Park House Care (UK) Ltd

Park House Home Care Services

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 16 and 17 July 2018 and was announced. This was our first inspection of this service. It was registered on 19 July 2017.

Park House Home Care Services is a domiciliary care agency. It provides personal care to 31 people living in their own houses and flats in the community. It provides a service to older people and younger adults some of whom have a physical disability, sensory impairment or dementia.

Not everyone using Park House Home Care Services receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 supported by staff who had received safeguarding training and knew how to keep people safe from harm or abuse. Risks to people were assessed and managed. The service had a recruitment and selection process that helped reduce the risk of unsuitable staff supporting people. People received their medicines on time and as prescribed. Staff understood the importance of infection prevention and control and wore protective equipment appropriately when supporting people. Learning from accidents and incidents was analysed and shared with the team to reduce the chance of them happening again.

People's needs were assessed with their involvement and, where appropriate, those important to them. People were consulted with about changes to their care plans and reviews. People were supported by staff who had an induction and an ongoing programme of training. Training covered mandatory topics and areas specific to people's needs such as diabetes and end of life care. Staff received regular supervision and checks of their competency. People were encouraged and supported to eat and drink sufficiently. The service understood the important of keeping people healthy by timely contact with health professionals. Where people's health needs changed staff supported people to contact health professionals such as GPs and district nurses.

People were supported by staff who understood the importance of offering choice and support in line with what they needed and wanted. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff asked for people's consent before offering to support them. Where people lacked capacity to make particular decisions they were supported by staff who were trained and worked in line with the principles of the Mental Capacity Act 2005.

The service does need to ensure that only people with the correct legal authority are asked to sign to give consent on behalf of people who are assessed as lacking capacity to make certain decisions. This should include determining whether people's lasting power of attorneys can sign to give consent for decisions about a person's finances and/or health and welfare.

Staff consistently demonstrated a kind and caring approach towards people. People's privacy and dignity was supported at all times. People were supported by staff who were respectful and knew them well. People were encouraged to maintain their independence. One person said, "[The carers] are all very good. They do what I need and I do the rest."

People were supported in line with their assessed needs. Where people's needs changed their package of care was amended to reflect this. People felt the service listened to them and made changes to support their requests. People told us this and we also heard telephone conversations where this happened. People and their relatives knew how to complain and told us they had confidence that any issues would be investigated and resolved to their satisfaction. We saw that complaints had been resolved in line with the service's policy. The service met the requirements of the Accessible Information Standard (AIS). This is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. We saw this detailed in people's care plans and staff meeting people's specific communication needs during our visits to people in their homes.

There was an open and supportive culture at the service. Staff were encouraged to contribute their views and ideas. The staff got on well and told us they enjoyed working for the service. They told us they felt supported and listened to. Staff achievements were recognised and shared with them. Staff were given opportunities and support to achieve qualifications in health and social care to help improve their practice and further their careers. Regular communication via team meetings and weekly staff memos had helped develop and maintain a cohesive team focused on providing a good service and improving. The service sought feedback from people, staff, relatives and health professionals annually. This had been positive. A range of audits were undertaken to help maintain the quality of the service and identify where improvements could be made.

The service had established and maintained good working relationships with other agencies such as district nurses, surgeries and social work teams. This had supported people to remain well in their homes for longer and to support people's successful return home from hospital.

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.

People were protected by staff who had a good understanding of how to safeguard people from abuse or harm.

People had personalised risk assessments.

There were enough staff who went through a recruitment and selection process which meant people were at a reduced risk of being supported by unsuitable staff.

Medicines were managed safely. People received their medicines on time and as prescribed.

Staff were trained in infection prevention and control and made appropriate use of personal protective equipment.

The service recorded and analysed accidents, incidents and near misses and used this information to help prevent them happening again.

Is the service effective?

Good

The service was effective.

People were involved in the assessment of their needs, abilities and preferences.

People were supported by staff who contacted health and social professionals when required to help maintain people's health and well-being.

People were supported by staff who were well trained.

People were supported by staff who understood the principles of the Mental Capacity Act 2005 (MCA 2005) and what this meant for the people they visited.

Is the service caring?

Good

The service was caring.

People were treated with kindness and respect.

People were supported by staff who knew them well.

People's privacy and dignity was respected by staff.

People were encouraged to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

Care plans and support were person-centred. These were regularly reviewed with involvement from people and relevant others.

People knew how to complain and had confidence that issues would be investigated. Complaints were resolved in line with the service's policy.

Staff had received end of life care training and were therefore able to link with other agencies when people, and those important to them, required this support.

Is the service well-led?

Good

The service was well led.

Staff felt happy and supported in their roles.

Staff felt their work was valued and recognised with opportunities to develop their skills and knowledge.

Audits were done to help ensure the quality of the service.

People and those important to them felt consulted and involved.

The service had established and maintained good working relationships with partner agencies such as GP surgeries and social work teams.

Park House Home Care Services

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 16 and 17 July 2018. The first day was unannounced with the second day announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection team included a lead 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. The Expert by Experience spoke with eight people by telephone to get their views of the service they received. The people we contacted had given their permission for us to call and speak with them.

Inspection site visit activity started on 16 July 2018 and ended on 17 July 2018. We visited the office location on 16 July 2018 to see the registered manager and office staff; and to review care records and policies and procedures. On day two the lead inspector carried out general observations and checked care records during four visits to people in their homes. The people we visited had given their permission for this to happen.

We did not ask the provider to send us a Provider Information Return. This is information we require providers to supply at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We collected this information during the inspection. Before the inspection we reviewed information we have about the service including notifications. We also contacted the local authority safeguarding and quality improvement teams for their views on the service.

During the inspection we spoke with a total of 12 people using the service and six relatives. We also spoke with the registered manager, owner, care coordinator, and three care staff.

We looked at five people's care plans. We also looked at records relating to the management of the service including rotas, training, medicine administration records, meeting minutes and the recruitment information for three staff. After the inspection we spoke with a community nurse by phone and received email feedback that we had requested from a social worker.

We pathway tracked three people. Pathway tracking is where we review records and do observations to see if people are supported in line with their assessed needs.

Good

Is the service safe?

Our findings

People were supported by staff who knew how to keep people safe from harm or abuse. Staff told us, with confidence, how they would raise any concerns internally or externally if they felt action was not being taken. People told us that they felt safe. Comments included: "They have never let me down" and, "We always feel safe when the carers are here." Where safeguarding concerns had been raised the service had followed local safeguarding protocols.

General environmental risks to people were assessed such as fire safety and home security. People also had personalised risk assessments to reduce risks associated with things such as their skin integrity, medicines and health conditions such as diabetes. The service had a business contingency plan which included prioritised visits for the most vulnerable people in the event of unforeseen events such as heavy snow or flooding.

There were enough staff to support the number of people they visited. People commented positively about the timeliness of the visits and receipt of their weekly rotas. Staff told us they had enough time to travel safely between visits. Visits by staff were organised into 'runs.' This coordination meant people had regular visit times and were supported by staff who knew them well. People confirmed this with one person telling us, "We get a consistent group of staff so they know us and we know them. We like that about it." Rota planning also enabled the service to respond flexibly to changes in people's needs, staff sickness and holidays.

The service had safe recruitment practices. Checks had taken place to reduce the risk that staff were unsuitable to support vulnerable people. Pre-employment and criminal records checks were undertaken. Records included photo identification, interview records and references which provided evidence of previous conduct.

Medicines were managed safely. People were supported to have their medicines on time and as prescribed. Some people required their medication at specific times due to living with a particular condition. We saw that this happened. Staff checked if people wanted to take the medicines. For example, we heard one person being asked, "Are you happy if we do your meds and eye drops?" Staff also explained what the medicines were for. We looked at people's medicines administration records. These were complete and legible.

Staff were trained in infection prevention and control. They told us they received a good supply of Personal Protective Equipment (PPE) such as disposable gloves and aprons. We saw that they used these appropriately.

The service recorded and analysed accidents and near misses to understand what had happened, identified trends, and helped prevent them happening again. For example, analysis had identified a person had experienced several falls. Staff contacted health professionals and a falls monitor was installed. Staff understood what to do in the event of accidents and near misses. Records showed that learning had been

shared with the team.

Good

Is the service effective?

Our findings

People had an assessment prior to them receiving a service. This captured their needs, abilities and some of their preferences. Two people told us that they wanted a female carer supporting them rather than a male carer. When we raised this with the management this was resolved immediately. The service also told us they would change their pre-assessment form so that people's preferences around care staff were known before visits started. One person said, "[Carer] is terrific. [Carer] does everything meticulously [and is] absolutely brilliant. I can't fault anybody else but [carer] is top of the bill." A relative said, "It's meant all the difference in the world to me them coming in for my [relative]." When we asked another person what difference the staff had made to them, they said, "They keep me alive."

People told us they were involved in decisions about how their care and reviews. Two people said, "Yes I had a review a few weeks ago and I am involved in these decisions" and, "Yes we had [a review] last week and it's done every six months."

The service worked sensitively and creatively to engage with people from different backgrounds and cultures some of whom were initially reluctant to accept support.

People were supported by staff who had an induction. This included shadowing more experienced staff and formal competency checks. Staff only successfully completed their probationary period when they were judged as confident and competent enough to support people in meeting their assessed needs.

Staff did a range of training courses including: dignity in care, understanding the ageing process, and mental health. These were accessed either face to face or online. Staff had undertaken training courses specific to the needs of people they were supporting. People expressed confidence in the skill of the staff supporting them. One person said, "I'm confident they know what they're doing. I'd give them 10 out of 10." Another person said, "They seem to be trained and skilled, especially the older carers." Relatives also praised the skills of the staff when telling us, "Some carers are quite proactive and knowledgeable in areas that have helped my [relative]" and, "I am very confident in the carers."

Staff told us they received regular supervision where they could raise issues freely and were encouraged to think about their professional development and how the service could improve. Records confirmed this.

People were supported with preparing meals and drinks depending on their needs. Staff encouraged people to eat and drink enough particularly given the warm weather at the time of the inspection. Where people's plans advised staff to put drinks within people's reach we saw this was done. People told us that the staff always offered them a choice of food and drink. The records held in their homes also documented that this had happened. Staff had done food hygiene training. This had given them the knowledge and practical skills to reduce the risks of people becoming unwell through food contamination or food allergies.

The service understood the importance and benefits to people of working closely with health professionals and did this to help maintain people's health and well-being. The service worked with hospital staff to

develop care plans that supported people's successful return home from hospital. A social worker told us, 'They have been very good, I have recently had a service user who has returned home after being in residential care since [date]. They have worked really well with this service user and if anything, have gone over and above to ensure [their] return home has gone well.' This professional added, 'They are good at keeping me up to date and co-working.'

People were supported by staff who understood the principles of the Mental Capacity Act 2005 (MCA 2005) and what this meant for the people they visited. The MCA provides the 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 capacity to make particular decisions, any made on their behalf must be in their best interests and least restrictive as possible.

One carer said, "If a person did not have capacity to consent to our support we would involve family, GP or a social worker. We always assume that a person has capacity until we have evidence that they don't." Records showed that staff had been involved in best interests decision meetings.

We looked at signed consent forms for people who lacked capacity to make one-off, complex decisions such as whether they consented to receiving personal care or support with their medicines. Forms were sometimes signed by people without the legal authority to give consent on behalf of the person for example, their next of kin or power of attorney not covering the correct area such as finance or health and welfare. We saw one record where a next of kin had signed to give consent when the person had a power of attorney who should have been asked to sign. We raised this with the registered manager who said they would resolve this. On day two the service sent out letters to each person's power of attorney asking for them to supply evidence of whether they could sign for finance and/or health and welfare decisions. This will help ensure that the correct people make decisions on behalf of people who have been assessed as lacking capacity. Other people such as a person's next of kin can be involved in the decision-making process.

Good

Is the service caring?

Our findings

People were treated with kindness and respect. One person told us, "They are patient when they give me a shower." When we asked people if staff were kind and caring when they supported them, people's responses included: "They are lovely to me", "They are always caring and kind", and "Oh gosh yes."

Staff spoke with people throughout the support they provided. This was important during personal care because people could then make choices, be reassured, and would know what was happening next. A person's friend told us, "The carers and office staff are always kind."

We saw positive relationships between people and the staff supporting them. People and staff were heard sharing stories about current events and family. One relative said, "It's a very happy relationship [with the carers]. We enjoy [name]'s company."

People and their relatives told us that they were able to make decisions and express their views about the care and support they received. One relative said, "Sometimes my [family member] will tell the carer what needs to be done." One person told us, "The carers always know how I like things done."

People's privacy and dignity was respected. Staff knocked and waited until they had permission before entering the person's property. One person's plan advised, '[Staff] to wait for [name] to let them in.' Staff always introduced themselves on arrival so that people were clear who had arrived to support them. Before people were supported with personal care the staff checked the person wanted to be supported and any steps that could be taken to maintain their dignity, for example by covering them with a towel, staying a discreet distance away, or by closing curtains or a door. One person said, "Yes they treat me with respect and dignity especially when I have personal care."

People were supported to do as much for themselves as they could. One person said, "[The carers] are all very good. They do what I need and I do the rest." A relative also confirmed this approach when telling us, "They do try to enable [family member] to do as much for herself daily." One person's plan detailed, '[Name] is mostly independent with all care needs but requires assistance once in the shower. On our visit to this person we heard staff supporting them in line with their care plan.

Good

Is the service responsive?

Our findings

People were supported in line with their assessed care needs. People's care records detailed their needs. We observed staff supporting people in line with what had been recommended. When people's needs changed the support was amended to reflect this. For example, for one person who's mobility had reduced the service had made the visits longer to give them the extra time they needed. It was clear from our observations that staff had established a good rapport with people and their relatives. One person said, "One or two carers are even encouraging my [relative] to do [their] exercises that [they] need to do after [an operation]."

People felt the service listened to them and made changes to support their requests. We heard a telephone conversation with a person who wanted their visit timings altered. Staff made the changes the person required with a positive, helpful attitude. One person we visited said, "I asked for my visits to be changed from 9 to 10 and they did." This flexibility was also confirmed by another person's relative who told us, "When we have appointments they always accommodate us and change the times of the visits."

People knew how to complain and had confidence that issues would be investigated. Complaints were resolved in line with the service's policy. When some people and relatives had fedback that they had not received a copy of the service's complaints policy, replacement copies were immediately posted to them. One relative said, "We have no complaints. We are very satisfied." One person said, "Only once has there been an issue and on that occasion the carer rang me to say they were running late."

The service met the requirements of the Accessible Information Standard (AIS). This is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. People's communication needs were assessed and detailed in their care plans. This documented the person's preferred method of communication, any impairments that could affect communication, and guided staff on the best ways to communicate with them. For example, we saw staff showing a person packets of food so that they could make a more informed choice about what they wanted for their lunch. One person's plan reminded staff that a person was 'very softly spoken.' Another person's plan advised staff that the person found it very difficult to hear if they did not have their hearing aids in. These person-centred plans meant that staff knew the communication methods that were most helpful for each person. In addition, the service offered people a choice of receiving their weekly rota by post or email.

Staff had been trained in providing end of life care and had given support to people and their relatives on these occasions. Relatives had given feedback to the service including, 'Your care for my [relative] and myself during the last weeks of [relative's] life is very much appreciated', 'Best wishes to all the caring staff who helped make my [relative's] last months so much easier. You were all so kind and caring' and, 'Express[ing] my thanks and gratitude for all the care and attention [name] received during [their] last week.'

Good

Is the service well-led?

Our findings

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

There was an open and supportive culture at the service. Staff felt included and encouraged to contribute their views and ideas. The staff team got on well with each other and told us they enjoyed working for the service. One staff member said, "I love it here. I'm passionate about the job and our clients. It's like a big family. We get on well." Another staff member had feedback, 'Everyone I work with are lovely and management are brilliant.'

The registered manager demonstrated a good understanding of their role and responsibilities including when they needed to notify CQC, the local authority safeguarding team or the police of certain events or incidents such as the alleged abuse or death of a person. The registered manager kept their skills and knowledge up to date by linking with a national independent charity which gives guidance on workforce development, following health and social care industry updates, and by meeting with other registered managers to share good practice.

Staff told us that they felt valued and their achievements were recognised. The registered manager used team meetings and weekly memos to feedback positive comments to staff. One weekly memo noted, 'All clients we have seen have spoken very highly of all of you and praised the standard of work from you all so a huge thank you to you all and well done!' Supervision records included comments such as, 'You have worked hard, fitted in with the team and the standard of your care work is outstanding' and, '[Name] exceeds all expectations. [Name] is very organised and always reliable.'

Communication between care staff and the management was good. Staff comments included: "This is the best company I have worked for. You can raise anything with the office and they will always listen", "I feel absolutely supported by the registered manager. When something comes in we work together to sort it" and, "The office always listens. The manager is visible and approachable." One person said, "[The service] really is well managed. Another person expressed a similar view when stating, "It is very professional." Team meetings were well attended and covered a range of topics including updates on people's care needs, training courses and the welcoming of new staff. One staff member said, "The team meetings have a relaxed and friendly atmosphere. They are all about team work."

People, relatives, and staff had the opportunity to feedback through annual surveys. These included questions about staffing, care visits and improvements that could be made. When we asked a person about the surveys they responded, "Undoubtedly we are listened to and involved." People had fedback, '[I'm] very satisfied', 'All very good' and, 'Cheerful staff and discreet.' Relatives advised, ''Very happy with your staff', 'All aspects of [the service] are excellent' and, 'The staff are all lovely – when [name] wasn't well and the doctor was called they stayed with [name] until the doctor arrived. We couldn't ask for more. Thank you all so

much.' Health professionals had expressed, 'Staff on the phone are always bright and cheery. Very helpful and willing to work with a range of individuals. Good communication…'

The service carried out monthly audits which included reviewing people's records, staff files and training. This helped to maintain the quality of the service and identified where improvements could be made. A management audit of records held in people's homes had found that some entries by staff were not legible. This had been discussed with staff at a team meeting and in a weekly memo. Records were legible and identified the support provided and actions taken.

The service had established and maintained good working relationships with district nurses, GPs and social work teams. The service was aware of the role it had, and the partnership working required, to help meet people's diverse and wide-ranging health and social care needs.