Mr & Mrs J Elliott

Park House Rest Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 18 July 2018 and was unannounced. This meant the provider and staff did not know we would be attending.

The service was last inspected in December 2015 and was rated good. At this inspection we found the evidence continued to support the rating of good. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Park House Rest Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Park House Rest Home accommodates up to 18 people. At the time of our inspection 17 people were using the service.

There were two registered managers in place. 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. One of the registered managers was also the provider of the service. In this report the registered manager who was also the provider will be referred to simply as the provider.

Risks were managed to keep people safe and emergency plans were in place. The service was clean and tidy and had effective infection control processes. People were safeguarded from abuse. People's medicines were managed safely. Safe staffing and recruitment procedures were in place.

Staff were supported with regular training, supervision and appraisal. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People were supported with food and nutrition and to access external professionals. The premises were adapted to suit the needs of the people living there.

People received kind and caring support and were treated with dignity and respect. Staff promoted people's independence. Policies and procedures were in place to support people to access advocacy services where needed.

People received personalised care based on their assessed needs and preferences. People were supported to access activities they enjoyed. Policies and procedures were in place to investigate and respond to complaints. At the time of our inspection nobody at the service was receiving end of life care, but policies and procedures were in place to provide this where needed.

The registered managers had informed CQC of significant events in a timely way by submitting the required

notifications. Staff spoke positively about the culture and values of the service. The registered managers and provider carried out a number of quality assurance checks to monitor and improve standards at the service. Feedback was sought and acted on. The service had a number of community links for the benefit of people living at the service.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Park House Rest Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18 July 2018 and was unannounced. This meant the provider and staff did not know we would be attending. The inspection team consisted of one adult social care inspector.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the commissioners of the relevant local authorities, the local authority safeguarding team and other professionals who worked with the service to gain their views of the care provided by Park House Care Home.

We spoke with five people who used the service and five relatives of people using the service. We did not use the Short Observational Framework for Inspection (SOFI) as people were able to tell us what they thought about the service. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at three care plans, four medicine administration records (MARs) and handover sheets. We spoke with six members of staff, including the registered manager kitchen and care staff. We looked at two staff files, which included recruitment records. We also looked at records involved with the day to day running of the service.

Good

Is the service safe?

Our findings

People and their relatives told us staff kept people safe. One person said, "I feel safe here."

Risks to people using the service were assessed and plans put in place to minimise the chances of them occurring. For example, one person had plans in place to monitor them for pressure damage. Assessments were regularly reviewed to ensure they reflected people's current level of risk. Risks arising out of the premises were also monitored, with regular maintenance checks taking place. Required safety and maintenance certificates were in place. Assessments were regularly reviewed to ensure they reflected people's current level of risk.

Accidents and incidents were monitored by the registered managers to see if lessons could be learnt to help keep people safe. For example, advice was sought from the local falls team after one person had a number of falls and mobility equipment put in place to help them move around safely. The service was clean and tidy and had effective infection control processes.

Plans were in place to keep people safe and provide support in emergency situations. Regular checks were made of firefighting systems and equipment, and fire drills were carried out. We did see that records of fire drills were not always clear in recording reflections on how the drills had gone or on any improvements that could be made to practice. The registered manager said this would be done in future.

Policies and procedures were in place to safeguard people from abuse. The provider had a safeguarding policy and staff received safeguarding training. Staff said they would not hesitate to report any concerns they had.

The provider and registered manager monitored staffing levels to ensure there were enough staff deployed to provide safe care. People and their relatives said there were enough staff at the service. One person told us, "There are enough staff. They are good." Staff also said the service had enough staff. One member of staff said, "We have so many staff here." The provider's recruitment processes minimised the risk of unsuitable staff being employed. These included obtaining written references and carrying out Disclosure and Barring Service (DBS) checks. The DBS carry out a criminal record and barring check on individuals who intend to work with children and adults.

People's medicines were managed safely. Medicines were safely ordered, stored and administered. Medicine administration records (MARS) we looked at had been completed without errors or unexplained gaps. One person we spoke with said, "The staff look after my medicines and I get them when I need them."

Good

Is the service effective?

Our findings

People and their relatives told us they received effective support from staff at the service and were involved in planning their own support packages. One person told us, "I told them what I wanted."

An assessment of people's support needs was carried out before they started using the service which involved other professionals involved in their care. Assessments contained evidence of the service working effectively with other professionals and following best practice.

Staff received the training needed to provide effective support. This included training in food hygiene, first aid, health and safety, equality and diversity and dementia awareness. Training records confirmed that training was either up-to-date or planned. Staff spoke positively about the training they received. One member of staff said, "They like the training to be up to date at all times."

Staff were supported with regular supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Records of these meetings showed they were used to review staff competencies and values and to give staff an opportunity to raise any issues they had.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection five people were subject to DoLS authorisations. These were clearly recorded in people's care records and monitored by staff. Care plans also contained records of capacity assessments and best interest decisions where needed.

People were supported with food and nutrition. People's nutritional support needs and preferences were recorded in their care plans, including details of any specialist diets they needed. People were weighed regularly. The cook was knowledgeable about people's nutritional support needs. The menu contained a wide variety of choice, and people could ask for things that were not listed. People and their relatives spoke positively about the food at the service. One person we spoke with said, "The food is first class."

People were supported to access a wide range of professionals to monitor and promote their health. These included GPs, dentists, dieticians and community nurses. Records confirmed external professionals were contacted quickly when needed.

The premises were adapted for the safety and comfort of people living there. The provider had recently invested in new carpets and upgrades to bedrooms. A sensory room had been installed. People had been involved in designing a mural for the garden, which we saw was well used. Bedrooms were personalised to people's taste and contained their own furniture. There was appropriate signage and handrails to help people move around the building. One external professional told us, "It's clean and tidy and the owner has done a range of refurbishments."

Good

Is the service caring?

Our findings

People and their relatives spoke positively about the support provided by staff, who they described as kind and caring. One person we spoke with said, "It's lovely here. The staff are great and will always help you." Another person told us, "It's good and I've no problems." A third person we spoke with said, "They're lovely here. They treat us right. We get to do what we want."

A relative we spoke with said, "It's absolutely marvellous. I can go home and not worry at all. [Named person] treats it as a little flat and says everyone is nice. They are totally happy here." Another relative told us, "[Named person] really likes it here. I'm very relieved to have found a home I have confidence in. The staff are very open, honest and very caring." A third relative we spoke with said, "They (staff) are wonderful, so caring."

We saw staff treating people with dignity and respect. Staff knocked on doors and waited for permission before entering, and addressed people by their preferred names. One person we spoke with told us, "The staff are very polite and courteous."

Staff worked to help people maintain their independence by encouraging them to do as much as possible for themselves. For example, we saw staff supporting one person who had mobility issues to walk down a corridor. They offered kind and reassuring support for the person, who was able to walk back to their room in this way.

Throughout the inspection we saw numerous examples of staff delivering kind and caring support. For example, we saw a member of staff introducing someone who had recently moved into the service to some people they had not yet spoken with. This led to the member of staff and a group of people sitting together and discussing their hobbies and interests and jobs they used to do. We heard one person say, "We all grow old but we couldn't ask to be in a better place." In another example we saw a member of staff sitting down with a person and looking through their photographs with them. The person was laughing and joking with the member of staff and clearly enjoying themselves.

People were supported to maintain social networks they had developed before moving into the service. This included supporting people to access religious services and to practise their faith. We also saw that people were supported to use computers to videocall relatives who lived away from the area. Information on a wide range of social networks and groups was made available for people, including lesbian, gay, bisexual and transgender (LGBT) equality support groups.

At the time of our inspection nobody at the service was using an advocate. Advocates help to ensure that people's views and preferences are heard. Policies and procedures were in place to support people to access advocacy services where needed.

Good

Is the service responsive?

Our findings

People received personalised care based on their assessed needs and preferences. People and their relatives told us they received the support they wanted. One person said, "They do what I want. They're great."

Care plans contained lots of detail on the support people wanted and needed. People and their relatives were involved in producing care plans. For example, one person's care plan contained detailed information on how the person could be supported to communicate with staff. Plans also contained detail on people's life history, personal interests and likes and dislikes. This helped staff to have meaningful conversations with people and to get to know them well.

Care plans were regularly reviewed to ensure they reflected people's current support needs and preferences, and people and their relatives were involved in these reviews. A relative we spoke with said, "They do a review where they ask [named person] how she is and also go over the plan with me." Daily notes were used to ensure staff had the latest information on people.

People were supported to access information in ways they found accessible. An assessment of people's communication needs was carried out before they started using the service. This was used to ensure information was made available in formats they could access, such as staff verbally reading documents to them and large print.

People were supported to access activities they enjoyed. We saw that a wide variety of activities were available, including reminiscence sessions, exercises, visiting entertainers and trips out. During the inspection we saw people enjoying a quiz and an impromptu singalong in the garden. Activities were regularly reviewed to ensure there was something available for everyone to enjoy. People and their relatives spoke positively about activities. One relative said, "There are so many activities. [Named person] tells us not to come as she can't fit us in!"

Policies and procedures were in place to investigate and respond to complaints. The provider's complaints policy was made available to people and their relatives. The service had not received any complaints since our last inspection, but people and their relatives confirmed they would be confident to raise any issues they had.

At the time of our inspection nobody at the service was receiving end of life care, but policies and procedures were in place to provide this where needed. Care plans contained information on people's end of life care wishes. The service had a memorial plaque in the garden which families could use to help celebrate people's lives when they passed away.

Good

Is the service well-led?

Our findings

There were two registered managers in place. 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. One of the registered managers was also the provider of the service.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered managers had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

Staff said they were supported in their roles by the registered managers. One member of staff said, "The registered managers are lovely. I can't say anything bad about them. They're so approachable." People and their relatives also spoke positively about the management of the service, and we saw that the registered manager who was working during the inspection was a visible presence around the service. One relative we spoke with said, "The managers are really good."

Staff spoke positively about the culture and values of the service. One member of staff said, "We're one big family here. We have people coming in for respite care and saying they want to stay. They get anything they need. This is the place I'd want my mam and dad to be."

The registered managers and provider carried out a number of quality assurance checks to monitor and improve standards at the service. This included audits of care plans, medicines and health and safety. Records showed that where issues were identified remedial action was taken.

Feedback was sought from people, relatives and external professionals. A survey had been carried out in 2018 and positive feedback had been received. For example, one external professional had written, '(Staff) always have an excellent knowledge of residents.' Meetings for people and their relatives and staff were also held. These were used to share information and as an opportunity to raise issues. People and their relatives were kept up-to-date with a regular newsletter produced by the service.

The service had a number of community links for the benefit of people living at the service. Pupils from a local school visited regularly and also acted as pen pals for people. Local colleges sent health and social care students to the service on placement, and in some cases this had led to them undertaking apprenticeships there. Clergy from a local church visited regularly to hold services. People had been supported to access a local Alzheimer café for people living with a dementia. The service was a member of the National Activities Providers Association, which shares ideas and best practice on activity provision.