

Mr Paul and Mrs Gloria Crabtree

Park House Residential Home

Inspection report

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Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service effective?	Inspected but not rated
Is the service caring?	Inspected but not rated
Is the service responsive?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

About the service

Park House Residential Home is a residential care home providing personal care to up to 20 people. There were 15 people living in the home at the time of our inspection visit. The home is a converted old hall with one room in an annex.

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

There was a process for recording concerns and complaints, and this was followed. There had been one complaint since our last inspection, which had been resolved appropriately, however relatives had not received any information about how to complain.

We have made a recommendation about complaints information.

People told us they felt safe. Systems were in place to safeguard people from abuse. Staff had received safeguarding training. Risk assessments were in place for each aspect of people's care and support needs. These were reviewed on a monthly basis, and people had signed these to show their involvement.

Good systems were in place to ensure medicines were administered safely. Weekly checks and audits took place. Staff had the competency to administer medicines checked regularly and were observed to ensure their practice was safe. People chose how to receive their medicines when they were able to do so.

People's needs and choices were assessed and their care and support was provided according to their preferences. Care plans contained detailed person-centred information about how to support people according to their likes and dislikes, and communication needs.

Staff had received training and their skills and competencies were checked regularly during direct observations.

People had consented to their care, and individual aspects of consent had been checked and recorded. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported with dignity and respect. Their privacy and independence were encouraged and promoted.

There was a governance structure in place and regular audits about all aspects of the service took place. Performance and risk were measured and managed.

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

Rating at last inspection (and update)

The last rating for this service was inadequate (published 31 January 2020). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this targeted inspection to check whether the Warning Notice we previously served in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. The overall rating for the service has not changed following this targeted inspection and remains Inadequate.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

Follow up

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.

Special Measures

The overall rating for this service is 'Inadequate' and the service therefore remains in 'special measures'. This means we will keep the service under review. We will re-inspect within 6 months to check for significant improvements.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection we rated this key question inadequate. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service effective?

At our last inspection we rated this key question inadequate. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service caring?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service responsive?

At our last inspection we rated this key question inadequate. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question inadequate. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Park House Residential Home

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 17, Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and for breaches found at the last inspection.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two inspectors visited the service and one inspector spoke to staff on the telephone. An expert by experience spoke to relatives on the telephone. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Park House Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we wanted to discuss the information we needed with the registered manager.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return. This is information we require providers to send us to give some information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and eight relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, deputy manager, senior care workers, and care workers.

We reviewed a range of records. This included five people's care records and medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training matrix and quality assurance records.

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 inadequate. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the requirement notices we previously issued. We will assess all of the key question at the next comprehensive inspection of the service.

Using medicines safely

At our last inspection the provider had failed to ensure the proper and safe management of medicines. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- Medicines were administered safely. Medicines systems were organised and people were receiving their medicines when they should.
- Staff administering medicines were trained and received regular training updates. Staff administering medicines had their competency checked regularly.
- The medicines administration record (MAR) contained all the necessary information for the safe administration of people's medicines. Staff followed best practice guidance.
- One person did not have a protocol to support staff in their administration of their 'as and when required' medicine. We brought this to the attention of the registered manager who confirmed this had been completed immediately following the inspection.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had not always referred safeguarding concerns to the appropriate bodies. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 13.

- People were supported to understand how to keep safe and raise concerns. One person said, "Even though I'm older than them [staff] I could go to them if I wanted to talk."
- Staff knew how to recognise abuse and protect people from the risk of abuse. Staff were confident any concerns reported would be acted on.
- Staff comments included: "(I) feel people are very safe here", "People are safe, people are well cared for", and, "People are very safe and well looked after".
- Relative comments included: "I do think they keep a good eye on her", "Mum is safe there", and "She is

being well looked after".

Assessing risk, safety monitoring and management

At our last inspection the provider did not have effective systems in place to manage risk effectively. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- Risks to people's safety were assessed and action taken to mitigate those risks. Records showed how staff considered the least restrictive option when doing so.
- The registered manager completed a pre-admission assessment which identified and recorded key areas of managing risks to people's safety. This was used to inform care plans, which recorded how to care for people safely.
- Risks were reviewed regularly to ensure people were supported to have as much control and independence as possible. People were involved in their risk assessments.
- External contractors undertook regular servicing of the premises and equipment. Internal checks also took place to ensure the environment was safe.
- A relative told us staff had identified a risk due to decreased mobility of their relative. They told us, "I think it is good that they have spotted this potential problem."

Staffing and recruitment

At our last inspection the provider failed to have effective recruitment systems and processes. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 19.

- People and relatives' feedback about staffing levels was mixed, however our observations found people were supported in an unhurried manner.
- The registered manager explained how staffing levels were assessed against people's needs and these were reviewed every month.
- Staff told us staffing levels were appropriate. Comments included, "Staffing numbers (are) good now. Enough to meet [people's] needs", and, "Really well staffed, (I) feel people (are) very well looked after. (We) pull together as a team".
- Pre-employment recruitment checks took place.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

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 inadequate. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the requirement notices we previously issued. We will assess all of the key question at the next comprehensive inspection of the service.

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

At our last inspection people did not always receive person-centred care which met their needs and preferences. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 9.

- Care plans contained detailed information about people's care and support needs. People and their relatives were actively involved in these. Comments from relatives included: "I am involved in Mum's care plan. We discuss what is best for her and review it every so often", "I am involved in her care plan", and, "They discuss things with her".
- Assessments included people's choices about things such as furniture, diet, and hygiene preferences, as well as whether people wanted a key for their room.
- Staff told us how people were asked about any changes needed to their choices of care. A staff member said, "Everything we do people should be in charge and [we] look at it from their point of view." Another staff member commented, "People come first."

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.

At our last inspection the provider was not working in compliance with the MCA. This was a breach of

Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 11.

- Requirements for DoLS were followed. Applications under DoLS had been made, and where conditions were applied these were included in care plans to ensure people were supported in the least restrictive way possible.
- Consent to all aspects of care was asked, and records showed these were reviewed regularly and signed by people.
- Staff were aware of the MCA and could describe how they supported people to have maximum choice and control of their lives, however five staff had not received recent training on this aspect of care. The registered manager was aware and explained how some training had been postponed during the pandemic but had made plans to ensure this was completed.
- A relative told us, "I am not involved in Mum's care plan, she is in a position to make her own decisions."

Staff support: induction, training, skills and experience

At our last inspection staff did not have access to the right support, training, supervision and appraisal as is necessary for their role. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- People were supported by staff who were trained, however the registered manager told us some training had not taken place during the initial stages of the recent Covid pandemic but this had now started again.
- Staff told us they received a mixture of online and face to face training. A staff member said, "Training (is) much better, the registered manager trained staff in how to write care plans, (we) learnt lots about how to do things the right way".
- The registered manager explained how they ensure new staff are supported by experienced staff.

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 requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the requirement notice we previously issued. We will assess all of the key question at the next comprehensive inspection of the service.

Respecting and promoting people's privacy, dignity and independence

- A person said, "We're well looked after here, lovely food, the [staff] are friendly, all very good."
- Relatives' comments included, "Staff are very kind", "They [staff] try to get Mum to do things for herself", and, "Mum likes to be independent and they [staff] let her do as much as she can for herself". Another relative said, "Whenever I see Mum she always looked clean and tidy, that is important to her."
- Staff told us how they treat people with respect and described some of the things they do to promote this, such as knocking before entering their rooms, asking people's permission to deliver care, and explaining how confidentiality is protected by keeping documents locked away and phone calls private.

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 inadequate. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the requirement notice we previously issued. We will assess all of the key question at the next comprehensive inspection of the service.

Improving care quality in response to complaints or concerns

At our last inspection the provider did not have an effective system for dealing with complaints. This was a breach of Regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 16.

- A system for managing complaints was in place. Complaints were recorded and investigated, actions taken and outcomes recorded. The complaints procedure was on display in the home and staff were aware of this. There had been one complaint since the last inspection.
- Relatives told us they had not received any information about how to complain, however relatives confirmed they knew who the manager was and would feel able to complain. Comments included, "I haven't received any information on how to complain but I would speak to the Manager if I needed to talk about anything", "I can't recall receiving any information on complaints but I would always speak to the Manager, no hesitation", and, "I haven't been given any information about complaints but I would speak to [registered manager] if I needed to".

We recommend the provider provides clear information to people and relatives about how to complain.

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

At our last inspection people did not always receive person-centred care which met their needs and preferences. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 9.

- Care and support plans were personalised and detailed about how people should be supported with each task.
- Relatives' comments included, "We have discussed Mum's likes and dislikes and staff are fully aware", "They know her moods and talk to her accordingly", "As long as Mum can have her routine she is fine", and,

"It is her choice, just the way she wants".

- Staff were knowledgeable about people's likes and dislikes. Staff used this knowledge to support people in a personalised way. A staff member said, "(We make sure) people feel themselves in charge."
- Staff described the various ways in which people had been supported to keep in contact with relatives, and how people were supported in various activities. A person confirmed, "I like reading, we have different things for different people we don't all like the same things."

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 inadequate. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served and requirement notices we issued. We will assess all of the key question at the next comprehensive inspection of the service.

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

At our last inspection legal requirements were not met and management oversight was not evident over key aspects of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

At our last inspection the provider was not submitting the necessary notifications as required by the regulations. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- The registered manager was clear about their responsibilities and those of their staff. Statutory notifications had been completed when necessary.
- Good governance arrangements were in place. The registered manager had good oversight of the home. Audits were completed and used to ensure all aspects of the home were checked and analysed. Themes and trends were considered.
- The registered manager completed a daily walkaround of the home. Required actions were recorded and tracked.
- The provider spoke with the registered manager on a daily basis and visited the home regularly to check files and folders and speak with people. The registered manager was considering providing a regular report to the provider.
- Staff told us about the improvements the registered manager had made at the home. A staff member told us, "Feels very well organised, a lot better home since [registered manager] came." Another staff member said, "Things are better, paper work, care plans (are) all better. More organised now."
- Relatives' comments about how the home was run included: "[Registered manager] does seem to have improved things at the home. There is more information coming from the home and (they) seem to take action if things need sorting", "[Registered manager] hasn't been there very long but (they) seem to be running things well", "[Registered manager] seems very caring and very reassuring. It has obviously been a

difficult time for us and she has reassured us all the way", and, "[Registered manager] is very efficient. We get more phone calls now and it is easy to keep in touch".