Mr & Mrs C Bennett

Park House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service:

Park House is a care home without nursing and is registered to provide accommodation and support for a maximum of 21 people. At the time of the inspection there were 19 people living at the service. People living at Park House were older people, the majority living with dementia or mental health needs.
The service is a detached period building set close to Cary Park and St Marychurch, Torquay, with local shops and sea frontage. The service has a passenger lift to access most, but not all first-floor rooms.
People's experience of using this service:

People told us Park House was a good place to live. We saw some good practice during the inspection, when people were supported well. However, we also identified some instances where staff had not supported people in line with best practice or respected their privacy and dignity. We saw some examples of poor communication with people living with dementia, and instances where staff failed to engage with people to enhance their wellbeing.

There was established leadership at the service. Quality assurance systems were in place to assess, monitor and improve the quality and safety of the service provided. However systems had not been effective in ensuring people were treated with dignity and respect at all times.

The service was an older detatched property, set on a level site and with attractive grounds. However, there was little environmental adaptation in line with good practice to support the needs of people living with dementia, and people did not have independent access to secure outside space.

Risks to people from living with long term health conditions were assessed, along with other risks such as from falls, choking, poor nutrition or pressure ulcers, and actions taken to mitigate risks where possible. The service learned from incidents to prevent a re-occurrence.

Care plans were based on up to date assessments of people's needs. They contained details about people's wishes and guided staff on how the person's care should be delivered. We saw people's care plans were being followed in practice.

People received their medicines as prescribed, and staff competency was assessed before they administered medicines to people.

Systems were in place to safeguard people from abuse, and the service responded to any concerns or complaints about people's wellbeing. People's rights were being respected. Where people were not able to make choices themselves, we saw decisions had been made and recorded in people's best interests.

There was a recruitment process in place that checked potential staff were safe to work with people who

may be vulnerable. Enough staff were in place to meet people's needs, and staff received the training and support they needed to carry out their role.

People had opportunities to engage with the local community, and the service was developing more creative activities and events for people to engage with. People told us they ate well, and following recent changes to menus and snacks provided people were all putting on weight.

We have recommended the service adopts a recognised pain assessment tool for people unable to discuss any pain verbally, and body maps to record where long-term pain-relieving patches are placed. We have also made a recommendation the service seek and implement best practice guidance in environmental adfaptation for people living with dementia.

More information is in the full report

We identified a breach of the Health and Social Care Act (Regulated Activities) Regulations 2014 relating to treating people with dignity and respect. Details of action we have asked the provider to take can be found at the end of the report.

Rating at last inspection: This service was last inspected on 17 and 18 October 2016, when it was rated as good in all areas and as an overall rating.

Why we inspected: This inspection was scheduled for follow up based on the last report rating.

Follow up: We will continue to monitor the intelligence we receive about the service. If any concerning information is received, 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? The service remained safe.	**Good**
Is the service effective? The service remained effective.	**Good**
Is the service caring? The service was not always caring.	**Requires Improvement**
Is the service responsive? The service remained responsive.	**Good**
Is the service well-led? The service was not always caring.	**Requires Improvement**

Park House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection team consisted of one adult social care 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, in this case, dementia services.

Service and service type: Park House is a care home without nursing. People in care homes receive accommodation and personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager, registered with CQC. This means that they and the provider will be legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
This inspection was unannounced and started at 06:45am. This was because we wanted to meet the night staff and observe the morning handover between staff shifts to see how duties were allocated for the day.

What we did:
Prior to the inspection we reviewed the information we held about the service and the notifications we had received. A notification is information about important events, which the service is required by law to send us. The registered manager had completed a provider information return or PIR. This form asked the registered manager to give us some key information about the service, what the service did well and improvements they planned to make.

During the inspection we spoke with 17 people living at the service, two visiting health or mental health care

professionals, the registered manager, deputy manager, a cleaner and five care staff. Some people who lived in Park House were less able to talk with us about their experience of living at the home, because they were living with dementia. We spent two periods of time throughout the day conducting a short observational framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not tell us verbally about their life at Park House.

We looked at the care records for four people in detail and sampled other records, such as those for medicines administration, audits and the management of risks. We looked at two staff recruitment files, sampled policies and procedures in use, and reviewed complaints, concerns and notifications sent to us about the service.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- People felt safe and some understood how to raise any concerns over their safety. Other people were living with dementia and were not always able to raise concerns directly. Care plans contained information about people's behaviours when they were unhappy about something. Staff understood how to interpret people's behaviours, and we saw a staff member intercepting a potential incident confidently.
- Staff and the registered manager were aware of their responsibilities to protect people and to report concerns over people's safety and wellbeing. Staff said they understood how to raise concerns and would feel confident in reporting concerns to the registered manager or deputy. Policies were in place to guide staff on actions to take.
- We reviewed safeguarding alerts that had been made since the last inspection, which had been reported appropriately and the majority resolved.
- Recruitment practices were thorough and included pre-employment checks from the Disclosure and Barring Service (police), undertaken before new staff started work.
- There were enough staff to ensure people had access to the care that met their needs and protected them from risks. Additional staff could be provided to support people with behaviours that put themselves or others at risk, or at times of ill health.

Assessing risk, safety monitoring and management

- On the inspection we identified a fire extinguisher that was out of date, which had been missed on the most recent fire risk assessment. The registered manager took immediate action to ensure this was replaced by a new extinguisher the following day.
- People were protected from risks associated with their care needs. On the inspection we identified people living with long-term health conditions such as diabetes had clear care plans on how risks associated with these conditions were being mitigated. These guided staff on what actions were needed to keep people safe.
- Other risk assessments were in place, to help identify people at risk from pressure damage, falls and poor nutrition. Guidance had been provided from the Speech and Language Therapy service (SALT) to support people with swallowing difficulties.
- Where people were living with dementia or behaviours that presented risks to themselves or others the registered manager had sought appropriate support from community mental health professionals to help reduce any risks. Specialist advice was identified in people's care plans, along with guidance on how to support people at times of distress or agitation..
- Systems were in place to check equipment including bed rails, pressure mattresses and wheelchairs to ensure they were safe, clean and hygienic. During the inspection some toiletries were removed from communal bathrooms as they could have presented risks to people.

Using medicines safely

•□We identified the service was not using a specialised pain assessment tool for people unable to communicate any pain verbally, and also body maps to record where long term pain relief patches were placed.

We recommend the service uses a recognised pain assessment tool for people unable to discuss any pain verbally, and body maps to record where long-term pain-relieving patches are placed.

•□Medicines were stored and disposed of safely, and people received their medicines as prescribed. The service had been working with the local Care Trust Quality Improvement nurse on making changes to ensure all medicines were given and stored in line with best practice.

•□Systems were in place to audit medicines, and staff competency was assessed prior to them working with medicines. Records for medicines administration were completed well. Clear protocols were in place to guide staff on the administration of 'as required' medicines.

•□Where people wanted to administer their own medicines, this was risk assessed. People received their medicines when they needed them.

Preventing and controlling infection

•□Good infection control practice was in place, and the service did not have any significant malodour. However, we did identify a bath hoist that had areas of built up dirt which could have led to an infection risk. This was addressed immediately by the housekeeping team.

•□Staff had access to personal protective equipment such as aprons and gloves to stop the spread of any potential infection and had received training in managing infections. Laundry areas and housekeeping services had good systems in place to manage any potential infection risks, but the laundry contained items being stored which meant this area could not easily be kept clean. The registered manager agreed to resolve this.

•□The service had no identified specific infection risks and appropriate arrangements were in place for the management of clinical waste.

•□Following a recent infection control audit the service had replaced several beds and mattresses. Some wooden furniture was to be re-varnished.

Learning lessons when things go wrong

•□Where incidents had occurred, action had been taken to minimise the risks of reoccurrence. The manager audited incidents and accidents to ensure changes could be implemented to reduce risks and to identify any trends. For example, the registered manager had acted to provide post falls checklists to ensure people received the right level of support after a fall. This was in response to an incident when staff had not provided appropriate support following a fall.

Good

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

People's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs
•□Park House is an older adapted building set over two floors, with a passenger lift accessing some areas. The lift was due to be out of action for repairs and maintenance in the coming weeks and the service were making plans to reduce potential disruption.
•□Whilst not everyone living at the service was living with dementia, there was little evidence of adaptation of the premises to meet the needs of people living with dementia. The registered manager told us there had previously been more signs to help people orientate themselves, but people had taken them down.
•□The service had changed some flooring since the last inspection to make this easier to keep clean, which was positive. However other areas were either very bare or had highly detailed patterns which is known to cause difficulties for people living with dementia.
•□The service had a large and enclosed garden, but this was not independently accessible to people living at the home.
We recommend the provider seeks and implements best practice guidance on good practice in the design of dementia supportive environments.
•□Adapted bathrooms, shower rooms and toilet facilities were provided to meet people's needs

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

•□Assessments of people's needs were carried out before they came to live at the service. These were then regularly updated and used as a guide for the person's plan of care.
•□People's needs were regularly reviewed and where changes had occurred their care plans were updated.
•□ People or their relatives had been involved in their care planning and reviews where this was possible.
Most people's care files contained significant information about people's life history prior to moving to the home. A staff member told us about one person, their life and family. This information helps staff understand the person in the context of the life they have lived.
•□Care plans were person centred, detailed and in line with good practice. Plans included people's strengths and positive personal qualities, as well as areas of support needed.

Staff support: Induction, training, skills and experience.

•□The service had a training programme in place to ensure staff had the necessary skills to meet people's individual needs. This included induction training and support. Newly appointed staff were expected to complete the Care Certificate if they did not have experience. The Care Certificate is a nationally recognised course in Induction for care workers. Staff all told us they received the training they needed to carry out their

role. Recent training had included first aid and infection control.
•□Staff had the opportunity to discuss their training and development needs at regular supervision and appraisals carried out by the registered manager. Staff told us if they had concerns at any time they could speak with the deputy or registered manager for support.
•□The service had recently promoted a staff member to deputy manager, to support the registered manager in their role.

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

•□People told us "food very good -no grumbles on that score" and "there is a good range of food." We saw people eating their evening meal. Most people ate well, and where people had not eaten much they were offered alternatives, which they enjoyed. All food and drink eaten by people was recorded and reviewed to ensure people ate a balanced diet.
•□ Where advised by the speech and language therapy team specialist dietary textures were provided to assist people with swallowing difficulties. Where people were at risk of malnutrition people had been prescribed supplements. The service had daily deliveries of fresh fruit and vegetables. The registered manager told us the chef had ways of adding extra vegetables to meals to increase their nutritional quality. People were putting on weight as a result.
•□The registered manager told us about a recent 'nutrition week' they had held. The service had tried providing a different variety of tastes for people, such as coconut water and 'Smoothie Saturday'. People had selected which fresh fruits they wanted in their own personal smoothie. The registered manager told us they had several new menu ideas as a result.

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. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
•□We found the service was acting within the principles of the MCA and appropriate recording of whether people had capacity to make decisions and power of attorney details was in place. Where applications for Deprivation of Liberty Authorisations had been authorised, we saw the conditions on authorisations had been complied with.
•□People were asked for their consent for care. Where people lacked capacity to consent, for example to admission to the home, we saw best interest decisions had been made and recorded in conjunction with people authorised to make decisions on their behalf where appropriate.

Requires Improvement

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

People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

Respecting and promoting people's privacy, dignity and independence

- We found people's privacy and dignity were not always respected. Personal care was delivered in private. However, a new handover system had been introduced, where staff toured the home discussing people's needs at each main handover. We saw one person's care needs were discussed openly in the lounge, in front of the person and other people. Senior staff told us they were aware this was an issue and would be raising this with the staff concerned.
- People's independence was not always encouraged. One person told us they were not always able to choose their own clothes for the day. They told us they had "no choice of what I wear – they just seem to put something out for me."
- These incidents were discussed with the registered manager who told us she would be speaking with the staff involved.
- Staff said people were encouraged to be involved in domestic tasks if they wished, for example washing up or dusting. We did not see this happening on the inspection.
- People all received drinks in plastic beakers. We discussed this with the registered manager who told us they would try to find safe drinking vessels that looked more like glass, which were more suitable for adults to use.

Ensuring people are well treated and supported

- Staff told us "People are treated as human beings. This is their home." However, we saw people were not always well treated or listend to. For example, we saw one person tell a member of staff that their food was cold. The staff member didn't take any notice. When the chef came into the room, the person asked the chef whether the food was supposed to be cold – the chef went and immediately warmed it up for them in the microwave.
- We observed a member of staff who was supposed to be supporting people in the lounge. They spent much of their time completing written reports, and only interacted with people occasionally.
- We saw minutes of a staff training meeting where the registered manager had cause to speak with staff about actions that had been carried out with people 'not in a caring way'. Although some of the staff were no longer working at the home this showed us the registered manager was aware of the issues and trying to make improvements.
- A large clock, and board with day and date were being purchased to replace one that had broken.

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

•□Staff communication with people living with dementia was not always in line with best practice. We saw an incident where a staff member supported a person in distress very well, offering them comfort and distraction. However, we also saw examples of where communication was poor. A staff member gave a person too much information at one time, and then became frustrated when the person could not make a quick decision. We saw staff telling a person to 'elevate their legs' and pulling them up onto a footrest, rather than supporting the person to do so gently. These episodes told us staff did not always understand how best to communicate with people living with dementia. We discussed this with the registered manager, who told us they were working with staff to make improvements.

The failure to treat people with dignity and respect at all times is a breach of Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014:

•□People told us that Park House was an "alright home, no problems, … they will do anything for you if you ask them" and "I like it here. the food's good, staff very good they attend to all my needs. "
•□Care plans included information about people's personal, cultural and religious beliefs. One person told us they wanted to have communion, and we shared this with the registered manager who told us they would organise this for them.
•□The registered manager told us the service respected people's diversity and was open to people of all faiths and belief systems or none. Statements were in people's care plans on the service's expectations about anti discriminatory practice.

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

•□People received care and support in a way that was responsive to their needs, Care plans contained detail about how people wanted their care to be delivered, and their personal wishes regarding their support where this was known. For example, we saw in one person's care plan the person "always wore a full suit when (person) was younger, but is happy wearing a jumper, shirt and tie. When assisting (person) with dressing care should always ensure (person's name) is dressed in a reflection of this." We saw the person was smartly dressed as their care plan had indicated.
•□Plans were regularly updated and supplemented by daily records.
•□Staff could describe for us what support people needed and how they met this.
•□All providers of NHS and publicly funded adult social care must follow the Accessible Information Standard. The Accessible Information Standard applies to people who have information or communication needs relating to a disability, impairment or sensory loss. We looked at how the service shared information with people to support their rights and help them with decisions and choices. The registered manager told us they could provide information to people in larger fonts if needed.
•□The registered manager told us the service had visiting entertainment four days a week, varying from singing and musical entertainers and a harpist, to a visiting animal service. The service also had provided several themed days in recent weeks, for example for St Patricks day, and an Epilepsy awareness day. A birthday party was held for each person and for the registered manager. Some people enjoyed trips out shopping, and one person regularly went out to visit relatives and go to church. During a recent football tournament people had cocktails linked to the countries playing that day. The registered manager was open to people's suggestions over activities they would enjoy, and care plans recorded people's hobbies and interests.

Improving care quality in response to complaints or concerns

•□People said they would feel able to raise concerns if they needed to. The service had a complaints policy and procedure available.
•□Records were kept of investigations and outcomes in response to concerns or complaints.

End of life care and support

•□People's care wishes at the end of their lives were recorded in their care files where these were known. This covered the person's wishes where known in case of a sudden deterioration in their health. This included their known wishes regarding resuscitation or medical treatment to prolong their life.

• No-one at the service was at the end of their life.

Requires Improvement

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff were clear about their roles, and understanding quality performance.

- On the inspection we identified concerns about poor staff communication, and failing to treat people with dignity and respect. This had amounted to a breach of legislation. The registered manager was aware of the concerns and was working towards supporting staff to make changes to their practice. However strategies had not led to sufficient change to ensure people were treated kindly and respectfully at all times.
- Systems were in place to assess and improve the quality and safety of services. There were systems in place to audit and analyse for example, care plans, incidents and accidents, medicines, and health and safety checklists.
- Audits were up to date and where actions were identified we saw these had been carried out or were on the services action plan. Daily and weekly checks were made of the environment, and on the day of the inspection we saw action was taken to replace an automatic door closure that had broken.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager told us they focussed on providing a" high quality and person-centred service for people." They had worked at the home for over 16 years and the service had recently appointed a deputy manager to support them in their role..
- The registered manager helped celebrate successes and recognise positive achievements. One person who had recently been at the service had been supported to return home, which was a boost to the staff team.
- The service was working with the local authority quality improvement team to achieve a clear plan for improving the culture of the service, practice issues and physical changes to the environment. The registered manager told us they were to some extent dependent on the provider to sanction some developments. The provider and the registered manager had regular meetings to discuss the service, and improvements to be made, such as the replacement of beds and flooring.
- The service informed relatives of any concerns if an accident or incident had happened and fulfilled their duty of candour. Notifications of certain events had been sent to the Care Quality Commission as required by legislation. The registered manager told us they worked in an open and transparent way with other services and relatives.
- Staff said they felt supported by the management and had an input into the service. Staff said it was a

nice place to work, and that they would be happy for a member of their family to be cared for at the service. One told us communication between higher management and staff was good and had improved recently. Another said "we all work well as a team. It's a nice place to work now."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

• The manager sought views about the service from people and staff through a series of questionnaires. These were then used to compile overall results which were shared with people to show what changes were being made as a result.
• Regular staff meetings took place to ensure information was shared and expected standards were clear.

Continuous learning and improving care
• The registered manager could demonstrate they were continually working towards improvements. The registered manager attended local manager's meetings, used the internet and the CQC website to learn more about positive developments in care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect The registered persons had not ensured people were treated with dignity and respect at all times.