Parkhouse Care Limited

Park House Nursing Home

Inspection report

Kinlet
Bewdley
Worcestershire
DY12 3BB

Tel: 01299841265

Date of inspection visit:
19 January 2017
25 January 2017

Date of publication:
08 March 2017

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

This inspection was carried out on 19 and 25 January 2017 and was unannounced.

Park House Nursing Home provides accommodation, nursing and personal care for up to 40 people. At the time of our inspection there were 40 people living at the home.

There was a registered manager 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 and associated regulations about how the service is run.

People had care that was person centred that maintained their health and wellbeing.

People were treated with dignity and respect. People had positive relationships with staff.

Staff were motivated and well supported with training to enable them to meet the individual needs of people living at the home. There were sufficient numbers of staff to ensure people were supported safely and people's health needs responded to quickly. Medicines were managed safely and people received their medicines in line with their prescription.

People and relatives knew the registered manager and the provider. People felt that if they had any concerns they were able to speak with the registered manager or provider. People felt safe and knew how to raise concerns. The provider welcomed people's views and opinions and acted upon them.

Staff felt comfortable to raise any concerns about people's safety and understood about how to keep people safe. Risk assessments were in place and action taken to reduce any risks. Staff supported people to take positive risks. Where risks had been identified risk assessments were in place and action had been taken to reduce the risk of harm.

People enjoyed the food and had the support they needed to enjoy their food and drinks safely. People were able to make choices about the food and drink they wanted. There was a choice of freshly prepared nutritious food and where additional monitoring and support was needed this was provided.

People's health needs were monitored and changes made to people's care in response to any changes in their needs. People had access to other health professionals and were referred to them by the registered manager if there were any concerns about their health needs.

There were a range of audits and checks to make sure that good standards of care and support were maintained. Feedback from people and relatives were gathered on a regular basis and where any actions were identified these were actioned quickly.

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 was safe.

People were kept safe because staff knew people's needs and how to meet them.

There were sufficient staff to meet people's assessed needs and keep people safe.

Staff knew what to do if they suspected that any type of abuse had taken place.

People received their medicines safely and medicines were stored securely.

Is the service effective?

Good

The service was effective.

People had support from staff that had the knowledge, skills and support to meet their health needs effectively.

Staff understood the principles of the Mental Capacity Act and the importance of ensuring people were able to make choices and consent to their care.

Staff felt well supported and had regular access to training and supervision.

Is the service caring?

Good

The service was caring.

Staff were kind and caring and treated people with dignity and respect.

People felt they could make suggestions about their care at any time to the staff, the registered manager or the provider.

Is the service responsive?

Good

The service was responsive.

People had care and support that responded to their individual needs effectively. If staff had any concerns about people's health needs other health professionals became involved quickly.

People knew how to complain and felt any concerns they had would be listened and responded to.

Is the service well-led?

Good

The service was well led.

People and staff felt that the manager and the provider were approachable and supportive. People said they could talk to the manager at any time and they would be listened to.

The registered manager and the provider monitored the quality of the service by a variety of methods including audits and feedback from people and their families and used the information to make improvements.

Park House Nursing 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 unannounced inspection took place 19 and 25 January 2016 and was conducted by two inspectors.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give us key information about the service, what the service does well and improvements they plan to make. We reviewed the information we had relating to the service including any notifications we had received. A notification is information about important events which the provider is required to tell us about in law. We also asked the local authority for any concerns or information relating to Park House. We did not receive any information of concern

During the visit we spoke with five people who lived at the home, six relatives, seven members of staff who consisted of one activities co-ordinator, three care assistants, three senior care assistants and a registered nurse (who was also the deputy manager). We also spoke with the provider, the registered manager, a visiting best interests assessor, a visiting professional from the memory service and the DoLS lead for the local authority. We observed staff supporting people throughout the home. We looked at care plans relating to epilepsy, medicines, anxiety management, diabetes moving and medicines.

We reviewed records relating to the management of the service, this included the quality checks made by the provider and the registered manager.

Good

Is the service safe?

Our findings

At our last inspection in January 2015 we had concerns that arrangements in place to ensure staff administered people's medicines in a safe way were not sufficiently robust so that people who lived at the home were adequately protected. Some people's medicines were carried in small pots to different parts of the home and staff did not always observe people had taken their medicines. During this inspection we found that improvements had been made. They way that medicines were dispensed and administered had been changed to ensure that the right people had the right medicines at the right time.

People said they felt safe living at the home. One person said, "They [staff] keep me safe." One relative told us about the support their family member had. They told us that nature of their health condition meant that they needed constant and consistent support to keep safe. They told us, "They always have staff on hand to keep [person] safe and other people safe." People felt that they could raise any concerns about their own or other people's safety with staff or the registered manager and they would be listened to and action taken. Staff told us what they would do if they suspected abuse and showed us that they had a good understanding of the different types of abuse. We could see that there were comprehensive systems in place to protect the people that lived in the home.

People had individual risk assessments which included epilepsy, falls risk assessments, nutrition, moving and handling and pressure area management. Where risks were identified plans were in place to identify how risks would be managed. For example, one person had a detailed risk assessment which looked at how to safely manage their anxiety. When we asked staff about the support they gave to the person what they told us demonstrated that they had detailed knowledge of the risks and what support was needed to reduce these risks. Another person who had epilepsy had risks assessments which clearly detailed the actions that needed to be taken in the event of a seizure. This included clear structured guidelines on positioning of the person and how the risk of injury could be reduced. Staff were able to tell us what they would do. We spoke with the relative of this person and they told us, "Staff are great and know how to keep [person] safe."

People told that there were enough staff to keep them safe and provide them with the support they needed. Our observations showed that there were enough staff to make sure people were safe. For example we saw a person become unsteady on their feet, and they appeared to be at risk of falling. Staff saw this and responded quickly, providing support to get the person seated. Another example was a person who was showing signs of anxiety. Staff responded quickly so that they could spend time talking with the person. The person then appeared to become calmer. We saw other examples where people asked for support and were given the support they needed straight away. Staff told us that there was enough staff in the home to provide them with the opportunity to focus on individuals' needs and to be able to respond promptly to people.

Staff told us that checks were made to make sure they were suitable to work with people before they started to work at the home. These included references, and a satisfactory Disclosure and Barring Service (DBS) check. DBS helps employers make safer recruitment decisions by preventing unsuitable people from working in care. Staff told us they undertook a structured induction programme, including shadowing

experienced staff members, until they were confident and able.

People received the correct support to take their medicines as prescribed. People received their medicines safely and accurate records of medicines were kept. However when we looked at a protocol that gave instruction on when to give rescue medicines for a person we found that there were errors. These errors meant that the person was at risk of receiving an incorrect dose of medicine. We raised this with the nurse in charge and the registered manager. When we returned for the second day of the inspection all protocols had been reviewed with the doctor and the mistake had been rectified. We saw an example where a person had started to complain of being in pain. The nurse responded and supported the person to take their prescribed pain relief. Only staff that had received training in the safe management of medicine were able to administer medicines. We observed how medicines were administered and found staff to be organised and focussed on giving the right medicines at the right time to the right person. We found this to be carried out safely and effectively. Medicines were stored safely and appropriate systems were in place for the ordering and disposal of medicines.

Good

Is the service effective?

Our findings

People told us that they felt confident that in staff's knowledge of their needs. One relative told us, "They manage and understand [person] dementia really well." Another relative said, "This is all I have ever wanted. Staff who know people's needs are have the skills to meet those needs." Staff we spoke with knew about the health conditions that they encountered in the home. For example staff explained to us about some people's dementia needs." A visiting professional from the memory team told us, "Everyone with complex needs gets their needs met here."

Staff told us that the training they received was good. One staff member said, "We get plenty of training that really helps with our roles." One staff member told us how by attending dysphagia training they more confident in identifying if people were showing signs of swallowing concerns. All staff we spoke with felt that the on-going training they had was relevant to their roles. For example staff told us that they had training around medicines, the Mental Capacity Act and safeguarding people.

Staff told us that they felt supported in their roles. They said they had regular supervision and felt the provider and the registered manager were approachable and supportive. One staff member told us, "The manager has turned this place around."

On the first day of our inspection we observed two people that appeared to be struggling in eating their meals. One person was sat in a position that meant every time they had food on their fork it fell onto their lap. Another person was having difficulty cutting up their food and there appeared to be no staff available to assist this person. We pointed this out to the registered manager and when we returned for the second day of our inspection we found that changes to the support people had at mealtimes had been made. This meant that there were sufficient staff to provide people with the support they needed at mealtimes and where people needed extra support this was provided. We also saw where any weight loss was being monitored, with weekly weight checks for people that were considered to be at high risk of malnutrition. Where concerns had been identified people had been referred to doctors and dieticians. The provider also told us that they had started to give staff lead roles in the home and one of these was to become a nutrition lead. They told us this would enable the member of staff to attend additional training and support staff to ensure people's nutritional needs continued to be met.

We saw that people were offered a choice of hot and cold food and what they wanted to drink. People's dietary requirements were listed in the kitchen for the cook to follow when preparing food. There was a choice of hot and cold food and a varied nutritious menu. Staff and relatives told us that if people did not like what was on offer on the menu staff were quick to provide an alternative of their choice. We saw that mealtimes were relaxed and there were conversations and laughter between people and staff. Where people had specific food requirements this was freshly prepared by the chef.

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 told us that they were always supported to make choices and that their wishes were always respected by staff. All the relatives we spoke with told us that they felt that staff gave people time to make sure their wishes were respected. We saw examples where people chose what they wanted to eat and drink and when they wanted it. People were able to express what they wanted to do and staff provided the support people needed to enable them to do it.

We discussed with staff what needed to happen if people could not make certain decisions for themselves. What they told us demonstrated that they had knowledge of the principles of the MCA. All staff told us that they had received training about the MCA and were confident in their knowledge of its principles and use.

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. The application procedures for this in care homes and hospitals are 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 were being met.

We found that people's mental capacity to make decisions had been assessed and appropriate DoLS applications had been made. The service had invited appropriate people for example social workers and family members to be involved with best interest meetings. These had been documented and confirmed that the person themselves had been involved in this process. Staff demonstrated knowledge of what the DoLS meant for individuals. At the time of inspection 21 DoL applications had been made and 15 DoL applications had been authorised by the governing body. We spoke with a DoLS lead who was visiting the service. They told us, "DoLS Referrals are always detailed and timely. You can't fault the staff." We found that some people had an Independent Mental Capacity Advocate (IMCA) supporting them. The IMCA represents and supports a person who is facing a major decision about where to live or serious medical treatment, lacks capacity to make that decision at the time it needs to be made, and has no one apart from paid staff to be consulted as part of a best interests decision-making process.

People told us that they were supported to access other health professionals when needed and that they were involved in this. We spoke with the oral health lead. They told us how they reviewed people's oral health on a weekly basis ensuring that people had the correct toothbrushes and toothpastes. They all said about how they made sure people were referred to a dentist straight away if needed. One person told us, "There are no concerns there. They will call the doctor under the slightest pretext, they are very diligent." We could see that where needed referrals had been made to relevant health professionals and guidance followed. For example one relative said, "They never miss a trick, here. Without question, the staff are the best. They are very quick to get people medical attention when needed." We could also see where a person had been referred to a speech and language therapy due to deterioration in their ability to swallow. When we spoke to the registered nurse it was clear that there was good communication between the staff and the doctors. The nurse told us, "Any concerns at all and the doctor responds straight away. We get people referred and seen to by the relevant services as quickly as possible." All of the visiting professionals we spoke with felt that health needs were quickly identified, with any guidance always followed by staff.

Good

Is the service caring?

Our findings

People told us that staff were kind and caring in the way that they supported them. One person when talking about staff said, "I am in many ways treated like an honoured guest." Relatives also told us that staff were friendly and that they treated people with dignity and respect. There was a relaxed environment with conversations between staff and the people, we saw and heard lots of laughter and friendly banter. We saw that people had good relationships with staff.

People said they were treated with dignity and respect. We saw that people's privacy and dignity was respected by staff. We saw where people asked for support and this was given in a calm and caring manner by staff. Where people requested help with personal care staff were discreet and maintained people's dignity and privacy. The provider told us that everywhere in the home dignity and respect is reinforced throughout all the care and support that staff gave. There was a dignity champion in the home. They told us that this role meant that they placed emphasis on dignity and respect in everything that was done. We saw that staff maintained conversation throughout any care tasks making sure that the person was happy with the support they were getting. Through our discussions with staff we found that maintaining people's dignity and respect was important to them.

People told us they felt involved in their care and support. One person told us how they enjoyed being on their own in their room, but also how staff would see them and offer them opportunities of things to do. A relative told us how they felt their family member was the centre of any decisions about care and how well staff communicated with them to ensure they felt involved. People's preferences were captured and plans devised with relatives so that people were involved in decisions about how they would be cared for. The deputy manager told us, " We do very thorough pre-admission assessments; we see the individual. One person's assessment showed how important it was for them to have a particular chocolate bar in their bedroom, and so we arranged that for them." One relative we spoke with told us staff understood the importance of a particular item for their relative and they made sure it was with the person as all times, otherwise the person would be distressed. Another relative told us about their experiences as their family member had not long moved into the home. They told us about an approach that took time to understand what the person wants, including their likes and dislikes. Staff and the registered manger told us that the home operated with as much participation from people as possible. Staff told us that they were motivated to do the best that they could for people. Throughout the inspection we saw that staff took the time to listen and involve people in their care.

People were encouraged to maintain relationships that were important to them. Relatives told us how they were made to feel welcome, and how if they wanted they were given privacy and space to spend time with their loved ones.

People were supported by staff that understood people's communication requirements. We saw staff using pictures to communicate choices to some people. For other people staff observed behaviour and body language. Staff that we spoke with demonstrated a depth of understanding about people's individual communication requirements. The provider told us about how they had developed a pictorial menu to

enable people to more clearly understand what options were available and to be able to make an informed choice. We saw this being used effectively by staff at mealtimes. There were also colour coordinated bathroom doors, with pictures on to identify their use and also individual pictures on bedroom doors so people could recognise their rooms.

Good

Is the service responsive?

Our findings

Staff were knowledgeable about people's health and social needs. Staff understood what care and support people needed. For example staff told us about the individual support a person needed to manage their anxiety effectively. The relative told us how quickly staff and the registered manager had established what support was needed and how this had helped to reduce some of the medicines the person took. They were also able to tell us about another person with epilepsy and what actions they needed to take if they had a seizure. The relative of this person told us, "Staff really know how to manage [person's] epilepsy." We could see in the person's care records where changes that had been identified to the person's pattern of seizures and resulted in changes to their treatment. This had been as a result of the nurse gathering the relevant information and raising it with the doctor.

We spoke with the activity coordinator in the home. They told us they aimed to interact with as many people as they could when they were working. However we found that this approach meant that at times people did not always have the opportunities to engage in activities or pursue their hobbies or interests that they could have had. This meant that for some people there were parts of the day when they were asleep, while other people were having positive interactions from the activity coordinator. We raised this with the registered manager and the provider and by the second day they were already going through the process to employ a second activities coordinator. The registered manager told us that this was to work alongside existing staff to provide more opportunities for people. Staff were able to tell us about people's individual preferences and what they did and did not like to do. Staff and the registered manager told us that care reflected and responded to people's own individual needs. Relatives felt there was enough for people to do. One relative said, "Staff are always active and we see lots of conversations and reminiscence going on with people." A memory clinic professional told us, "all the staff here make a real effort to get to know people as individuals."

People said that they would raise any concerns with the staff or the registered manager and felt that they would be listened to. People told us that they found they could talk to the staff, registered manager and provider and felt confident that any concerns or complaints would be immediately dealt with. One person told us how they had previously been unhappy with how a member of staff supported them. They said they raised this with the registered manager and it was, "sorted." We saw that the provider had a system in place for dealing with complaints but there had not been any recent concerns raised. The system enabled the registered manager and provider to review any complaints and identify actions and lessons learnt.

Good

Is the service well-led?

Our findings

All of the staff we spoke with told us the registered manager was approachable and the home was well run. This was a view shared by the people that lived there, relatives and the professionals we spoke with. Staff told us that it was an open culture where they could approach the registered manager with any ideas or concerns and they would be listened to. The deputy manager told us, "I feel proud to work here, and of our reputation."

The registered manager told us that the vision of the home was to, "Provide the very best care." The staff we spoke with shared this view. Staff were motivated to do the best that they could and we found that staff had good morale and spoke positively about their experiences of working for the provider and the registered manager. The registered manager and provider worked closely together and they told us they felt they offered very good support to each other.

Staff told us that they felt well supported in their roles and felt they had on-going support throughout the day. There were also regular staff meetings. Staff told us that there was an open door culture where they were able to speak with the registered manager straight away if they had any concerns.

There were systems in place to check the quality of the care given by staff. This included regular checks and audits on areas such as medicines, staff training and any falls or incidents. We could see where actions had been taken as a result of the checks and audits. For example as a result of reviewing their risk assessments the provider and registered manager had identified improvements that needed to be made. Changes were made and now risk assessments were multi factorial, which considered all aspects of people's health and the environment in assessing risk.

Feedback was gathered on a regular basis from the people that lived there, relatives and also from staff and action taken as a result. We could see that there was a system for capturing comments and concerns and identifying relevant actions to be taken to improve the quality of the service. For example following feedback from people, there were now a wider range of options for people every meal time.

All staff told us about the whistle blowing policy and said that they would feel comfortable to whistle blow if they felt that this was needed to ensure people's safety. One staff member said, "Nobody here will tolerate poor care or abuse. It would be reported straight away."

The provider had, when appropriate, submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes involving the service within a required timescale. This means that we are able to monitor any trends or concerns.