

Fairpark Care Limited

Park View

Inspection report

74 Park Road West
Prenton
CH43 8SF

Tel: 01518321562
Website: www.fairparkcare.com

Date of inspection visit:
29 September 2022
17 October 2022

Date of publication:
03 January 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Park View is a residential care home occupying one adapted building providing accommodation and personal care for up to six people. The service provides accommodation, care and support to autistic people and people who have a learning disability. At the time of our inspection there were six people using the service.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

There was a strong and consistent focus on promoting people's dignity, autonomy and independence. Staff encouraged and enabled people to learn new skills and develop strategies to help them take maximum control of their lives.

People were supported to explore their views and values, and to discover in a meaningful way what was important to them and maximise making their own informed decisions. Carefully listening to people and supporting personal expression in a variety of ways was embedded into every aspect of the care and support provided.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People described to us how the approach by staff members and the registered manager had empowered them to increase their control during difficult and stressful times. People's strengths and self-esteem had been fortified by the consistently respectful and empowering approach from staff that promoted their dignity.

Right Care:

The design and ethos of the service and the approach from the provider, registered manager and staff members; promoted and championed people's equality, value and self-esteem. People were at all times supported and spoken about with the utmost respect, care and consideration. This had a massive positive impact on people's wellbeing.

Staff had a strong belief in equality that positively impacted everything they did. People told us this meant a lot to them and had a positive effect on their wellbeing.

Each person was supported as an individual with a personalised care and support plan in place. These had been written in partnership with people and other stakeholders.

Right Culture:

The service had a very positive, respectful and warm culture. The feedback regarding the culture of the service from everybody was positive.

People living at the home told us they had benefited from the culture at the home. One person told us about the home, "It's really good. I'm feeling happy since being here." People's family members also spoke positively about the home; one told us, "I'm very happy he's there. He's right at home there."

Health and social care professionals working with the service praised their approach. One outside professional told us, "The ethos of the service is impressive... They are very focused on people and people prosper there. They focus on people's self-esteem."

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 10 October 2020 and this is the first inspection.

Why we inspected

This was a planned inspection following the registration with CQC.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Park View

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was completed by one inspector.

Service and service type

Park View is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Park View is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements

they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with six people who used the service and two people's relatives about their experience of the care provided. We spoke with six members of staff including the registered manager. We also spoke with one of the directors of the provider and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with three health and social work professionals who had worked closely with the service.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment, training and supervision. A variety of records relating to the management of the service, including quality assurance and policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- There was an extremely open, respectful and empowering culture at the service which promoted people's status as equals. The culture encouraged people to express themselves and ensured they were always treated in a dignified manner. This reduced the opportunities for any abusive practices to develop.
- People told us they felt safe at the home and knew who they could go to if anything made them feel unsafe or uncomfortable. It was evident that people had a really positive relationship with the registered manager and directors of the organisation. One person said to us, "Staff make me feel safe. I feel like they really care for me." Another person told us about living at the home, "I have never felt unsafe."
- Appropriate safeguarding referrals had been made if something had gone wrong at the service.

Assessing risk, safety monitoring and management

- The home and people's care and support was safe. The provider had systems in place that made sure people received the support they needed to be as safe as possible.
- Each person had individualised risk assessments that provided guidance for staff on how to support people to remain safe. Some people at times did things that may pose a risk to themselves or others. People were involved in planning with staff what support they would need to remain safe during these times.
- A series of checks and audits took place that ensured the home's environment and services were clean and safe. The provider had made use of external health and safety professionals to provide specialised reports on the home and had taken actions based upon these.

Staffing and recruitment

- The provider ensured there was a large enough staff team to meet people needs safely. No use was made of temporary agency staff.
- People were supported by sufficient numbers of staff members who were experienced, familiar with their needs and were known to them. Staff numbers were determined by people's support needs, lifestyle choices and risks.
- The provider had recruitment procedures in place that helped ensure new staff were suitable for the role and had been recruited safely using appropriate checks. The registered manager had a robust probationary process in place for new staff members.

Using medicines safely

- There was an effective system in place that helped ensure people's medication was administered safely.
- Staff received training in administering medicines and staff had their competencies to do so safely

regularly checked.

Learning lessons when things go wrong

- There was a culture of ongoing improvement at the home. Staff used a system to record, review with people and learn from times when something went wrong, or an unexpected event occurred. Staff recorded in detail any accidents and incidents that took place. We saw examples of action taken, and improvements being made in response to accidents and incidents.

Preventing and controlling infection

- The home was very clean, and steps had been taken to help reduce the spread of any infections, whilst meeting people's needs.
- Due to people's communication needs, support staff were not routinely using face masks. This had been considered using current government guidance and had been risk assessed. The risks were reduced by continuing to use weekly rapid testing (Lateral Flow Tests) for COVID-19 for staff and visitors to the service. The registered manager told us that this had picked up on infections that may otherwise have been missed. Service commissioners had been consulted; and during our inspection process the local infection prevention and control team (IPC) had been involved.
- We were assured that the provider's infection prevention and control policy was up to date.
- People's friends and family visiting the care home was promoted and facilitated in line with government guidance and good practise.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- There was a system in place for assessing people's needs and choices before coming to live at the home. This had often involved making several visits to spend time with the person in their previous home and obtaining their views.
- This process had mostly worked well. However, some health and social care professionals told us that the initial assessment processes had not always been effective in considering the mix of people at the home and all available information had not always been fully considered. The provider was open and reflective, they told us they had learned from some assessments.

Staff support: induction, training, skills and experience

- Staff members told us they were very well supported and felt looked after. They said the registered manager and provider were really interested in them doing well. One staff member told us, "I've been supported to develop. I've progressed being here. Now I can help others to progress."
- Staff received training, coaching and ongoing support with their professional development; including a series of training sessions provided by the organisation and external training providers. One staff member described the training as "phenomenal."
- Health and social care professionals told us there has been a good continuity of skilled staff at the home. One professional told us, "They heavily invest in staff and are very supportive."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to enjoy a varied and balanced diet of appetising food of their choice. People were encouraged to mostly make healthy choices.
- The home had a domestic style kitchen that was clean and well equipped. Staff prepared meals with as much involvement from people living at the home as possible. Mealtimes were very lively and pleasant social events that people enjoyed.
- People who needed an adapted diet had this prepared by staff with them and staff were knowledgeable about their needs.

Staff working with other agencies to provide consistent, effective, timely care

- The provider, registered manager and staff members were keen to work in partnership with other agencies when planning and providing people's care and support.
- Health and social care professionals praised this approach. One professional told us, "They were really keen to work alongside us... I'm really impressed with them." Another professional said, "They have readily accepted training... they have a good values base and are keen to understand."

Adapting service, design, decoration to meet people's needs

- The home was roomy, homely and well decorated. Each person had their own private space with private bathroom facilities. People used the shared areas of the home and during the summer the shared gardens. The home was designed to promote as much as possible the principles of ordinary living. One person's family member told us, "It's a really homely place, it's beautiful."
- People's private rooms were adapted in response to their needs, preferences and personal tastes. Some people told us that being involved in planning even the smallest details of their room was very important to them and they had really benefited from this.
- The home was very close to a park, public transport and was within walking distance to local shops and services. People regularly used these local facilities and told us they benefited from the location of the home.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to be as healthy as possible. People had care plans setting out their healthcare needs, how these needs would be met along with both short and long-term health goals. People's opinions were sought during this planning process.
- People were supported to manage and attend appointments. Staff ensured that any reasonable adjustments that would help people were in place. This helped reduce people's anxiety and helped them communicate during health appointments.
- People's family members told us they had confidence in the service helping people to meet their healthcare needs. One family member praised how staff had worked with health professionals so their family member could have treatment at the home, which they were more likely to accept. They told us, "They understand his needs... I think he is safe there. They have helped him back to more independence."

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service provided was in line with the principles of the MCA. People's choice was promoted and opportunities for people to make choices were maximised. Staff adapted their approach for each person to ensure that they were involved in decision making processes as much as possible.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- The design and ethos of the service and the approach from the provider, registered manager and staff members; promoted and championed people's equality, value and self-esteem. People were at all times supported and spoken about with the utmost respect, care and consideration. This had a massive positive impact on people's wellbeing.
- Staff had a strong belief in equality that positively impacted everything they did. People told us this meant a lot to them and had a positive effect on their wellbeing. One person said, "In my last place they [staff members] wore a uniform and I hated going out with them. Because people used to look at me; I feel like everybody else living here... I feel included in life." Another person's family member told us, "They treat [Name] with respect. They don't treat him any different to anyone else... They respect his character and work with him and his qualities."
- One person had recently achieved a really important personal milestone, which meant a lot to them and demonstrated the significant progress they had made at the home. The provider and registered manager helped the person to arrange a celebration that was meaningful to them. The person told us that almost the entire staff team arrived at the event. They said, "They all came to celebrate with me, it was just mad. It's a good feeling when people want you to do well... It's a lovely place to live."
- People's family members praised the respectful support provided for people. One person's family member told us how shocked they were at the progress their relative was making at the home; after living in a number of different homes and being in hospital. The person was now doing things their relative never expected them to do. They told us, "[Name] is looking so well... they have very caring staff... they really understand him. I'm quite impressed."
- Health and social care professionals working with the service praised their approach. One outside professional told us, "The ethos of the service is impressive... They are very focused on people and people prosper there. They focus on people's self-esteem." Another said, "I'm really impressed with them. The way they care... shows that they really like [Name]. They have brought her further than we have ever been able to... It's absolutely all about relationships"

Supporting people to express their views and be involved in making decisions about their care

- People were supported to explore their views and values, and to discover in a meaningful way what was important to them and maximise making their own informed decisions. Carefully listening to people and supporting personal expression in a variety of ways was embedded into every aspect of the care and support provided.
- People gave us positive feedback about how staff supported them in expressing their views. One person

told us, "Staff have a calm manner; they bring me back down when I'm upset. They talk to me nice... and help me to take control. They really listen to me and I can tell them when I'm feeling low... I'm really involved in this."

- Choice in both smaller and more significant areas of people's lives was promoted. Some people had been supported to make significant lifestyle decisions; others were developing their decision-making skills with support. Staff had ensured that people maximised their opportunities to make decisions. For example, one person had been supported to increase the number of words they could understand and use; this was helping the person to fully express their choices and preferences to others.
- Healthcare professionals praised how people were supported to express their views. One health and social care professional told us that people were thriving due to being supported to express themselves. They said, "Staff have a non-judgmental approach. They support [Name] to assess his thoughts, praise him and offer a safe space without any pressure. I'm quite impressed." Another professional told us about staff members, "They have a nice attitude, I like them. People are obviously really involved in their care and support... staff are keen to listen and understand. They are a robust team who really try to understand people." They added that for one person it had helped to "revive his self-esteem and now progress is in leaps and bounds."

Respecting and promoting people's privacy, dignity and independence

- There was a strong and consistent focus on promoting people's dignity, autonomy and independence. Staff encouraged and enabled people to learn new skills and develop strategies to help them take maximum control of their lives.
- There was a track record of enabling and empowering people and helping them increase their confidence, reducing people's reliance on support and increasing their independence. One person who previously required support from two staff members at all times and had other restrictions, no longer required this level of support and had increased their independence after being at the home for a few months. This person told us, "The staff are marvellous. I have never felt unsafe... I feel braver and do more things."
- Some people had formed close, supportive friendships with others living at the home. Staff had been really diligent and effective in supporting people to do this. People told us this had really promoted their wellbeing. One person told us about their housemate, "[Name] really looks after me; this is a good place to live." This promoted people growing in independence and self-esteem and establishing meaningful relationships with others that promoted their wellbeing.
- People described to us how the approach by staff members and the registered manager had empowered them to increase their control during difficult and stressful times. People's strengths and self-esteem had increased because of the consistently respectful and empowering approach from staff that promoted their dignity.
- At times things went wrong when supporting people, these times can be upsetting for all people involved and may stretch staff members. During these times staff members stuck to their person centred and values-based approach to supporting people. Staff consistently upheld people's dignity and empowered them to take as much control as possible, especially during difficult times. One staff member had recently provided great support for a person during a difficult time, we asked them what influenced them to take the approach they did. The staff member told us it was because they viewed the person as "one of us" and their approach was directed by the positive relationship they had with the person and a firm belief in the principle of equality. The staff member told us, "[Name] does not deserve to be treated any differently to anyone else... You'll see us stressed at times... but you won't see us judge people."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Each person was supported as an individual with a personalised care and support plan in place. These had been written in partnership with people and other stakeholders.
- People's care plans changed as people made progress, became more independent, explored new things or changed their mind. People were supported to set goals for the future and had benefited from this progressive approach. One person told us, "I've learned new things, like cooking and do my own washing. I now positive relationships that make me feel safe... Now it's more good days than bad days." Another person's family member told us, "He has made a lot of progress there, they have really helped him."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service was very responsive to people's communication needs. There was a focus on communicating effectively with people using a variety of different ways they could understand.
- Staff made sure that people had all of the information that was important to them to help them be aware of different options and make informed decisions about their support and day to day living. For example, some people benefited from social stories, when staff helped people visualise and put in place plans for upcoming days. Staff were also knowledgeable about the best times and circumstances when to share information with people to help ensure people understood information.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The support provided for people focused on community inclusion, living an ordinary lifestyle and maintaining and building new relationships; in a way that was meaningful to them and they were comfortable with.
- People had been supported to develop their social skills and confidence; for example, in starting conversations and interacting with others in their community. One person told us, "I enjoy going out and chatting with people." Some people had volunteer roles and had taken part in or played lead roles in fundraising events.
- The home was a lively place, with people coming and going in a warm, relaxed and friendly atmosphere.

People told us that they liked this, and they told us that they had made friends with others at the home. People often planned to go to places and attend events together. One person told us, "I've made friends, yes, [Name] looks after me... this is a good place to live." Another person said, "I like the relaxed atmosphere here... I like the people I live with; I've made friends here."

- People were encouraged and enabled to maintain and at times develop family relationships. People's family members told us they felt welcome at the home and people were supported to keep in contact by visiting, meeting up and keeping in contact on the phone.

Improving care quality in response to complaints or concerns

- There was a culture of being open, receptive to and learning from any complaints or concerns that had been raised.
- On one occasion some people had been supported by staff to raise a matter that concerned them directly with the provider. This empowered people and showed them that their concern was taken seriously and was being responded to.
- People's family members told us the registered manager was responsive to any concerns raised and they had confidence in them.

End of life care and support

- Nobody was receiving end of life care at the home. The provider told us if somebody wanted to stay at the home and they were able to meet their needs and wishes, they would provide end of life care in partnership with other professionals.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had a very positive, respectful and warm culture. The feedback regarding the culture of the service from everybody was positive.
- People living at the home told us they had benefited from the culture at the home. One person told us about the home, "It's really good. I'm feeling happy since being here." People's family members also spoke positively about the home; one told us, "I'm very happy he's there. He's right at home there."
- Health and social care professionals spoke positively about the culture of the service. One told us; "The managers are proactive and heavily invest in staff; they have high expectations for both staff and people supported...I'm really impressed." Another said, "The management team have a good values base and are keen to understand. With them the people come first."
- Staff members were very positive about their roles. They all described an unusually positive culture that made them feel valued and supported them to do develop their own skills and provide the best possible care and support for people. Staff members comments about their role included; "I absolutely love it.", "When you walk through the door, you are treated like family. It's wonderful here." A third staff member told us, "It has the most homely feel I have ever felt; it is peoples actual home."
- The provider told us that the people living at the home were mostly younger adults and in response to this they had generally recruited a younger workforce to provide a good match for people and to help promote a "good vibe at the home." The registered manager had a respectful approach towards people, and it was evident that people bonded with her and enjoyed being around her.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their obligations in line with the duty of candour. There was a culture of staff and the registered manager being open and honest with people, their family members and other partnership organisations.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had in place an organised structure of roles and responsibilities, with a registered manager, senior support workers and a shift leader for each shift.
- The provider and registered manager made effective use of a series of quality checks and audits alongside gaining feedback from people at the home and other stakeholders. This information was used to assess the

quality of the service, in setting goals and to feed into a continuous improvement plan.

- The service had a clear set of principles and values that were promoted in people's day to day support and had been used to guide senior staff when making important decisions about the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- The provider, registered manager and staff members worked closely in partnership with others when planning and delivering people's accommodation, care and support. We had positive feedback about partnership working and being listened to from people living at the home, their family members and health and social care professionals.

Continuous learning and improving care

- There was an established culture of continuous improvement at the service.
- If something had gone wrong when supporting somebody the staff team discussed the incident together with other senior staff; involving the person supported if they wanted to do this either as part of the group or on a one to one basis as they preferred. One staff member told us, "We don't know everything about everyone; but we are constantly learning."
- People's family member's and health and social care professionals told us they had confidence in this approach. One health and social care professional told us, "They are reflective problem solvers." Another told us, "Reflective practice is imbedded; they are really self-reflective about their actions."
- The provider had sought advice from outside professionals and had acted upon their recommendations for improvements. They were responsive to feedback from our inspection process and took prompt action when needed.