

Mr Islamuddeen Duymun

# Parkhaven

## Inspection report

53 Gorse Road  
Blackpool  
Lancashire  
FY3 9ED

Tel: 01253304495

Date of inspection visit:  
20 December 2017

Date of publication:  
01 February 2018

### 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

Parkhaven delivers care and support for a maximum of five adults with a range of mental health problems. At the time of our inspection, four people lived at the home. Parkhaven is situated in a residential area of Blackpool close to the main park. The home has five single bedrooms on the upper floor, as well as a diner-kitchen and communal lounge.

At the last inspection on 05 October 2015, the service was rated 'Good'. At this inspection, we found the service remained 'Good'.

During this inspection visit, people we spoke with said they felt safe and comfortable living at the home. Where incidents and near misses had occurred, we found the management team looked at patterns and themes, as well as any potential lessons learnt. Parkhaven had a bright, fresh interior and we saw the environment was clean and tidy. A person who lived at the home told us, "Our home is always clean. The staff encourage us to do some of the cleaning, so we all do it together."

People were protected from potential harm or injury because staff completed risk assessments to support them. When we discussed safeguarding principles with staff, they confirmed they had relevant training and demonstrated a good understanding of their responsibilities.

We found fully trained staff managed medicines safely and securely. For instance, recordkeeping followed national guidelines, such as countersigning handwritten records to confirm their accuracy. The management team completed regular audits and staff competency testing to retain quality and safety of people's medicines.

Records we reviewed evidenced there were sufficient numbers and skill mixes of staff to meet each person's requirements. People we spoke with said they found staff to be well trained and knowledgeable about their responsibilities. A person who lived at Parkhaven commented, "The staff are very experienced, no concerns there."

All of those we spoke with said meals were of a good standard. They said alternatives were available if they did not like what was on the menu. One person commented, "The meals are fantastic." We found care records contained assessments to reduce the risks of malnutrition and other associated hazards, such as swallowing difficulties.

We found evidence of involvement of people in all aspects of their care. Staff documented their hopes, preferences, concerns for the future and their current thoughts and beliefs. People told us Parkhaven had a supportive, close-knit community in which they all worked well together. One person commented, "I have no relatives. These (pointing to others at the home) are my family."

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.

We discussed a recent death with people who lived at Parkhaven. They told us staff and the management team were highly supportive and enabled them to grieve and support each other. People said staff were consistently responsive to their needs. We saw care records were centred around the person's expressed needs, preferences and ongoing requirements.

The registered manager conducted multiple audits to assess the quality of the service provided. For example, quarterly hand hygiene audits were completed to check staff and people who lived at Parkhaven followed good infection control standards. Everyone we spoke with told us they felt the management team were supportive and visible. One staff member commented, "[The registered manager and the provider] are the best managers I've ever worked for. They are very chilled, but they also manage us very well. I love it here because of that."

## 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 remains good.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service remains good.

# Parkhaven

## 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.

Parkhaven 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, both of which we looked at during this inspection.

This inspection took place on 20 December 2017 and was unannounced. The inspection team consisted of an adult social care inspector.

Before our unannounced inspection, we checked the information we held about Parkhaven. This included notifications the provider sent us about incidents that affect the health, safety and welfare of people who lived at the home. We also contacted other health and social care organisations such as the commissioning department at the local authority and Healthwatch Lancashire. Healthwatch Lancashire is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced living at Parkhaven.

Furthermore, we looked at the Provider Information Return (PIR) the provider had sent us. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Additionally, we spoke with a range of individuals about this home. They included four people who lived at Parkhaven. We further discussed care with two members of the management team and three employees.

We observed care and support in communal areas and looked around the building to check environmental safety and cleanliness. This enabled us to determine if people received the care and support they needed in an appropriate environment.

We examined care records of two people who lived at the home. This process is called pathway tracking and enables us to judge how well Parkhaven understands and plans to meet people's care needs and manage any risks to people's health and wellbeing. We checked documents in relation to one staff member. We also looked at records about staff training and support, as well as those related to the management and safety of Parkhaven.

# Is the service safe?

## Our findings

Without exception, people we spoke with said they felt safe at the home. One person told us, "Oh yes, I feel extremely safe here." Another individual added, "The staff make sure we're safe." A staff member explained, "I am there to help the residents understand safety and ensure they have all the required information."

Parkhaven had a bright, fresh interior and we saw the environment was clean and tidy. Staff told us they felt adequately trained in infection control and had plenty of disposable gloves, aprons and cleaning items. A staff member commented, "It's got to be clean, it's the residents' home so they have the right to live in a clean place." Window restrictors were fitted and regularly checked to protect people from potential injury. Other systems were monitored and actioned when required to ensure they were up-to-date, such as the electrical, gas and legionella safety certification. Fire evacuation plans had been reviewed and environmental and equipment audits completed to maintain everyone's safety and welfare.

Where incidents and near misses had occurred, we found the management team looked at patterns and themes, as well as any potential lessons learnt. The purpose of this was to reduce risks and optimise a safe environment. For example, the registered manager told us they noted one person recently had occasional trips on the stairway. They reviewed possible causes and saw this related to the individual's deterioration in mental health and poor footwear. The registered manager addressed this by purchasing appropriate slippers and referring the person to the mental health team. Consequently, the individual's safety had improved because no further trips occurred.

People were protected from potential harm or injury because staff completed risk assessments to support them. We saw these focused upon the individual's rights and abilities to self-manage risk. The procedures were agreed and reviewed jointly between staff and people who lived at Parkhaven. Assessments covered, for example, self/staff-administered medication, mental and physical health, self-harm, falls and environmental safety. The management team completed in-depth records, checked past/present indicators and documented actions to support the person. This was underpinned by established measures to reduce triggers and risks, as well as reviewing the person's compliance to treatment. This was good practice in the ongoing prevention of poor or inappropriate care. A staff member told us they were supporting one person with road safety and added, "She's starting to improve because of the support we give her."

When we discussed safeguarding principles with staff, they confirmed they had relevant training and demonstrated a good understanding of their responsibilities. One staff member explained, "If I saw anything I would go to [the provider] or higher if need be, such as CQC. The residents are vulnerable and it's my job to protect them."

We found medicines were safely and securely managed by fully trained staff. One employee commented, "You're in charge of their medication, which makes me nervous. That's a good thing though because it makes you double check everything." Associated recordkeeping followed the National Institute for Health and Care Excellence guidelines. For example, we saw there were no gaps in documentation and stock checks were countersigned to confirm accuracy. We noted the management team completed regular audits

of associated procedures and staff competency testing to ensure medicines management was safe. Where people wished to administer their own medication, staff completed a risk assessment with them. This covered their ability to do so and staff frequently checked the person's competency and reviewed the risk assessment regularly. We saw evidence this balanced well between the person's independence and their safety.

At our last inspection, we found the provider had safe recruitment practices to protect people from unsuitable staff. Since then, we noted the provider had not recruited any new employees. The management team were clear about related processes and their responsibilities. Records we reviewed evidenced there were sufficient numbers and skill mixes of staff to meet each person's requirements. Staff and people who lived at Parkhaven told us they felt staffing levels were adequate. One person said, "There's always staff around, so we can sit and chat with them if we need to." A staff member commented, "There's enough staff on duty."



# Is the service effective?

## Our findings

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). None of those who lived at Parkhaven required a DoLS to support them. We saw people were not deprived of their liberty throughout our inspection. Staff had training and were keen to ensure each person was at the core of their decision-making. A staff member said, "Whenever I am asked something I always say it's not my decision, what do you want to do?"

When we discussed staff choice, consent and freedom with people, they told us they felt in control of their lives. One person who lived at Parkhaven said, "The staff always, without fail, check our permission before they do anything." We found people had signed their support plans, risks assessment and other care documents. There was clear evidence staff discussed their needs and support with each person and obtained their written, decision-specific consent. This included agreement to assistance with ongoing and changing requirements during and after regular review of care planning. We observed staff consistently offered people choice and helped them to make their daily decisions without taking over.

Care records we looked at included in-depth assessments of people's needs and required support before their admission to the home. Information covered, for example, communication, mobility, continence, skills, medication and personal care. This gave detailed guidance for staff to provide effective assistance for each person to maintain and enhance their independence. It reduced the risk of inappropriate placement and potential disruption to treatment. Information was frequently reviewed and the management team explored assistive technology to maximise the effectiveness of Parkhaven. For instance, they looked at implementing videoconferencing with the local GP for the immediate assessment and treatment of minor ailments. However, this was not progressed following consultation with those who lived at the home, who preferred face-to-face contact.

Staff worked closely with external healthcare professionals in meeting people's changing needs, such as seeking medical advice on identifying initial concerns. When required, they completed timely referrals to, for example, GPs, community mental health teams, social workers and care co-ordinators. One person told us, "Whenever I get ill the staff check me over and call my doctor if I need it." Where outcomes from appointments included changes to the person's support needs, we found staff updated their care planning. Although no one required transfer to other services over the past year, including hospital, a good system was available to ensure smooth relocation. This included the person's brief medical history, medication and general behaviours and routines.

We looked at the building and grounds and found they were appropriate for the care and support provided. The internal environment was homely and bright and there was an external yard for people to smoke if they chose to. There was sufficient space and facilities for each person to live in comfort and meet their personal care and social needs.

On arrival, we found people who lived at Parkhaven were having their breakfast at the time of their choosing. We also observed staff offered a variety of meal options to suit each person's taste. One person commented, "I can make my own meal if I want, the staff just check I've got enough." We found care records contained assessments to reduce the risks of malnutrition and other associated hazards, such as swallowing difficulties. Staff additionally regularly weighed people and checked their food preferences and special diets. To ensure safe food handling we saw staff files evidenced employees who prepared meals had food hygiene training.

Staff files we looked at held evidence of staff undertaking or already achieved nationally recognised health and social care qualifications. A person who lived at Parkhaven said, "I'm fully confident in the staff's experience. I know they get lots of training." On commencement in post, each employee was required to complete an induction programme to assist them in their new roles. The provider underpinned this with regular training for all staff, including end of life care, fire safety, mental health, dementia awareness and medication. The management team completed annual appraisals and supervision every two months with staff to enhance their support and skills. One staff member told us, "I get really good levels of training."

## Is the service caring?

### Our findings

People we spoke with said they were fully involved in decisions about their care and support. They also commented they found staff were very caring and kind. One person said, "The staff are fantastic, they're our family." Another individual stated, "We love them."

We found evidence of involvement of people in all aspects of their care. Staff sought and documented their hopes, preferences and concerns for the future as well as their current thoughts and beliefs. Other information included checks of how involved they and their representatives wished to be in their care delivery. Each person's care documentation we saw followed good practice in checking they understood information and explanations given. For example, the management team assessed their communication skills and capacity to make decisions and give consent to care and treatment. Those who lived at Parkhaven confirmed staff and the management team worked with them in the ongoing provision of their care.

We observed staff were sensitive in their approach and recognised each individual's differences. They documented information in care records to maintain people's human rights and wishes, including, for example, their religious requirements and smoking preferences. We found risk assessments focused upon people's rights and abilities, which respected their individuality and were intended to enshrine their preferences. Information, including contact details, about advocacy services was available in the entrance hall. Consequently, people could access this if they required support to have an independent voice. We noted records were stored securely and information sharing was on a need-to-know basis to protect people's confidential information.

Throughout our inspection, we observed staff approached people with a caring and respectful attitude. They engaged with appropriate use of humour, gentle touch and maintained eye contact throughout. People said they always found staff were kind and highly mindful of their privacy and dignity. One person commented, "My bedroom is my space. It's private and I can have whatever I want, like photos of my kids and all my CDs." The provider ensured staff approach, kindness and compassion were underpinned by training provision in dignity and respect. They ensured this extended to people's families and friends by welcoming relatives and care planning each person's important relationships. Another person told us, "Yes, I can see my family whenever I want and the staff support me with that."

## Is the service responsive?

### Our findings

We discussed a recent death with people who lived at Parkhaven. They told us staff and the management team were highly supportive and enabled them to grieve and support each other. One person said, "It hit us hard. It was very emotional, but the staff were wonderful." Another person added, "They talked it through with us and helped us to grieve. They were so caring." A third person commented, "I'm with my family and we all supported each other."

Following the person's death, the registered manager told us they reviewed the event to assess if there was anything they could improve. After a long period of good health at Parkhaven, the individual deteriorated quickly. The registered manager added, "We managed to keep supporting her here. It meant she died here, in her own home with staff and other residents who she was very familiar with." Following the review, the management team found there was nothing they could improve. The registered manager said, "I'm proud of the staff and so pleased the resident was able to have a good end of life care." The deceased person's family also agreed to come to Parkhaven to speak with people and share in their bereavement. The management team arranged one-to-one and group support to assist each person to come to terms with the death of their friend.

We found care records were centred on a full assessment of the person's expressed needs, preferences and ongoing requirements. People had lived at the home for up to 20 years and their documentation reflected their detailed, current, person-centred and changing support. Staff reviewed information monthly and there was clear evidence of each person being fully involved in the update of their new and ongoing goals. They met with people on a regular one-to-one basis to discuss their needs and interventions to assist them to maximise their independence. One person commented, "The staff are gradually helping me to get better and more independent. I can see how I'm getting better." Further checks were made around whether individuals had a disability or sensory impairment. The intention of this was to review if they needed to access information in different formats, such as easy read.

Staff documented in-depth information about each person's life histories, preferences and agreed support methods to meet their needs. Details included people's smoking preferences, chosen name, gender of carer, relaxation, activities, food likes and dislikes, drinks and sleep routines. This enhanced the home's aim to optimise the personalisation of each person's care and support.

The home's complaints policy was made available to people and their family members. This provided response timescales and other organisations to report concerns to, such as the Local Government Ombudsman. When we discussed related procedures with people who lived at Parkhaven, they told us they were fully aware of how to complain. One person stated, "I've never had to complain, but if I did we'd sit down with [the registered manager] or staff to sort it out."

We looked at care records and found people's hobbies had been documented. This included a detailed plan of the person's preferred daily activities. The information was encapsulated in their care plan to guide staff about how to provide stimulation and reduce the potential for isolation. One person said, "I never get bored,

there's always things on the go." A staff member told us they assisted one person with one-to-one support and activities. They added, "I take her out shopping, meals or whatever else she wants to do. She's come a long way." The registered manager stated another person struggled with boredom and they tried different options to help them. This included a 'buddy group' (a community group that supported people with activities), meditation, line dancing and drama groups. Additionally, staff frequently took those who lived at the home out together for trips, shopping and meals. On the day of our inspection visit, people told us how excited they were because they were about to leave for their Christmas meal. One person commented, "I'm really looking forward to it. We do it quite regularly and it's another way for us to feel closer."

# Is the service well-led?

## Our findings

When we spoke about the leadership of Parkhaven, people told us the management team worked jointly with them in the running of the home. One person said, "When we have little niggles we get together with staff and talk it through. It works really well." Another person commented, "We have lots of coffee mornings with [the registered manager], which is good for us to see if we think there is anything better they can do." A third person added, "We love [the registered manager] because she's very kind and we can talk to her about anything."

A registered manager was in place. 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.

The management team demonstrated an in-depth awareness of each person's background, current health requirements, behaviours and preferences. We observed they understood how best to approach people and did so with kindness and love. People said they experienced the staff and management as a part of their families. One person told us, "We've lived here a long time and all got to know each other." Staff we spoke with were consistent in their praise of the management team. They expressed feeling valued and well supported. One employee stated, "[The registered manager] is a great manager. She's there for work issues, but also personally if I'm struggling."

People consistently expressed how visible and knowledgeable the management team were. They said they felt comfortable in their abilities and were very approachable. One person stated, "I love [the registered manager] she's like mother to us, but she's also good at keeping us and the staff in line when something's not done right."

The registered manager conducted multiple audits to assess the quality of the service provided. These covered, for example, medication, health and safety, fire safety, portable appliance testing and infection control. We saw when the management team identified issues they took timely action to address them. For instance, they noted in the fire audit that fire fighting equipment and escape signs required replacement. This was followed up and completed to maintain everyone's safety.

We saw evidence of the provider working with other organisations in the ongoing improvement of people's lives, such as medical services and care co-ordinators. For example, the management team looked to implement videoconferencing with their GP practice to improve immediate diagnosis and treatment of minor conditions. However, this was not progressed because those who lived at Parkhaven expressed their wish to continue to see doctors in person. This demonstrated the management team's desire to innovate with technology, balancing this with people's choice and involvement in the development of the home. We saw one external healthcare professional had made positive comments about the home. They noted staff responded to instructions given with professionalism and enthusiasm.

The management team held meetings and obtained feedback from staff, people who lived at Parkhaven and their relatives. The purpose of this was to gain a good level of oversight of quality assurance and involve everyone in the development of the home. This included quarterly infection control meetings to discuss new guidance, hand washing, laundry and food hygiene. In addition, the registered manager met with staff every two months. We saw minutes from the last meeting covered such topics as client feedback, health and safety, care delivery and risk management.

Furthermore, we saw evidence of regular 'resident' meetings, where each person was encouraged to share ideas and raise concerns. The last meeting focused on supporting everyone following the recent death of a person who lived at Parkhaven. Extra 'morning coffee groups' were also held with the registered manager and those who lived at the home. These informal sessions provided another opportunity for people to discuss home improvements. One person told us, "They're a good way of checking we're ok." Additionally, we saw the results of the last satisfaction survey provided to people and their families. The outcomes were complementary about care delivery, staff attitude and the environment. Comments seen included, "I am very happy with the services provided for my [relative]," and, "I would like to thank [the registered manager] and staff for their compassion and professionalism in the ongoing support and care of my [relative]."

The service had on display in the reception area of the home their last CQC rating, where people who visited the home could see it. This is a legal requirement from 01 April 2015.