tour of the premises was undertaken; this included all communal areas including lounge and dining areas plus and with consent a number of bedrooms. The home was well maintained and provided an environment that could meet the needs of the people that were living there.

Good



Is the service caring?

The service was caring.

The people living at the home were happy with the staff supporting them. Visitors felt their relatives were supported well and cared for to a good standard.

Staff members were aware of individual's needs and how they liked to be cared for and were aware of the importance of respecting each person's privacy, dignity and rights.

Good



Is the service responsive?

The service was responsive.

Care plans were personalised and reflected the needs of the individual, for example any allergies were highlighted at the front of the plan so they could be seen easily.

The service provided various activities for people to take part in if they wished.

The home had a complaints policy and processes were in place to record any complaints received.

Good



Is the service well-led?

The service was well led.

Information about the safety and quality of service provided was gathered on a continuous and on-going basis via feedback from the people who used the service.

Good



Summary of findings

All of the staff told us they felt supported and enjoyed their work. They made various positive comments about the management style of the home.

Park House had its own internal quality assurance system in place. This included audits on care plans, falls and medication.

Park House Care Home

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.

This inspection was unannounced and was started on the 6 March 2015. A second announced visit to complete it was then undertaken on the 20 April 2015. The first day of the inspection was carried out by an adult social care 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.

The service was last inspected on the 5 September 2013 and was found to be meeting the outcome areas inspected at the time.

The provider told us that they had not received 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 any improvements they

plan to make. We looked at any notifications received and reviewed any other information we held prior to visiting. This included the report of the most recent contract monitoring visit undertaken by Cheshire East on the 19 February 2015 and an 'Enter and View' visit report undertaken on the 1 April 2015 by Healthwatch [Healthwatch England is the national consumer champion in health and care. They have statutory powers to ensure the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services]. We have included relevant comments from these two visits into this inspection report.

We met with people throughout the home and saw how care was provided to people during the two days of our inspection. We spoke to a total of 16 people who lived in the home and three relatives over the two days of the inspection [some people living in the home spoke to both members of the inspection team on separate days]. We also spoke with both registered managers and six other staff members during this inspection.

We looked at five people's care records and documentation in relation to staff recruitment and training, risk assessments, quality assurance audits, policies and procedures and the management of medicines.

Is the service safe?

Our findings

All of the people living in the home and the relatives we spoke with said they (or their relative) felt safe in the home. One person living in the home told us, "I have never felt threatened".

During our visit we observed relaxed and friendly relationships between the people living in Park House and the staff members working there.

We saw that the service had a safeguarding procedure in place. This was designed to ensure that any possible problems that arose were dealt with openly and people were protected from possible harm. The registered manager was aware of the relevant process to follow. They told us they would report any concerns to the local authority and to the Care Quality Commission [CQC]. Homes such as Park House are required to notify the CQC and the local authority of any safeguarding incidents that arise. We checked our records and saw that there had been no safeguarding incidents requiring notification at the home since the previous inspection took place.

Staff members confirmed that they had received training in protecting vulnerable adults and that they understood the process they would follow if a safeguarding incident occurred. They were aware of their responsibilities when caring for vulnerable adults. They were also familiar with the term 'whistle blowing' and each said that they would report any concerns regarding poor practice to senior staff. This indicated that they were aware of their roles and responsibilities regarding the protection of vulnerable adults and the need to accurately record and report potential incidents of abuse.

We noted that appropriate risk assessments had been completed for each person and were in each person's care file. There were suitable plans in place to manage risks to individuals' safety for example falls and moving and handling. We saw that risk assessments had been evaluated and if needed updated each month. Staff spoken with told us they were aware of people's risk assessments and how to effectively support people to keep them safe. We could also see that the home's staff members were working closely with people and, where appropriate, their representatives to keep people safe. This ensured that people were able to live a fulfilling lifestyle without unnecessary restriction.

We observed that the staff members were kept up to date with any changes during the handovers that took place at every staff change. This helped to ensure they were aware of issues and could provide safe care.

We looked at two staff recruitment files to check that the appropriate checks had been carried out before they worked with people. All appropriate checks were completed prior to the members of staff working in the home including references and a criminal record check so that the management could be assured they were safe to work with vulnerable people.

Systems were in place to help ensure that people's medicines were being managed appropriately. Each person's medicines were kept in a lockable cupboard or in a lockable medicine trolley within a designated room. We checked the medicine arrangements for people using the service and saw that the home used a blister pack system and clear records were kept of all medicines received into the home and administered. Records showed that people were getting their medicines when they needed them and at the times they were prescribed. This meant that people were being given their medicines safely. People we spoke with said that they always got their medicines on time and that members of staff made sure that they took their tablets at the right time. One person living in the home told us, "They make sure I get my tablets three times a day". We asked about any medicines that were returned to the pharmacist and were told by the senior carer who was responsible for the ordering and auditing of medicines that these had previously been recorded on the Medicine Administration Record [MAR] but they now had a returns book in which to record any unused medicines. We were also told that Cheshire East had visited recently and had asked the home to ensure each person's medicine record had a photograph of the individual so that the likelihood of any mistakes in administration occurring was minimised. This was in hand at the time of our visit.

The staffing rotas we looked at and our observations during the visit demonstrated that there were sufficient numbers of staff on duty to meet the needs of the people living at the home. On the day of our inspection visit there was a senior carer and three care staff members on duty from 8.00am in the morning. This reduced to a senior carer and two care staff members from 12.30pm during the week and from 2.00pm at weekends. During the night there was one senior carer and one care staff member on duty.

Is the service safe?

between 10.00pm and 8.00am. In addition to the above the rota also included an additional member of care staff on duty between 6.00 pm and 10.00pm. This was not every day and the rotas we looked at showed that this shift was covered for two and three days respectively. The registered manager who regularly worked in the kitchen was in addition to these numbers.

There were separate ancillary staff members including another staff member in the kitchen and two more staff members working in the laundry and doing any cleaning required on duty on both days we visited the home. There were systems in place to deal with any maintenance work needed.

From our observations we found that the staff members knew the people they were supporting well. There was an on call system in place in case of emergencies outside of office hours and at weekends. This meant that any issues that arose could be dealt with appropriately.

Our observations during the inspection were of a clean, fresh smelling environment which was safe without restricting people's ability to move around freely.

Is the service effective?

Our findings

The people living in the home and their relatives told us that the home was well supported by the relevant health professionals, for example a local GP from nearby Sandbach could be contacted on a daily basis and would visit the home on the same day if required. They also told us that the home had access to district nurses, and to a dietician. We saw evidence in the office and within care files that people were attending regular appointments where required, these included hospital visits. Any visits or appointments were recorded so staff members would know when these visits had taken place and why.

During our visit we saw that staff members took time to ensure that they were fully engaged with the individual and checked that they had understood before carrying out any tasks with the people using the service. They explained what they needed or intended to do and asked if that was alright rather than assume consent. We observed staff members supporting people throughout the day and saw that they took their time and did not rush the person. All contact was carried out in a dignified and respectful way.

The provider had their own induction training programme designed to ensure any new staff members had the skills they needed to do their jobs effectively and competently. We spoke with a newly appointed staff member who confirmed that they had received an induction when they had started to work at the home. This had included moving and handling training, safeguarding and whistleblowing as well as practical issues covering such areas as the location of fire exits and the procedures to follow if there was an incident. They also told us that when they had started work they shadowed existing staff members and were not allowed to work unsupervised until deemed competent to do so. Shadowing is where a new staff member works alongside either a senior or experienced staff member until they are confident enough to work on their own.

We asked staff members about training and they all confirmed that they received regular training throughout the year and that they thought it was up to date. A staff member we spoke with confirmed that they were receiving regular training and they had just updated their moving and handling training. As part of its contract monitoring system Cheshire East council had undertaken a visit on the 19 February 2015 and had commented that the managers needed to ensure all staff were up to date with mandatory

training. The action plan completed by the home following this visit stated that as at the 13 April 2015 training was now up to date. We subsequently checked the staff training records and these confirmed that this had been addressed appropriately. Training included, fire safety, safeguarding, moving and handling, health and safety, infection control and first aid.

The staff members we spoke with told us that they received on-going support and supervision. We checked records which confirmed that supervision sessions for each member of staff were taking place. The registered manager told us that the deputy manager had recently taken over responsibility for ensuring these took place regularly. Supervision is a regular meeting between an employee and their line manager to discuss any issues that may affect the staff member; this may include a discussion of the training undertaken, whether it had been effective and if the staff member had any on-going training needs.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty (DoLS) to report on what we find. The Mental Capacity Act 2005 (MCA) says that before care and treatment is carried out for someone it must be established whether or not they have capacity to consent to that treatment. If not, any care or treatment decisions must be made in a person's best interests.

We asked the registered manager about the above and they told us that everyone in the home had capacity and were therefore able to make decisions. They told us that although they did not currently have policies and procedures to provide guidance for staff on how to safeguard the care and welfare of the people using the service they were in the process of developing these and the staff members were due to attend MCA and DoLS training within two weeks of the inspection. This was confirmed by the staff members we spoke with.

There was a rolling menu prepared each day from fresh ingredients in place which provided a good variety of food to the people using the service. The registered manager cooked some of the meals and they explained that the menu was discussed with the people living in the home all of the time and was based on what people wanted to eat. Choices were available and people could decide what they wanted at every mealtime. Special diets such as gluten free and diabetic meals were provided if needed. They explained that they met with anyone moving in to the

Is the service effective?

home to discuss likes and dislikes and at this time would also ask if they had any specific dietary needs. We did not see any menus and no one we asked said that they had seen a menu. The people we spoke with did confirm that there was a choice of two main hot meals at lunchtime and they were asked by staff members at the time which meal they wanted. In the main people said that they liked the food on offer and that the meals were nice. One person living in the home did say that they would like to have something different, "like lasagne" but then went on to say that there was, "never anything like that".

We saw staff offer people both hot and cold drinks at lunchtime and that drinks were readily available throughout the day. The staff members were aware of individual people's preferences and choices in this respect.

We saw that the staff members monitored people's weights as part of the overall planning process on a regular basis to identify whether people were at nutritional risk. This was done to ensure that people were not losing or gaining weight inappropriately.

A tour of the premises was undertaken; this included all communal areas including lounge and dining areas plus and with consent a number of bedrooms. The home was well maintained and provided an environment that could meet the needs of the people that were living there. The home provided adaptations for use by people who needed additional assistance. These included bath and toilet aids, hoists, grab rails and other aids to help maintain independence.

The laundry within the home was well equipped and there were systems in place for the care of people's clothes. The laundry was well organised and we did not receive any negative comments about the quality of the laundry service.

The environment was clean and fresh and the home's kitchen had been awarded a five star hygiene rating by the local authority. This is the highest award possible. We saw that the kitchen area was clean, tidy and well organised. Cleaning schedules were followed and staff members were provided with essential protective clothing.

Is the service caring?

Our findings

We asked the people living at Park House about the home and the staff members working there. Comments included, “Very caring”, “[I am] absolutely spoiled”, “The staff are looking after me” and “Staff are good”.

A relative we spoke with told us, “They are lovely and kind. They go over and above to care” and “We can leave and relax and know that she (their relative) is so cared for and loved”. This relative also commented that their relative looked, “Ten years younger than when she was in hospital (after a fall)”.

Visitors were free to visit at any time; this was confirmed by the people using the service and by the visiting family members we spoke with.

During this inspection we observed staff chatting with the people they were caring for in a relaxed and friendly manner. We overheard conversations between staff and people living at the home and heard that staff were encouraging, kind and tried to involve people in making decisions for themselves.

We asked people if they liked the staff and if they were always treated properly. They told us that they did like the staff and that they would say if this was not the case.

We saw that the people living at the service looked clean and well-presented and were dressed appropriately for the weather on the day.

The staff members we spoke with showed that they had a good understanding of the people they were supporting and they were able to meet their various needs. We saw there was good communication between the members of staff and the people who were receiving care and support from them. We also observed that the relationships between the people living in the home and the staff supporting them were warm, respectful, dignified and with plenty of smiles. Everyone in the service looked relaxed and comfortable with the staff and vice versa.

The Healthwatch ‘Enter and View’ report we have received also states, ‘Park House presents as a very warm, welcoming and friendly home with a staff group who have been working at the home for many years and are clearly committed to the wellbeing of all residents’.

The quality of décor, furnishings and fittings provided people with a homely and comfortable environment to live in. The bedrooms seen during the visit were all personalised, comfortable, well-furnished and contained items of furniture belonging to the person.

The provider had developed a range of information, including a service user guide for the people living in the home. This gave people detailed information on such topics as meals, complaints and the services provided.

We saw that personal information about people was stored securely which meant that they could be sure that information about them was kept confidentially.

Is the service responsive?

Our findings

We spoke to the people using the service and visiting family members about the quality of the care being provided and if issues were addressed. One person using the service told us their leg was hurting. When we asked them if anyone was looking after it a staff member who must have overheard our conversation came and said that they had already informed the GP in Sandbach that morning and that they were coming to look at it that afternoon. A family member told us that staff had picked up on the fact that their relative had a sore heel and had addressed this. Another said that the staff members; “Know their residents and they know when things change” and a third told us. “They know her well”.

Everyone in the home at the time of our inspection had received a pre-admission assessment to ascertain whether their needs could be met. As part of the assessment process staff asked the person’s family, social worker or other professionals, who were involved, to add to the assessment if it was necessary at the time. We looked at the pre-admission paperwork that had been completed for people currently living in the home and could see that the assessments had been completed.

We looked at care plans to see what support people needed and how this was recorded. We saw that each plan was personalised and reflected the needs of the individual, for example any allergies were highlighted at the front of the plan so they could be seen easily. We also saw that the plans were written in a style that would enable the person reading it to have a good idea of what help and assistance someone needed at a particular time. The plans we looked at were generally well maintained and were up to date. Visits from other health care professionals, such as GPs were recorded so staff members would know when these visits had taken place and why. Although the plans were being reviewed monthly so staff would know what changes, if any, had been made we did find that some of the reviews were limited, for example, the only note in the review stated, ‘no change’. This was partly being caused because a number of the people living in the home were still able to maintain their independence, for example one person’s file we looked at showed that they could wash and dress independently and did not need any other personal care.

The five care files we looked at contained relevant information regarding background history to ensure the

staff had the information they needed to respect the person's preferred wishes, likes and dislikes. For example, food the person enjoyed, preferred social activities and social contacts, people who mattered to them and dates that were important to them.

The home employed an activities co-ordinator for three days per week. Their job was to help plan and organise social and other events for people, either on an individual basis, in someone’s bedroom if needed or in groups. It was the co-ordinators day off on day one of our inspection so we could not see any of the activities that may have taken place at other times. We did not observe any activities at all on this day. Although this was a concern at the time we have since been able to gather more information regarding activities and the April newsletter produced listed a variety of activities including a sweepstake on the Grand National and a visiting pianist and singsong. A church service was also held in the home every week and individual residents could take communion. In addition an activities sheet was also available, this showed that activities such as easy listening music, cards, board games, quizzes hair dressing and manicures as well as tea and coffee in the courtyard when the weather allowed took place and people were free to join in if they wished to do so. During their visit in February Cheshire East Council commented that they had observed good social interaction between the activities co-ordinator and residents. The Healthwatch ‘Enter and View’ report we have received also stated that activities were not formal but that people could choose what they wanted to be involved in. Whilst it was clear that there were some activities provided one relative did say that a major improvement in the home would be some form of what they called “distraction” for the people living in the home, who otherwise had little or nothing to do.

The home had a complaints policy and processes were in place to record any complaints received and to ensure that these would be addressed within the timescales given in the policy. A copy of the procedure to be followed was available in the entrance area and people were made aware of the process to follow in the service user guide. We asked about complaints and were told that none had been made apart from minor issues that had been dealt with as they had arisen. The people we spoke with during the inspection told us they did not have any concerns but if they did they would raise them. Comments included, “No complaints”.

Is the service well-led?

Our findings

As a family business the registered managers are in the home on a daily basis so information about the safety and quality of service provided was gathered on a continuous and on-going basis. This was via feedback from the people who used the service and their representatives, including their relatives and friends, where appropriate. This was confirmed during the inspection when a relative we spoke with described the manager as, “Helpful, approachable and like a friend”. Another said “She bends over backwards to help”. We saw that the managers had a ‘hands-on’ presence in the care home and were accessible to the people living in the home, family members and staff members and not just based in the office.

The people using the service told us that they would talk to a member of staff first if they had a problem or concern. Another said, “If you have a problem you only have to ask” and “I don’t have a lot to do with the manager. I would probably talk to a carer if I needed anything. The Manager is too busy”.

Informal feedback regarding the service provided was gathered by the activities co-ordinator as part of her role when talking to people. In addition to this the registered manager responsible for the practical issues within the home and the activities co-ordinator meet with the people living in the home twice a year. We looked the minutes from the most recent meeting held on the 26 March and could see that a variety of topics including health and safety, the fire system, the kitchen, activities, staff and any other business were discussed.

Park House had its own internal quality assurance system in place. This included audits on care plans, falls and medication. Senior staff members were assigned responsibility for different areas, for example medication and any issues were then discussed during senior staff meetings.

In addition to the above there were also a number of maintenance checks being carried out weekly and monthly. These included the fire alarm system and emergency lighting. We saw that there were up to date certificates covering the gas and electrical installations, portable electrical appliances, any lifting equipment such as hoists and the lift. If there were any issues requiring attention these were entered into a maintenance repair book and then ‘ticked off’ as they were addressed.

All of the staff told us they felt supported and enjoyed their work. They made various positive comments about the management style of the home. They enjoyed working at the home and had no negative comments about the service. Throughout the inspection we observed them interacting with each other in a professional manner.

Periodic monitoring of the standard of care provided to people funded via the local authority was also undertaken by Cheshire East’s Council contract monitoring team. This was an external monitoring process to ensure the service met its contractual obligations to the council. Details from the most recent visit undertaken on the 19 February 2015 have been included earlier in the report.