Tyringham Care Limited

Park House

Inspection report

Tyringham
Newport Pagnell
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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

Overall summary

Park House provides care and support for up to 24 people who are elderly and physically frail, some of whom may have dementia. There were 24 people living at the service when we visited.

The inspection was unannounced and took place on 22 April 2015.

The home has a registered manager. 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.

People were looked after by staff who were aware of how to respond to allegations or incidents of abuse.

The staffing numbers at the service were adequate to meet people's assessed needs.

The service had a recruitment process to ensure that suitable staff were employed.

Summary of findings

There were suitable arrangements for the storage and management of medicines.

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

People's consent to care and treatment was sought in line with current legislation. Where people's liberty was deprived best interest assessments had taken place.

People were provided with a balanced diet and adequate amount of food and drinks of their choice. If required people had access to health care services.

People were looked after by staff who were caring, compassionate and promoted their privacy and dignity.

People's needs were assessed and regularly reviewed to ensure that the care they received was relevant to their needs.

There was a complaints process which people were made aware of.

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

Summary of findings

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

Good

People were protected from harm.

There were risk management plans in place to promote and protect people's safety.

There were sufficient numbers of suitable staff employed to meet people's needs.

People's medicines were managed safely.

Is the service effective?
The service was effective

Good

People received care from staff who had the knowledge and skills to carry out their roles and responsibilities.

There were arrangements in place to ensure people's consent was sought.

Appropriate arrangements were in place to support people to eat and drink and to maintain a balanced diet.

People's health care needs were closely monitored by staff.

Is the service caring?
The service was caring

Good

Staff had developed positive and caring relationships with people who used the service.

People were able to express their views and be involved in making decisions about their care.

Arrangements were in place to promote people's privacy and dignity.

Is the service responsive?
The service was responsive

Good

The care people received met their personalised needs.

People were aware of how to raise concerns or complaints.

Is the service well-led?
The service was well-led

Good

There was a positive open and inclusive culture at the service.

There was good management and leadership at the service.

Effective quality assurance systems were in place at the service.

Park House

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 the 22 April 2015 and was unannounced.

The inspection was undertaken by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

During our inspection we observed how the staff interacted with people who used the service. We also observed how people were supported during breakfast, the mid-day meal and during individual tasks and activities.

We spoke with eight people who used the service, three relatives, five care staff, one kitchen assistant, the cook, deputy manager, care manager, training manager and the provider.

We looked at three people's care records to see if they were up to date. We also looked at three staff recruitment files and other records relating to the management of the service including quality audit records.

Good

Is the service safe?

Our findings

People said they felt safe and were protected from harm. One person said, "It's very safe here." Relatives told us that their family members were looked after safely at the service.

Staff told us they had received training in safeguarding adults and were able to describe how they would respond to allegations or incidents of abuse. They knew the lines of reporting in the organisation. A staff member said, "I can assure you no one here is being abused. If I witness any form of abuse I would report it immediately."

The provider told us that staff had been provided with safeguarding training and their competencies and knowledge on safeguarding were regularly assessed. She said, "Staff practice is regularly observed to make sure they treat people safely and in line with best practice guidance." We saw evidence where potential safeguarding incidents had been identified; these had been raised with the local safeguarding team. We were told by the provider that the outcome of safeguarding investigations was discussed with staff to ensure lessons were learnt and to minimise the risk of recurrence. We saw evidence which demonstrated regular meetings were held with staff to discuss safeguarding issues and to share ideas on how to promote people's safety.

Risk management plans were in place to promote and protect people's safety. Staff told us they were aware of people's risk management plans to promote their safety. A staff member said, "We encourage people to take risks without restricting their freedom." We saw evidence that people's identified risks were monitored on a regular basis. For example, we saw risk assessments relating to falls, moving and handling and pressure ulcers were reviewed on a monthly basis. The provider told us if a person sustained a fall their family member was notified of the incident. In one of the care plans we looked at we saw evidence that a family member had been notified of their relative's fall.

There were plans for responding to emergencies or untoward events. The provider told us the service had an emergency plan, which was called a business continuity plan. She said that all the senior staff were aware of the plan. We saw the plan provided guidance for staff on how to deal with any emergency such as, flooding, severe weather conditions, major fire, loss of electricity or gas leak. If it was found necessary for the premises to be evacuated, arrangements had been made with another care home in the area where people would be taken to.

There was a whistleblowing procedure in place which staff said they were aware of. A staff member said, "If I witness poor care I would report it to one of the seniors. I know that it would be investigated." The provider told us that staff had been provided with whistleblowing training. She said, "Staff are aware that incidents should be reported upwards and immediately." We saw evidence of whistleblowing training provided to staff along with competency assessments.

There were systems in place to ensure the premises and equipment used at the service was appropriately maintained. For example, we saw evidence that the fire panel was regularly serviced; also the passenger lift, gas and electrical equipment. Where areas of the premises were identified as requiring attention, maintenance work was carried out within a timely manner to promote people's safety.

There were sufficient numbers of suitable staff employed to meet people's needs. People and their relatives told us that there were enough staff to meet their needs. A relative said, "They [meaning the service] don't use agency staff." Staff told us there were enough staff with the right skills mix on each shift. A staff member said, "There is always a senior member of staff on duty who knows the residents and can provide us with advice if we are not sure."

The provider told us that each week a staff member was responsible for maintaining the rota. Therefore, if there was any absenteeism it was their responsibility to cover the rota. She also said people's dependency levels were regularly assessed using a specific tool to enable the appropriate numbers of staff to be available on duty. Our observations confirmed that there were sufficient staff members on duty, with appropriate skills to meet the needs of people, based upon their dependency levels. The staff rota we looked at confirmed that the agreed staffing numbers were provided.

We saw evidence that safe recruitment practices were followed. For example, new staff did not commence employment until satisfactory employment checks such as, Disclosure and Barring Service (DBS) certificates and references had been obtained and staff had declared they

Good

Is the service safe?

were physically and mentally fit to undertake their responsibilities. This ensured that staff employed were of good character and suitable to undertake their roles and keep people safe.

People were supported by staff to take their medicines safely. Staff told us they had been trained in the safe handling of medicines and that people received their medicines as prescribed. The provider told us that medicines were administered to people as needed and not used to control their behaviour. We saw evidence that people's anti-psychotic medicines had been recently reviewed by the GP and these had been stopped or the dosages reduced.

We checked the Medication Administration Record (MAR) sheets and found they had been fully completed. Only medicines that were required were held in stock. This minimised the risk of over stocking. People who had been prescribed medication to be administered 'as required' (PRN); there were protocols in place to guide staff when they should be given. We observed the morning medication round and found that medicines were administered in line with best practice guidance. The arrangements in place for the safe storage, management and disposal of medicines were suitable.

Good

Is the service effective?

Our findings

People received care from staff who had the knowledge and skills to carry out their roles and responsibilities. Relatives told us that they felt staff had the appropriate skills and knowledge to care for their family members.

Staff told us they had received the appropriate support and training to perform their roles and meet people's needs. A staff member said, "The training here is good." The provider told us that new staff were required to complete an induction and work alongside an experienced care worker until their practice was assessed as competent and they felt confident to work alone. We saw evidence that new staff were required to work with all the people living at the service during their induction training and their practice was observed. Staff had been provided with training in a variety of subjects that supported them to meet people's individual care needs. These included manual handling, infection control, fire awareness, dementia awareness, health and safety, safeguarding, Mental Capacity Act (2005) and Deprivation of Liberty Safeguarding (DoLS). All new staff were expected to complete a national recognised care certificate training within approximately eight weeks of their probationary period.

Staff told us they received on-going support from the provider and senior management team, as well as bi-monthly supervision and an annual appraisal. They said they found supervision invaluable and used it to identify and address their developmental needs. A staff member commented, "I have learnt so much since working here and find my job so satisfying." The service was a recognised training centre; therefore, all staff were able to acquire a national qualification at level two or three. We saw certificates of achievement in the staff files we examined.

There were arrangements in place to ensure that people's consent to care and support was sought in line with current legislation. Staff told us that they obtained people's consent before assisting them with care and support. They had a good understanding of what was required if a person did not have the capacity to make decisions and described how they supported people to make decisions that were in their best interests in line with current legislation. The provider confirmed that three people living at the service were subject to a Deprivation of Liberty Safeguarding (DoLS) authorisation.

We found that staff dealt with incidents relating to behaviours that challenged appropriately. For example, we saw a staff member dealt with an incident whereby a person living with dementia tried to push over their table several times. The staff member was always nearby and dealt with the situation gently and sensitively.

There were arrangements in place to ensure that 'Do not attempt Cardio Pulmonary Resuscitation' (DNACPR) orders were in line with current guidance. For example, the provider was clear that the GP would need to involve people in any decision made. If a person did not have the capacity, the involvement of a relative would only be considered if they had been granted lasting power of attorney relating to the person's health. We were provided with evidence that demonstrated six people had DNACPR orders in place. In instances where relatives had been made involved with decisions made the appropriate guidance had been followed.

People were supported to eat and drink and to maintain a balanced diet. They told us they were provided with adequate amounts of food and drinks. One person said, "We have a choice of food and there is always plenty to eat." The person also commented that they had a choice of whether to have a cooked breakfast daily or cereals with toast.

The cook expressed a clear knowledge of people's individual dietary preferences and maintained a record which was updated on a regular basis. She said, "I regularly chat with residents about their choices and favourite foods and check what is being eaten or not." She also told us if a person did not like the meals on offer, an alternative would be provided. Care staff told us that people had the choice to eat in the dining room or in their bedroom. We were told that not everyone wished to have their main meal at lunch time. Some people chose to have a light lunch and their main meal in the evening.

We observed the lunch time activity. We saw that pureed meals were kept separate and consisted of fresh vegetables. The meals were served attractively to stimulate appetite and smelt good. The menu was displayed on a board within the communal lounge to remind people of what was on offer. There was a variety of drinks available. Staff provided assistance to people in a dignified manner.

Good

Is the service effective?

We saw evidence that people who were at risk of losing weight their food and fluid intake was closely monitored. Staff were able to access the services of the dietician or the speech and language therapist for advice and support.

People were supported to maintain good health and to access healthcare services when required. One person said, "The GP visits us if we are not well." Staff told us that the chiropodist and the optician visited the service on a regular basis. We were also told that the service received good support from the High Impact Team. This is a team of nurses who provide specialist support and advice to care homes in the area. A staff member was able to describe the support that was given by the HIT team to one of the people living at the service. She said, "The support and attention was excellent."

We saw evidence that people's health care needs were closely monitored by staff. For example, if a person developed a chest or urinary infection a short term care plan was put in place and their condition was closely monitored. All the people living at the service had their blood pressure monitored on a monthly basis. The service received support from the community district nurses. People had access to specialist treatments. Hospital appointments were made via the GP if required and people would be accompanied by staff or family members.

Good

Is the service caring?

Our findings

Positive and caring relationships were developed with people who used the service. People and relatives told us they were happy with the care and support provided. A common statement throughout was, "The staff are kind and helpful." A relative said, "The staff treat everyone with kindness and respect. I have observed extreme patience and kindness in very difficult situations." We observed that staff spent time interacting with people and addressed them by their names. When communicating with people they got down to their level and gave eye contact. They also took time to ensure that people understood what was happening. We saw staff provided people with reassurance by touching, holding hands and hugging where appropriate. This showed they were aware of people's emotional needs.

We saw that people were supported with care and compassion. For example, we observed one person living with dementia being encouraged by a staff member during the breakfast activity to drink. The staff member responded to the person in a kind, calming and reassuring manner and said, "I know you like apple juice."

People had differing levels of needs, and we observed that staff offered varying levels of support to each person, depending upon their assessed needs. People moved around the service and it was evident that they had the opportunity to choose where they wanted to be. Staff provided gently support and at a level that was acceptable to them. Care and support was based on individual preferences and it was evident through our observations, that staff were caring and knowledgeable about each person and how each person liked to be supported.

During our inspection we saw that both people and staff went to the provider to ask for help and advice. People were listened to and the provider demonstrated that they treated people with respect and understood their individual needs and preferences. We sat in on a staff handover and found that staff spoke about people in a caring manner.

People were supported to express their views and be involved in making decisions about their care and support. Relatives told us they had been involved in making decisions about their family member's care. A relative said, "Staff will always speak with me or ring me at home if there is anything they wish to discuss about my family member's care. They keep me informed." Staff told us they involved people and their relatives in planning and reviewing their care. We saw that people were given the opportunity and were supported to express their views about their care. For example, we saw staff consulting and involving people with their daily living activities. We saw evidence that staff provided one to one time with people and obtained information which was used to improve the quality of the care provided.

The provider told us that there was no one using the services of an advocate on the day of our inspection; however, people had been supported in the past to access the services of an advocate. There was information available on how to access the services of an advocate if one was required.

People's privacy and dignity were promoted. One person told us, "Staff always knock on my bedroom door before they come in." People told us the way in which staff communicated with them, made them feel at ease and respected. Staff were able to describe how they ensured people's privacy and dignity was respected. A staff member said, "We always knock on people's bedroom doors and wait for a response before entering. A second staff member commented, "We make sure people are not exposed when providing personal care." We found that people's bedrooms were single occupancy which meant that their privacy was promoted. The service had policies in place for staff to access, regarding respecting people and treating them with dignity.

The provider told us where possible people were encouraged to maintain their independence. For example, if a person had mobility problems, they would be provided with a wheelchair, as well as encouraged to walk short distances to maintain their independence. When assisting people with personal care staff would provide them with the option to wash some areas such as their hands and face.

There were no restrictions on visiting. A relative said, "We are free to visit at any time. It's just like home from home." The provider told us that people's visitors were able to have a meal with them if they wished to and drinks and refreshments were readily available.

Good

Is the service responsive?

Our findings

People received personalised care that met their needs. Relatives said they had been involved in how their family members' care was assessed, planned and delivered. Staff told us that people's care plans were developed around them as an individual and their histories and preferences were taken into account.

The provider told us that before anyone was admitted to the service their needs were assessed and the information obtained from the assessment was used to develop the care plan. We saw in the files we looked at that assessments had been undertaken. The care plans were personalised and contained information on people's needs, likes and dislikes and how they wished to be supported. People had information written about them that was called 'This is me' and 'Getting to know you.' Giving people choices and promoting their independence were essential factors in how people's care was delivered. We saw evidence that the care plans were reviewed monthly or as and when people's needs changed.

Staff told us that people took part in activities or past-times that were important to them and these were linked into things they enjoyed before they came to live at the service. For example, people's social and psychological needs were catered for. Some people were taken swimming and to luncheon clubs and pubs of their choice. One particular person enjoyed flower arrangements and house hold chores such as setting the tables for lunch and this was accommodated. Other activities such as pet as therapy, board games, quizzes, reminiscence sessions, arm chair exercises and music to movement were provided. Entertainment by outside entertainers was regularly sourced. We saw pictures displayed from the various outings and parties that had taken place. On the day of the inspection the hairdresser was visiting. We observed a word game activity had taken place which people said they enjoyed.

We found that people were encouraged to bring in personal possessions from home, including furniture, treasured possessions, ornaments and photographs to make their rooms more personalised.

People were encouraged to raise concerns or complaints. People and their relatives said that they felt able to raise issues. They were confident that concerns were dealt with appropriately and in a timely manner. The provider told us that people had access to the complaints policy. She said, "Complaints are used to improve on the quality of the care provided."

We saw that people had been given a copy of the service's complaints procedure which was displayed in their bedrooms. We looked at the complaints record and found that complaints made had been investigated appropriately and in the agreed timescales.

Good

Is the service well-led?

Our findings

There was a positive open and inclusive culture at the service. Staff said that the provider operated an open door policy and was open and transparent. A staff member said, "She is supportive, approachable, inspiring and get things sorted."

Staff told us that regular meetings were held and they were able to question practice. They were clear about the process to follow if they had any concerns about the care provided and knew about the whistleblowing process. Staff said that they would have no hesitation to use it if the need arose.

The service had processes in place to encourage communication with people and their relatives. For example, regular meetings were held with people and their relatives. They were provided with a quarterly newsletter with information on events taking place at the service and staff achievements. The recent newsletter provided information on the improvements that would be introduced as a result of the service taking part in a special project to improve the experiences of people living with dementia. Relatives had been also asked for pertinent information to assist staff with putting memory boxes together.

The service had a system in place to ensure when mistakes occurred there was honesty and transparency. A senior staff member explained when errors occurred they were dealt with appropriately by the provider. For example, senior staff members had delegated areas of responsibilities to ensure the smooth running of the service and if these were not undertaken appropriately they would be held to account.

Staff said that they received constructive feedback from the management team during supervision. The provider was complimentary about the staff team and said they made sure people received a quality service.

There was good management and leadership at the service. Staff told us that the management team was always visible at the service and this inspired them to provide a quality service. A staff member said, "The provider supports us to tackle difficult situations. When she is off duty we can contact her for advice." During our inspection we observed the provider interacting with people who used the service and staff in a positive manner.

The provider was meeting their registration requirements. For example, the service had a registered manager in post. Statutory notifications were submitted by the provider. This is information relating to events at the service that the provider was required to inform us about by law.

Staff told us they were happy in their roles and worked hard to ensure that people received the care they needed. We asked staff about the 'Mum's Test' and they all told us that they would have no concerns in placing people in the service as they believed in the care that they provided.

A staff member said, "If my parents needed residential care, I wouldn't hesitate to put them here." Our observations throughout the day demonstrated that staff provided the people who used the service with care and attention.

Quality assurance systems were in place at the service. The provider told us that the service had a system of audits and reviews which were used to obtain feedback, monitor performance and manage risks. These included areas such as medicines, infection control and care plans. Where areas for improvement had been identified we saw there were action plans in place to address the issues requiring attention.