

Mrs Kim Crosskey

# Pearson Park Care Home

## Inspection report

65a Pearson Park  
Hull  
North Humberside  
HU5 2TQ

Tel: 01482440666

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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

### About the service

Pearson Park Care Home is a residential care home providing personal care to 22 people at the time of the inspection. The service can support up to 24 people who may be living with dementia or have a mental health problem. It accommodates people in one adapted building that has been extended. Bedrooms are both single and double occupancy, some with en-suite facility.

People's experience of using the service and what we found.

People were protected from harm and risks were well managed. Sufficient numbers of suitable staff were employed and they safely managed medicines and infection control and prevention practices.

People's needs were effectively met. Their lives were comfortable and they enjoyed nutritious meals. The premises were safely maintained. Staff worked well with other care and healthcare professionals. 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.

Staff were caring and compassionate. People's equality, diversity, privacy, dignity and independence were respected. Their views on care and support were listened to.

People received personalised care. They experienced good support and had their communication needs met. Their concerns were satisfactorily addressed and complaints responded to. People were assured a good end of life experience when the time came.

The registered manager promoted a positive culture. They and the staff team understood their duty of care responsibilities. Staff were clear about their roles and sought to improve the care people received. They engaged and involved people in deciding the care they wanted. Partnership working was well established with other organisations.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (published 29 September 2018). At this inspection we found improvements had been made.

### Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for

Pearson Park Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Pearson Park Care Home

## 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 Care Act 2014.

#### Inspection team

One inspector carried out this inspection.

#### Service and service type

Pearson Park Care 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.

The provider holds an individual registration and therefore does not require a registered manager in post. Mrs K Crosskey manages the service herself and is referred to throughout the report as the provider/manager. She is a 'registered person' in her own right. 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We contacted the local authority contracting and safeguarding teams to ask for their views of the service. We reviewed information we had received from the provider about people at the service since the last inspection, such as, restrictions placed on people, injuries, deaths and allegations of abuse. We asked the provider to complete a provider information return (PIR) prior to the inspection. We used the information the provider sent us in the PIR. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support

our inspections. We also looked at information we already held about the service and what people had told us. We used all this information to plan our inspection.

During the inspection-

We spoke with seven people that used the service about some of their care, and with three relatives. We spoke with the provider/manager, deputy manager, administrator and two care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We viewed a range of records. These included three people's care files, medication sheets, quality assurance, premises safety and staffing documents. We looked around the premises. We observed people interacting with staff and each other. People told us what they liked, preferred and wished.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. This was due to problems with the management of medicines. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- The provider/manager had improved their systems and now safely managed medicines. People received their medication as prescribed. Staff who administered medication were trained to do so and had their competency assessed.
- People's support plans contained guidance on how they required their medication administering and records showed when they had taken medicines and who had supported them. Improvements had been made in checking systems for errors.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from harm. They told us, "Yes, I feel safe here and know the staff will take care of me", "I always feel safe" and "Staff look after us al very well. Everyone is well cared for." People's relatives said, "[Name] is quite safe here, I have no doubt" and "Staff work to guidelines and look after people well."
- Staff were trained in safeguarding people from abuse and the systems in place meant safeguarding incidents were safely managed.

### Assessing risk, safety monitoring and management

- The provider/manager ensured risks to people were mitigated through good staff practice and adherence to documentation.
- Risk assessments were in place and gave information on how to reduce risks to people in their daily lives and activities.

### Staffing and recruitment

- Staffing and recruitment were safely managed. Staffing numbers were sufficiently maintained. The provider had rotas in place to ensure the numbers of allocated hours were used to meet people's needs.
- Staff confirmed there were always sufficient of their numbers on duty to support people well.
- Recruitment records seen evidenced that staff were employed in line with policy and best practice.

### Preventing and controlling infection

- The provider/manager ensured safe prevention and control of infection was followed. The premises were clean and free from any unpleasant odours.
- Ancillary staff carried out the cleaning and cooking. They were trained in infection control and prevention as well as food hygiene and followed good practice guidelines. Since the last inspection the service had regained a food hygiene rating score of five (one being the worst score and five being the best).

### Learning lessons when things go wrong

- The provider/manager and staff learned lessons from incidents, accidents and events that were not as successful as wished. Efforts were made to ensure problems did not reoccur.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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

- People received effective care. Assessments of needs were carried out and these were consistently documented. Care plans provided enough information to guide staff on the best ways to support people. They demonstrated good practice was followed.
- People gave positive feedback about the effective support they received. They told us, "The staff are good. They know how to look after us", "Staff are well trained in caring" and "Staff help me with anything I want them to."
- People's rights were respected. Their diverse needs were supported in a way that made sure they were not discriminated against.

Staff support: induction, training, skills and experience

- People were supported by experienced and knowledgeable staff who effectively carried out their roles. Staff were supported by the provider/manager to gain these skills. Staff records showed the training and qualifications they achieved.
- Staff completed an induction and appropriate training. They received supervision and annual checks of their performance.
- Staff training and supervision was monitored, reviewed and updated.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- People were effectively supported with nutritional intake. The kitchen staff planned and prepared healthy, nutritious meals.
- People told us about the food choices they made and about the mealtime arrangements. Staff confirmed people chose meals for themselves but were also encouraged to follow healthy options and stick to their diets. Where anyone had specific dietary needs for medical reasons, these were catered for.
- People's healthcare support was effective. Services of professionals were accessed as required and staff maintained good working relationships with them for the benefit of people they supported.
- Staff supported people to maintain healthy lifestyles of their choosing with regards to activities and attending health appointments, but also respected people's decisions when they declined.
- Staff monitored people's needs and provided flexible support, for example, to make sure they attended medical appointments or sought emergency medical attention when needed

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

- People benefitted from collaborative working arrangements. Staff worked well with other agencies and organisations.

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

- The provider/manager had appropriately designed and adapted the premises. It met the needs of older people and those living with mental health problems. There was plenty of communal space for people to share each other's company or to find a quiet place for reflection.
- Gardens were spacious. Some bedrooms were still used as doubles where people were in agreement to sharing. Arrangements were in place to maintain people's privacy.
- Due to the building being grade 2 listed, there were restrictions on making any alterations to the windows or the outside, but the provider ensured repairs were carried out.

#### 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 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. 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's rights were protected. We found the provider/manager had submitted applications under the MCA and DoLS to the local authority for authorisation. Once approved these were monitored, reviewed and kept up-to-date.
- Staff were trained in MCA principles, ensured people were involved in decisions about their care and knew what they needed to do when decisions were made in people's best interests.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff were caring. People trusted staff, as we observed them being relaxed and making requests for support and advice. People enjoyed the company of staff and responded well to staff interactions and offers of support. People demonstrated good relationships with each other by the banter they shared, their actions and behaviour.
- Staff had a caring and respectful approach. They spent time getting to know people's preferences, so they could support them in the way they liked and preferred.
- People's diverse needs around age, religion, culture and sexual orientation were understood and staff supported people to achieve their aims and goals. One person with cultural and language needs was supported well with their daily routines, preferences and choices. People said, "Staff are really nice", "I think the staff are kind and caring" and "All the staff are kind and helpful. They are like family to us."

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

- People were encouraged and supported to express themselves. Staff took the time to listen to them. People made daily decisions about their care needs and had care plans in place to address their diverse needs, wishes and choices. Staff understood people well and directed them to sources of advice or advocacy when needed.
- Staff worked with people and their families to find out how they liked and preferred to be supported. This was recorded and regularly reviewed in people's care files.
- People were supported to develop and maintain relationships, social networks and links within the local community. They accessed local services and transport, met with relatives and engaged in pastimes and occupations of their choosing.

Respecting and promoting people's privacy, dignity and independence

- People were respected as individuals with diverse needs, around gender, age, sexual orientation, culture and beliefs.
- People's privacy and dignity were protected when staff supported them with personal care needs, and staff always sought their consent before doing so. Staff handled people's private and confidential information discreetly.
- People were encouraged to be independent, for instance when doctors and dentists visited. People were encouraged to join in with activities held in the service and to make decisions about their daily routines.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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

- The provider/manager met people's needs in a person-centred way. People received care and support with their personal, social and psychological needs. This was because staff followed care plans that were reflective of people's needs.
- Staff involved people and their families in planning and reviewing care. Care plans were satisfactorily recorded, monitored and reviewed with changes in needs. They told staff about people's preferences and routines and how best to support them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider/manager responded well to people's communication needs. These were appropriately assessed and met. Strategies were used to enable people to receive information in a format they understood. Staff explained information in ways people could process.
- Communication passports informed staff and healthcare professionals about people's needs should they be admitted to hospital or attend health appointments.

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 provider/manager responded well to people's social needs. People were supported to maintain community links where possible, establish new relationships and avoid isolation.
- Staff assisted people to keep in touch with family and friends. They encouraged visitors to join in with events and always made them welcome. Visitors were numerous and frequent.
- Staff encouraged people to take part in activities offered within the service and take up pastimes and occupation of their choice. We saw people engaging in bingo and armchair exercises, as well as reading magazines and chatting about past and current affairs.

Improving care quality in response to complaints or concerns

- The provider listened and responded well to complaints and addressed them appropriately so that improvements could be made to the service.
- People had a written complaint procedure to follow and a form to complete to make formal complaints if they needed. Family members and others involved in people's support needs also had instructions on how

to complain. Relatives told us they had not had cause to complain.

- The complaint policy and procedure were understood by staff, who resolved issues where possible, or passed them on to the provider/manager or deputy to be addressed.

#### End of life care and support

- Staff were understanding of people's needs and had recorded information on how to support them with end of life care.
- People were assured their end of life care would be as comfortable and peaceful as possible, when it was needed. Appropriate professional support would also be sourced when necessary.

# 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.

At the last inspection this key question was rated as required improvements. This was because the provider was in breach of the regulation on notifications. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service was well-led. The provider was now sending notifications to CQC as required. A well-defined staffing structure was in place and staff were clear about their roles, providing a quality service, managing risk, learning from shortfalls and improving the service.
- The provider/manager completed regular quality checks and audits on the service delivery. These led to action plans being put in place to address any shortfalls identified and the records showed when action was completed.
- The provider met their regulatory requirements of registration.
- Staff and management meetings were held and used as a forum to share practice and knowledge. All information gathered on the quality of the service was analysed and used to plan future improvements.
- The provider/manager, deputy and staff all looked for ways of continuously improving the care people received.

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

- The provider/manager and staff promoted a friendly, homely, caring and positive culture. People experienced good outcomes, were guided in their lifestyle choices and supported in a person-centred way.
- People were assisted with their needs according to their age, gender, sexual orientation, culture and beliefs. Staff were positive and supportive. They were practical, recognised people's changing needs, for example, due to age, illness or desire, and knew when to reduce the pace or change the approach.
- The staff told us they had also been positively supported by the provider/manager and deputy, in both work and personal life.

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/manager, deputy and staff fully understood their responsibility to be honest about the service provided to people. Everyone understood about accountability, being open to scrutiny and making apologies when things go wrong.

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

- The provider/manager involved people wherever possible in the service and fostered good partnership working.
- Satisfaction surveys were issued to people, relatives and staff, and information was analysed to determine shortfalls and areas for improvement. Action plans were devised to address these. Information in surveys returned this year was all positive.
- People received visitors from the local community and some used local services each day. Links with the local community were established for the benefit of people that used the service.
- Effective staff working relationships with other organisations and professionals ensured people received the right support.