Four Seasons Homes No.4 Limited

# Park House Care Home

## Inspection report

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20 July 2017

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| Is the service safe? | Requires Improvement |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

Park House Care Home provides accommodation for persons who require nursing or personal care for up to 42 older people, some of whom have a diagnosis of dementia. At the time of the inspection 41 people were using the service.

At the last inspection on the 29 April and 5 May 2015 the service was rated Good. At this inspection we found that the service remained Good.

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.

Systems were in place to identify and manage risks to people's health and welfare. However some people cared for in bed were not always repositioned at the frequency set out in their turn charts. This increased their risks of developing pressure ulcers.

Systems were in place to keep the service safe, clean and hygienic.

Staff knew how to respond to any concerns or incidents of abuse to protect people. People's dependency levels were regularly assessed to ensure that the appropriate number of staff available. The service's recruitment process ensured that staff were suitably employed. Systems were in place to ensure medicines were safely managed and people received them safely.

Staff received appropriate support and training to perform their roles and responsibilities. They were provided with on-going training to update their skills and knowledge.

People's consent to care and treatment was sought in line with current legislation. Where people's liberty was deprived, Deprivation of Liberty Safeguards (DoLS) applications had been submitted and approved by the statutory body.

People were provided with a balanced diet and adequate amounts of food and drinks of their choice and supported to access health care facilities when required.

People were looked after by staff that were caring, compassionate and promoted their privacy and dignity. People's needs were assessed and regularly reviewed. The service responded to complaints within the agreed timescale.

The service promoted a culture that was open and transparent. Quality assurance systems were in place to obtain feedback, monitor performance and manage risks.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not always safe.

Some people at increased risk of developing pressure ulcers, were not always repositioned in bed at the frequency set out in their turn charts.

Systems were in place to keep the service safe, clean and hygienic. Care was needed to ensure that hand wash was always available.

Staff knew how to protect people from avoidable harm and abuse.

Sufficient numbers of suitable staff were available to meet the needs of people currently using the service.

The staff recruitment procedures were robust.

People's medicines were managed in a safe way.

### Is the service effective?

**Good**

The service was effective.

Staff had the right skills, training and support to meet people's needs.

Systems were in place to assess people's capacity to make decisions.

People were supported to maintain good health and have access to relevant healthcare services.

People were supported to have sufficient to eat and drink.

### Is the service caring?

**Good**

The service was caring

Staff treated people with kindness and compassion.

Staff listened to people and supported them to make their own choices and decisions.

People's privacy and dignity was respected and promoted.

## Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their needs.

Systems were in place for people to raise any concerns or make a complaint.

## Is the service well-led?

Good

The service was well-led.

There was effective leadership at the service.

The service promoted a positive culture that was person centred, inclusive and empowering.

Quality monitoring systems were used to consistently drive improvement.

# 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 checked 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 took place on 19 June and 20 July 2017 and both visits were unannounced. The inspection on the 19 June 2017 was carried out by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The inspection on the 20 July 2017 was carried out by two inspectors and had been prompted by information we had received about fire safety, infection control and pressure area care at the service.

Before the inspection we had asked the provider to complete a Provider Information Return (PIR), which is a form that asks them to give some key information about the service, such as what the service does well and improvements they plan to make. The provider completed the PIR, which was returned to the Care Quality Commission (CQC) on the 6 April 2017. We received information from commissioners that visit the service and we reviewed other information we held about the service from statutory notifications of events that the provider is required by law to submit to the CQC.

During the inspections we spoke with 14 people using the service and four relatives of people using the service. We spoke with three nursing staff, five care staff, the chef, activity person, one laundry and domestic worker. We also spoke with the registered manager, the deputy manager and the regional manager.

We reviewed the support plans, risk assessments and other associated care records for three people using the service. We reviewed three staff recruitment files, the staff training plan and supervision records and other records in relation to the continuous internal quality monitoring of the service.

Requires Improvement

# Is the service safe?

## Our findings

People being cared for in bed told us the staff assisted them to move position to reduce the risks of developing pressure ulcers. We saw that appropriate pressure relieving equipment was in use. Turn charts were used for staff to record when staff had assisted people to change position in bed. Records showed that most people were being repositioned within three to four hour timeframes; however some people had been repositioned outside of the four hour timeframe, which increased their risks of developing skin tissue damage.

Cross infection policies and procedures were in place and staff understood their roles and responsibilities in relation to infection control and hygiene. We observed staff used personal protective equipment (PPE) such as disposable gloves and aprons when attending to personal care. However not all bathrooms and toilets had hand wash available. We brought this to the attention of the registered manager who immediately arranged for hand wash to be placed in the bathrooms and toilets as identified at the time of the inspection.

We found the fabric / mesh bedrail on one person's bed was heavily soiled and stained. We brought this to the attention of the registered manager who took immediate action to have the bedrail replaced for the person.

The staff received training on safeguarding adults and the training was updated annually. People and relatives told us they believed they were safe using the service. The staff were able to describe the different types of abuse and how they would respond to allegations or incidents of abuse. They all said that they would report incidents to the registered manager or a senior member of staff.

Information received from the provider in response to safeguarding concerns evidenced that safeguarding matters were dealt with appropriately. Accidents and incidents were closely monitored to identify the possible cause and actions needed to manage the risks. Systems were in place to check the safety of the premises and equipment. For example, routine checks were carried out on moving and handling equipment, the fire system and fire-fighting equipment, gas, water and electrical systems and portable electrical equipment.

The staff received annual training on fire safety and practice fire drills were carried out. We saw that all bedroom doors were held open using battery operated devices that automatically closed in response to the sound of the fire alarm being activated.

The recruitment procedures ensured suitable staff were employed at the service. We saw that all the necessary staff pre-employment checks were carried out. We received variable comments from staff regarding the staff arrangements. One member of staff said, "The staffing situation is slightly better now that more staff have been employed, whilst another said, "downstairs the staffing always seems ok, but upstairs it can sometimes feel short staffed." A relative said, "I understand the staff can't always come straight away, they have other people to look after too."

The registered manager explained that people's dependency levels were regularly assessed to ensure appropriate numbers of staff were available. We saw evidence that the dependency tool was routinely used to assess the staffing levels in response to the dependency levels.

People were supported by staff to take their medicines safely. They said they received their medicines on time. The staff told us they had received training to administer medicines and were provided with update training. They also told us that observations were carried out to assess their competency to safely handle and administer medicines. Training records confirmed this. We sample checked the Medication Administration Record (MAR) sheets and found they had been completed appropriately. Suitable arrangements were in place for the management and disposal of medicines including controlled medicines. We observed people receiving their medicines and found that staff administered medicines in line with current best practice guidelines.

Good

# Is the service effective?

## Our findings

People received care from staff that had the knowledge and skills to carry out their roles and responsibilities. One person said, "The staff seem to know what they are doing." All new staff were provided with induction training and worked alongside an experienced staff member until they felt confident. They were expected to undertake the care certificate training within twelve weeks of their employment. The staff told us they received sufficient training and support in order for them to perform their roles and meet the specific needs of people in their care. We saw that staff received regular refresher training to keep their knowledge up to date.

Staff told us they received sufficient support from their line managers that included regular supervision and an annual appraisal. One member of staff told us they had regular supervision with a nurse and that they were completing the care certificate training. We saw evidence that one to one meetings took place between staff and their line managers to enable staff to discuss their training objectives and on-going support needs.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff confirmed they had received training on the MCA and DoLS and this was also evidenced in the staff training records.

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 systems were in place to assess peoples' capacity and appropriate DoLS applications had been submitted for authorisation by the Local Authority.

One relative said, "The staff are very good with [Name of relative] they respect her wishes, she particularly finds having personal care hard to accept, they [the staff] will leave her and try again later. They would never force her to do anything she didn't want to do." In response to being asked how they would respond to a person that objected to personal care being provided, one member of staff said, "I would talk to the person calmly, I would be very patient and try to find out what might have happened, I might have to go the long way round, but I would always be patient." We observed staff supported people to make their own decisions and choices about their day to day care. They demonstrated a good understanding of people's needs and encouraged them to make their own choices and decisions, as far as possible.

People were supported to eat and drink and to maintain a balanced diet. We received mixed comments from people about the meals provided at the service. One person said, "It's very good, I can't fault it", another person said, "some meals are good, some are not." One person had their meals pureed' they said,

"It doesn't look very appetising," their spouse said, "If I was not here, I don't think he would  eat it, I come here every day to ensure he eats his meals."

People told us they were provided with a choice of menus. We saw that people were offered a choice of cooked breakfast if they wanted one. The chef told us that people were regularly consulted about the food and their choices were incorporated into the menu. However we noted that no pictorial menus were available for people with limited communication to assist them in making choices. The staff told us that alternative meals were always available if people didn't want what was on the menu.

Many people had their meals within their bedrooms; we were told that people that required staff assistance to eat and drink had their meals served first, so that staff could provide them with assistance without disruption. We observed people receiving their lunchtime meal in the dining room and within their bedrooms. A relaxed atmosphere was noted over the mealtime. People within the dining room were provided with aids to assist independence, such as plate guards to prevent food from sliding off the plate. People at risk of malnutrition were provided with fortified food and milkshakes and had their food and fluid intake closely monitored.

People were supported to maintain good health and to access healthcare services when required. GP's visited the service each week, to review people's medicines and in response to ill health concerns. The staff said the service had good working relationships with the local GP surgeries. One person told us they had poor hearing and had lost one of their hearing aids. They said, they thought they may have lost the aid when they were still living at home. We brought this to the attention of the registered manager who said they would arrange for the person to have access to a hearing specialist. We saw evidence that people had access to other healthcare specialists such as, the tissue viability nurse, dentist, optician and the speech and language therapist.

Good

# Is the service caring?

## Our findings

Positive and caring relationships were developed with people who used the service. People told us they were pleased with the care and support they received. One person said, "They [the staff] are very nice, they are very friendly, we get on well together." Another person said "I wouldn't change anything, I like it here, I'm as happy as I can be." A relative said, "The staff are very friendly and approachable, they are always willing to help in any way they can."

The staff were knowledgeable about the people in their care, they referred to people by their preferred name and spoke respectfully to people. They took time to ensure people understood what was happening when providing them with care. People were supported by staff to express their views and be involved in making decisions about their care and support. Staff and the registered manager told us where possible they involved people and their relatives in planning and reviewing their care.

People's privacy and dignity were promoted. Staff knocked on doors and waited to be invited in before entering people's rooms. We also observed staff assisting people to move using a hoist. They took their time giving careful explanations to reassure people before operating the hoist to move people.

Generally relatives said they could visit at any time, the service had protected meal times in place. However they had a flexible approach and understood that some people valued the input of a relative's presence at meal times to help assist them with eating and drinking. We were also told that some relatives visited regularly at meal time to enjoy a meal together with their family member.

Information was available on independent advocacy service; however no people using the service at the time of the inspection used an independent advocate. Relatives told us they supported their loved ones and acted as advocates when making decisions about their care.

Good

# Is the service responsive?

## Our findings

Pre admission assessments were carried out involving relatives and healthcare professionals. As the staff and people got to know one another further information was obtained in order to personalise and further develop the care plans; information such as, hobbies and interests, previous occupations, important relationships, and personal preferences.

All people using the service had care plans in place, although not all people remembered being involved in the care planning process. Some understood what a care plan was, whilst some left this in the hands of their relatives. In addition people told us they could not recall being asked whether they had a preference as to the gender of staff they wanted to provide their personal care. One person said, "The man is better, I like him." Another person said, "It depends who [meaning staff] is on." Relatives told us they had been involved in making decisions about their family members care. The care plans were reviewed monthly or as and when people's needs changed. Regular reviews were held with a named staff member and family members.

Individual and group activities were provided at the service. They included quizzes, board games, and arts and crafts. One person that was permanently cared for in bed said, "The activity lady visits me, we play dominoes and scrabble, I really enjoy it." One person said, "I want to go outside again; to see a bit of the real world." They told us they thought they would be able to achieve this with support from the staff. Two other people said they would like to go outside again, but realised this was not possible due to their condition and moving would cause them too much pain and discomfort. One person told us they were unable to see their television, this was because their bedside table containing their drinks was set too high and obscured their view. We asked staff to reposition the table so the person could see their television and have better access to reach their drinks.

People were supported to follow their religious beliefs and visits to the service were carried out by ministers from different religious denominations. People were encouraged to bring in personal possessions from home, including small items of furniture. Some rooms were personalised and contained personal possessions that people treasured, including photographs and ornaments.

Systems were in place to receive and respond to complaints about the service. The complaints procedure was on display for people using the service and relatives to access. People told us if they were unhappy with their care they would speak directly with the manager. Relatives were confident that concerns were dealt with appropriately and in a timely manner. We saw that complaints received by the service had been dealt with following the complaints procedure.

Good

# Is the service well-led?

## Our findings

The service promoted a culture that was open and transparent. People using the service and relatives said that that the manager was approachable. We observed the registered manager and deputy manager interacting with people, relatives and staff in a positive manner. The service had processes in place to encourage communication with people and their relatives. For example, resident and relative meetings took place regularly during which people were encouraged to feedback on the service they received.

The staff said they received appropriate support and supervision. One member of staff that was relatively new to the service said they were enjoying working at the service and that they felt the training and support they were receiving was good. They said, "I am really enjoying my job."
Staff were clear about the process to follow if they had any concerns about the care provided and knew about the whistleblowing procedure. They said they would not hesitate to use it if the need arose.

Staff meetings took place regularly; we looked at records of meetings with registered nurses, senior carers, care workers, catering and ancillary staff. We saw that items on the agenda had included discussions where accident and incidents had occurred, in order for staff to discuss the events and learn from mistakes. Formal systems were also in place to address poor performance to ensure lessons were learnt and to minimise the risk of recurrence.

Systems were in place to regularly obtain feedback from people using the service and any concerns about the service brought to the attention of the registered manager were dealt with in a timely way. The registered manager also kept the Care Quality Commission (CQC) informed of all notifiable events at the service as required by law.

We saw the that checks to all aspects of the service were carried out as scheduled by the registered manager and the regional manager and areas identified for improvement were acted on within the timescales set. This showed that arrangements were in place to continually monitor the quality of service and to drive improvement.