Park Manor Limited

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Inspection report

Park Manor
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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

Summary of findings

Overall summary

This was an unannounced comprehensive inspection that took place on 8 and 9 November 2016. At our last inspection of Park Manor, which we completed in October 2013, the provider was compliant with the regulations and quality standards we reviewed.

The service is registered to accommodate and provide personal care for up to 37 people. At the time of the inspection there were 33 people living at the home.
There was a registered manager at the time of the inspection. 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.

Overall, people were very positive and complimentary about the staff team and the way they cared for and supported people.

People felt safe living at the home and there were established monitoring and auditing systems to make sure that the environment and the way people were looked after were safe. Risk assessments had been completed to make sure that care was delivered safely with action taken to minimise identified hazards. The premises had also been risk assessed to make the environment as safe for people as possible.

Staff had been trained in safeguarding adults and were knowledgeable about the types of abuse and how to take action if they had concerns.

Accidents and incidents were monitored to look for any trends where action could be taken to reduce likelihood of their recurrence.

Sufficient staff were employed at the home to meet the needs of people accommodated.

Recruitment procedures were being followed to make sure that suitable, qualified staff were employed at the home.

Medicines were managed safely and administered by trained staff.

The staff team were both knowledgeable and informed about people's care and support needs. There were good communication systems in place to make sure that staff were kept up to date with any changes in people's routines or care requirements.

Staff were well-supported through supervision sessions with a line manager, an annual performance review as well as direct supervision by senior staff.

Staff and the registered manager were aware of the requirements of the Mental Capacity Act 2005 and acted in people's best interest where people lacked capacity to make specific decisions. The majority of people accommodated had capacity to make their own decisions for all aspects of their lives. They were consulted and gave consent to the care and support they received.

The home was compliant with the Deprivation of Liberty Safeguards with appropriate referrals being made to the local authority.

People were provided with a good standard of food and their nutritional needs met.

People's care needs had been thoroughly assessed and care plans put in place to inform staff of how to care for people. The plans were person centred, covered all areas of people's needs and were up to date and accurate.

People and staff were very positive about the standards of care provided at the home. People were treated compassionately as individuals with staff knowing people's needs.

Communal and individual activities were arranged to keep people meaningfully occupied.

There were complaint systems in place and people were aware of how to complain.

Should people need to transfer to another service, systems were in place to make sure that important information would be passed on so that people could experience continuity of care.

The home was well-led. There was a very positive, open culture in the home with staff proud of how they supported people.

There were systems in place to audit and monitor the quality of service provided to people.

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

Staff could recognise abuse and knew how to report concerns appropriately.

There were sufficient staff to ensure people's needs were met.

Robust recruitment procedures were being followed to ensure appropriate staff were worked at the home.

Risks assessments had been carried out and steps taken to make the environment safe and the delivery of people's care.

Medicines were managed safely in the home.

Is the service effective?

Good

Staff had on-going training to ensure they could effectively carry out their role.

Staff received regular supervision and appraisals and were well-supported.

The service was compliant with requirements of the Mental Capacity Act 2005 (MCA) and the Depravation of Liberty Safeguards (DoLS).

People were supported to have enough to eat and drink so that their dietary needs were met.

Is the service caring?

Good

The home had a longstanding staff team who demonstrated compassion and a commitment to providing good care to people.

People's privacy and independence was respected.

People were supported to maintain their independence.

Is the service responsive?

Good

People's care and support needs had been assessed.

Individual care plans had been developed for people that were accurate and up to date.

Activities were arranged based on people's individual interests and hobbies.

There was a well-publicised complaints procedure and people were aware of how to make a formal complaint.

Is the service well-led?

Good

The service had a registered manager who provided clear leadership together with the provider.

Management was committed to the continuous improvement of the service.

The staff team were enthusiastic and were aware of their role and responsibilities.

There were systems in place to consult with people and to monitor and develop the quality of the service provided.

Park Manor Limited

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 was 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.

Before the inspection, the provider completed 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 improvements they plan to make.

We reviewed the notifications the service had sent us since we carried out our last inspection. These had not included any substantiated safeguarding allegations. A notification is information about important events which the service is required to send us by law.
This inspection took place on 8 and 9 of November 2016 and was unannounced. Two inspectors carried out the inspection on the first day and one inspector on the second day. We met with the majority of people living at the home and spoke with eight people who told us about their experience of living at Park Manor.

We met with one of the directors of the organisation and the registered manager and deputy manager assisted us throughout the inspection. We also met and spoke with seven members of staff and two relatives.

We looked in depth at three people's care and support records, people's medication administration records and records relating to the management of the service. These including staffing rotas, staff recruitment and training records, premises maintenance records, a selection of the provider's audits, policies and quality assurance surveys.

Good

Is the service safe?

Our findings

People had only positive things to say about the home and no one raised any concerns about their safety. People said that the home was well-managed and that safety standards were maintained. One person said, "I feel very safe here, I had a stroke and did not feel safe at home anymore". Another person told us, "Oh yes I feel very safe here, all the staff are lovely".

People were protected from bullying, harassment and avoidable harm as staff had completed training in adult safeguarding that included knowledge about the types of abuse and how to refer allegations.

The staff we spoke with were aware of the provider's policy for safeguarding people who lived in the home. Training records confirmed staff had completed their adult safeguarding training courses and received refresher training when required. Information posters about adult safeguarding were also displayed around the home, providing prompts for staff on the procedures that should be followed.

We did not identify any hazards when the registered manager showed us around the premises. Risk assessments had been carried out, identifying hazards and steps taken to minimise the risks to people. For example, window restrictors were fitted to windows above ground level, thermostatic mixer valves fitted on hot water outlets to make sure hot water temperatures were safe and radiators covered to protect people from hot surfaces.

Other safety measures had also been taken. Portable electrical equipment had been tested and external contractors made sure the water systems were safe concerning Legionnaires' disease. The fire safety system had been tested and inspected to the required timescales and certificates showed that the hoist, lift and boilers had also been tested at the required times. Staff told us that maintenance issues were always attended when reported.

The registered manager had put systems in place to make sure care was delivered as safely as possible. Risk assessments for conditions commonly associated with caring for older people had been completed and were on file for the people whose records we looked at. These included assessments concerning malnutrition, prevention of falls, people's mobility and skin care and had been reviewed each month or when people's needs changed. These assessments had then been used in developing people's care plans to make sure that care was delivered as safely as possible.

Additional specific risk assessments had been completed, for example, where people had been assessed for the use of bedrails risk to prevent their falling from bed. Some people took responsibility for administering some of their own medicines and a risk assessment had been carried out to make sure they could manage this safely.
Personal evacuation plans had been written and were in place for everyone to make sure they could be safely evacuated in the event of a fire. An up to date fire risk assessment had also been developed. A specialist piece of equipment had been purchased to be used in the event of a person choking. The emergency contingency plans included action for a loss of power to the home.

Another procedure for minimising risk in care delivery was the monitoring of any accidents and incidents that had occurred in the home. Records were maintained individually of any accidents or incidents. These were then reviewed each month to look for any trend where action could be taken to reduce the incidence of recurrence.

Some CCTV cameras had been installed to monitor the entrances to the home. These had been installed following an intrusion into the home in the past. It was agreed that a written assessment and documentation for the need and use of CCTV be written in line with CQC guidance and that consent for the use of CCTV would be added to the consent forms already in use.

Staffing levels were sufficient to meet people's needs. People were satisfied that the levels of staffing provided were appropriate. Call bells were answered quickly and staff had time to sit and chat with people as well as providing their care. People told us staff were available when they needed them and didn't rush them when providing support. One person commented, "I think there are enough staff here they work very hard."

Although dependency tools were not used to assist in determining staffing levels, there was day to day feedback from staff handovers about staffing required. The staff told us about occasions when staffing levels had been increased to meet people's needs.

At the time of inspection, between 7am and 3pm there were five care staff on duty, together with one or two seniors and two or three activities co-ordinators. Between 3pm and 10pm four care staff, a senior and an activities co-ordinator (until 5pm six days a week). During the night time period there were three or four awake staff on duty, depending on need. Duty rosters we saw confirmed this level of staffing was provided. In addition, kitchen, domestic staff and maintenance staff were also employed.

The home had a core of staff who had worked for many years at the home. Consequently there had been very few new staff recruited. Recruitment records were in place for all members of staff. Staff files included the recruitment information required by regulations. For example, full employment histories, proof of identity, criminal record checks, and evidence of their conduct in previous employments. This ensured, as far as possible, that people were protected from staff being employed who were not suitable.

The provider undertook audits to ensure the safe and effective management of medicines which included ensuring stock levels were sufficient. Staff received regular training and updates. All staff dispensing medicines underwent undertook a competency assessment, conducted by a senior member of staff.

Fully completed medication administration records (MARs) showed that people had their medicines administered as prescribed. Good practice was being followed such as: a photograph of the person at the front of their MAR chart, recording information about any allergies, recording the number of tablets administered when a variable dose of a medicine had been prescribed and a second member of staff checking and signing when a hand entry was made to a printed MAR chart. The home had appropriate storage facilities for medicines held in the home. Medicines requiring refrigeration were kept in a separate fridge and records were maintained to show that medicines were stored within the correct temperature range.

Advice to staff on when to administer 'as required medicines' were provided to staff through care planning and body maps showed staff where to administer any prescribed creams.

Good

Is the service effective?

Our findings

People we spoke with told us that the staff were sufficiently trained and had the relevant skills. One person told us, "The staff know me really well".

Training records showed staff received training that was appropriate to their role. These including: food and hygiene, the Mental Capacity Act 2005, dementia awareness, moving and handling, infection control, adult safeguarding, fire safety, dementia awareness and health and safety training.

New members of staff received induction training that included shadow working with more experienced staff. They were also enrolled on the Care Certificate, which is the recognised induction standard for new staff. We saw Care Certificate work books that new members of staff were in the process of working through.

All the staff said that they felt supported through the staff supervision system. Staff told us that they received regular one to one supervision and an annual appraisal. They told us there was good staff morale and good support from within the whole team. Records were in place to plan and evidence that staff supervision was provided in line with the organisation's policy.

Staff were knowledgeable about the needs of individuals we discussed with them. They told us there was good communication through staff handovers between shifts and this, coupled with a team of staff who had got to know people well, meant they were able to meet people's needs effectively. People we spoke with had no concerns about the way their care and support was delivered by the staff team.

People's consent to care and treatment was always sought, in line with legislation and guidance. The majority of people had full capacity to make decisions for all aspects of their lives and they told us that their consent was also sought. This was verified by people signing various consent forms, such as their care plan and use of photographs.

The service acted in a way which ensured people's human rights were upheld. This included ensuring they worked in a way which encompassed the principles of the Mental Capacity Act (2005). The Mental Capacity Act (MCA) provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interests decision is made involving people who know the person well and other professionals, where relevant. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The safeguards exist to provide a proper legal process and suitable protection in those circumstances where deprivation of liberty appears to be unavoidable and, in a person's own best interests.

The registered manager had made appropriate applications to safeguard people's rights and to provide support and care in the least restrictive way. Staff were aware of who had such safeguards in place and why. Mental capacity assessments were decision specific and where people lacked capacity best interest meetings were held. This was to ensure best interest decisions included people who were relevant to the person such as their relative, GP and community nurse.

People told us they enjoyed the meals at the service and confirmed they were given choices. One person told us, "The food is nice and there is plenty of it, sometimes too much." Another person told us about how they chose to have meals provided to their room and said, "There is always a choice and the standard of meals is pretty good. I have nice fresh ground coffee and the meals are always served hot".

People confirmed there were alternatives available if they did not want the choices offered and we saw snacks were served throughout the day. In the dining room tables were well-presented with condiments available. People had a choice of different alcoholic/non-alcoholic drinks. We observed staff supporting people who required assistance to eat in a dignified manner.

People's health care needs were monitored and appropriate action taken if required. People told us that appointments were made for a GP to visit if they were unwell. Referrals had been made to speech and language therapists when people had swallowing difficulties.

Good

Is the service caring?

Our findings

One person commented, "The staff do a wonderful job and we have a lot of laughs". Other comments about the staff team included, "They are very, very good and all very caring"; "The staff are lovely, we have a good joke between ourselves too", and "I think it's lovely, the carers are wonderful and the building is beautiful, everything is very good".

The relatives we spoke with, who had experienced care of their relative in two other services, told us of how appreciative they had been of the care and attention shown to their relative whilst at Park Manor. They said that they could visit at any time, were always made welcome and found care standards very good at the home.

Staff interacted with people in a kind and compassionate manner. We saw that they responded promptly to people who were requesting assistance and they did so in an attentive manner and friendly way. There were also a considerable amount of warm and friendly exchanges between staff and people which were, when people were able, reciprocated in the same way.

People's privacy and dignity was respected, staff supported people to maintain their personal hygiene during their activities of daily living. Personal care was provided in the privacy of people's own rooms. Staff knocked on people's doors before entering their bedrooms. Visiting times were flexible and people were able to choose whether to receive their visitors in the communal areas or in their own rooms. During the inspection we saw visitors were able to come and go freely.

People and their relatives were given support when making decisions about their preferences for end of life care. The registered manager explained that the home followed the principles of the National Gold Standards Framework Centre in End of Life Care. The registered manager explained that people's advanced wishes were documented if people wished.

Good

Is the service responsive?

Our findings

People received responsive, personalised care and so they had no concerns about the way care was planned and delivered.

A preadmission procedure of an assessment of an individual's needs had been followed for each person to make sure that needs of people could be met before a person was accepted for a placement.

Once people were admitted further assessment tools and risk assessments had been completed and used to develop an individual care plan for each person. The care plans were up to date and reflected people's needs. They were also person centred in the way they were written, giving a good overall picture of each person's ability and how staff should assist people to maintain their independence.

Three people had been provided with an air mattress to help maintain their skin integrity. It was agreed that a system would be introduced for staff to check and make sure that the mattress settings corresponded to people's weight as two people's mattresses were at the wrong setting for their weight.

People who required the use of a hoist for their moving and handling needs had their own slings to minimize risk of cross infection. There were detailed care plans in place for people who needed assistance with moving and handling.

Information gathered from people's life histories was used to plan activities and a full programme of activities had been devised by the three well-qualified staff responsible for activities. There were daily activities, regular outings as well as groups set up for particular interests. For example, the home had engaged with the poet Laureate of Bournemouth in setting up a poetry group and a coffee morning to which guest speakers were invited.

People knew how to make a complaint if they needed as the procedure was well-publicised. One person told us, "I have never had never had to complain but I am sure the manager would sort things out if there was anything". No complaints had been raised about the service since the last inspection in April 2013.

There was a system in place for when people had to transfer between services, for example, if they had to go into hospital or be moved to another service. The system ensured information accompanied the person, which meant they would receive consistent, planned care and support if they had to move to a different service.

Good

Is the service well-led?

Our findings

Staff were positive about the home and the way it was run. On one of the days of the inspection we met with one of the directors of the company who told us of plans to improve the home. The registered manager told us that the directors were both supportive and took an active interest in the running of the home, providing good overall leadership. Staff felt there was also good leadership offered by the registered manager and the deputy manager.

There were well-organised systems in place to make sure high standards were maintained throughout the service. Feedback from people and also the staff indicated there was good morale and an open style of management.

Residents' meetings were held and minutes showed people were able to discuss things and put forward suggestions on how the home was run. Staff meetings were held and again minutes showed staff were encouraged to take an interest in how the service could best be developed. For example, at the last staff meeting in October 2016 topics for discussion included teamwork, activities and spot checks

Annual surveys were undertaken, the last of which took place in March 2016. It covered questions including daily living, personal care and the management of the home. We saw that 16 responses had been returned. The responses were mainly positive and there was an action plan in place to address any lower scoring areas.