

New Park House Limited

# New 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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 11 May 2018 and was unannounced. At our previous inspection in January 2018 we still had some concerns about the safety and welfare of people who used the service and we found four continued breaches of The Health and Social Care Act Regulations (Regulated Activities) Regulations 2014. The service remained in special measures. At this inspection we found that the provider had made improvements throughout and there were no breaches of regulations.

No key question is rated as inadequate and the service is therefore no longer in special measures.

New Park House 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.

New Park House can accommodate 95 people in three units. At the time of the inspection 21 people were using the service, some of whom were living with dementia. Only two of the three units were in use with plans to move into just one unit.

There was a registered manager in post. 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.'

We could not improve the rating of well-led from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Many improvements had been made in the monitoring of the quality of the service however these checks had not always identified when the content and quality of information available to staff required improving.

Notifications were generally submitted as required by the regulations however one incident had not been notified to us, which had been referred to the local safeguarding authority.

People did not always have plans in place to ensure they had their future wishes met at the end of their life.

Further detail was needed to ensure people could effectively communicate if they were not always able to verbally make their needs known.

People were protected from abuse by staff who understood their responsibilities and could recognise different types of abuse.

Risks were assessed and planned for and we saw staff following plans in place to help keep people safe.

People were receiving their medicines as prescribed and robust systems were in place to help identify errors and take appropriate action.

There was a sufficient amount of suitably recruited staff so people did not have to wait long for support. Staff had appropriate training to support people effectively.

Infection control measures were in place to help protect people's health and wellbeing.

Lessons were being learned as action was taken when concerns were identified to reduce the likelihood of them occurring again.

The principles of the Mental Capacity Act 2005 were being followed. People had their capacity assessed in relation to specific decisions and appropriate best interest decisions were recorded.

People had access to other health professionals and referrals for support were made when someone's health needs had changed and guidance was followed.

People enjoyed the food and there was a choice. Those with a specialist diet were catered for appropriately.

The building was suitably adapted and people had access to equipment to assist them when needed.

Staff treated people with dignity and respect and we saw caring interactions between staff and people.

People and relatives were involved in decisions about their care where possible.

People had the opportunity to partake in a range of activities and there were further plans to enhance the activities available to people.

Complaints were recorded, investigated and responded to appropriately.

People, relatives and staff felt they could feedback and contribute to the improvement of the home. Meetings were held to encourage feedback.

An action plan was in place to try to ensure continuous improvement and there were more plans to link with organisations to improve the service and quality of care.

## 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 from abuse and avoidable harm.

People's medicines were managed safely.

Risks were assessed and planned for.

There were sufficient numbers of staff available to meet people's needs and keep people safe.

We saw lessons were being learned and action taken when necessary.

Infection control procedures were followed to prevent the spread of infection.

### Is the service effective?

Good ●

The service was effective.

The principles of the Mental Capacity Act were being followed.

People had access to other health professionals and guidance was followed.

People liked the food and were supported appropriately to maintain their diet.

Staff were suitably trained to effectively care for people.

People's needs were identified and assessed to ensure they were met.

The building was adapted to accommodate people who lived there.

### Is the service caring?

Good ●

The service was caring.

People were treated with kindness and respect.

People and relatives were involved in their care.

People's relatives were free to visit when was convenient for them.

### Is the service responsive?

The service was not consistently responsive.

People's future wishes about their end of life were not fully identified and planned for.

People's diverse needs were not always identified to ensure a person centred approach to their care.

People were able to partake in activities and further initiatives were planned.

There was a complaints procedure in place and complaints were responded to.

**Requires Improvement** ●

### Is the service well-led?

We could not improve the rating for well-led from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Some of the systems the provider had in place were effective but others were not effective at identifying when the content of care plans needed improving.

Relatives and staff felt that improvements had been made and had the opportunity to feed back.

An action plan was in place and further improvements were planned.

**Requires Improvement** ●

# New Park House

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 11 May 2018 and was unannounced. The inspection team comprised of two inspectors.

We looked at information we held about the service including statutory notifications submitted. Statutory notifications include information about important events which the provider is required to send us by law. We also asked commissioners if they had any information they wanted to share with us about the service.

We spoke with one person who used the service and one visiting relative. We also spoke with three care staff and two senior staff. We spoke with the registered manager and one of the directors of the company. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed the care plans of five people and other care records (such as medicine records) for people who used the service. We also looked at management records such as quality audits. We looked at recruitment files and training records for members of staff too.

# Is the service safe?

## Our findings

At our last two inspections we had concerns about the safety of the service and there had been breaches of regulations. At this inspection we found improvements had been made and the service was no longer in breach of the regulations.

At the previous inspection there had been a breach of Regulation 13 of The Health and Social Care Act 2008 (Regulated activities) Regulations 2014. This was because some safeguarding incidents had not been reported which left people at risk of harm. At this inspection there was no longer a breach and people were being protected from the risk of harm.

People and relatives told us they felt safe. One relative said, "Care is as well as it could be, I am relaxed now my relative is safe. I have got peace of mind." We saw safeguarding referrals were being made to the local safeguarding authority as required. Action had been taken if someone had come to harm or was at risk of harm. Body maps were used to record if people had any marks and checks were made about these to ensure people were not being abused. The provider had a safeguarding policy in place and staff understood their safeguarding responsibilities and were able to tell us about what action they would take if they suspected someone was being abused. This meant people were being protected from possible harm.

We had previously found that people's medicines were not managed safely. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated activities) Regulations 2014. At this inspection we found that improvements had been made and there was no longer a breach of regulation.

People told us they received their medicines. One person said, "The senior [carer] comes round with my medicines at the right time. I have creams on in a morning after my wash and then some at night." We observed staff giving people their medicines and the staff explained it to people and made a record once they had given the medicine. We checked the stock levels of medicines and we found these matched records. Therefore effective systems were in place to monitor and ensure people received their medicines as prescribed. Some people had topical medicines and we found the application of these was being recorded and there was guidance for staff on where the topical medicine should be applied. Some medicine was prescribed 'as required', known as PRN medicine. We saw there were protocols in place to help staff identify when people may need their PRN medicine. Medicines were stored correctly and checks were being carried out on fridges to ensure they remained in a suitable temperature range. This meant that medicines were managed safely so that people received them as prescribed.

We saw people were supported safely and risks were assessed and planned for. If people needed support with standing or moving, staff supported people safely and this matched their care plans. One relative said, "Staff here have helped avoid falls [for my relative]. They've had one fall here and then they looked at different equipment and there's been no further falls." We saw plans in place about what support people needed with their mobility and we saw these plans being followed by staff. In another example, one person who needed support with their skin integrity had a plan in place; they required repositioning every two hours. We saw this person being supported to reposition and also records showed this was being done in

line with their plan. Another person had to wear a stocking on one leg to help with a wound and they needed creams applying. We saw them wearing this stocking and they had their creams applied.

There was a sufficient amount of staff to support people. Some staff told us they felt there were enough staff to meet people's needs, but some staff said they felt rushed in a morning and sometimes people did have to wait to get up. However, we saw that people did not have to wait long to be supported and requests from people were responded to reasonably promptly. We saw staff were present in communal areas so they could monitor people and help to keep people safe. A dependency tool was in use which assessed how much support people needed and this helped to determine how many staff were required. Staff were also recruited safely. Staff files we viewed included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with people who used the service.

We saw staff followed infection control procedures and wore personal protective equipment as necessary. One relative said, "The cleaners do a very good job, I've never seen any issues [with cleanliness]" and they went on to say, "The place is clean, the toilets are clean and there are no smells." We also observed the home to be clean, tidy and with no malodours. Regular checks were carried out by domestic staff and the registered manager which were recorded and we saw action had been taken when an issue was identified. This meant people were being protected as appropriate infection control measures were in place.

We saw the registered manager and provider had implemented change and made many improvements to the service. For example, a new monitoring regime was being used to ensure people received their medicines correctly and this had been working. One member of staff said, "It works quite well, there's not as many missed signatures now." This showed lessons were being learned and action taken where appropriate.



# Is the service effective?

## Our findings

At our previous inspection we found that the provider was not effectively following the principles of the Mental Capacity Act 2005 (MCA). This was a continued breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and there was no longer a breach of regulation.

The 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 saw people had assessments of their capacity and when people did not have capacity to make certain decisions, we saw that decisions made in their best interests were documented. One relative said, "I was made to feel really welcome and was involved in assessments such as capacity and best interest decisions." People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). One person was being given their medicines covertly. We saw their capacity had been assessed in relation to taking medicines, guidance was in place from other relevant health professionals and this restriction had been included in their DoLS application. We also saw other examples of DoLS applications which were appropriate. This meant people were being protected as the service was following the principles of the MCA.

There were assessments carried out when people were admitted to the service so their needs could be determined. We also saw that people's needs and dependency levels were regularly reviewed and care plans updated when people's needs had changed. One relative said, "Staff work really well and are consistent in how they support my relative." This meant people's needs were being identified and were met to achieve good outcomes for people.

Staff told us and we saw that staff received sufficient training to support people effectively. One member of staff said about their medicines training, "I shadowed for two weeks, then had my practice observed and will be getting my level three certificate soon." A newer member of staff said, "The induction was good. I'd had no previous care experience and they gave me training and I shadowed." Training was a mixture of face to face and completing work books on different subjects. We saw a training matrix was in place to monitor what training staff had received and when they were due to have that training refreshed. Staff also had supervisions to discuss their support needs. One member of staff said, "Regular supervisions are in place and I get to discuss my concerns." This meant people were supported by suitably trained and supported staff.

People had access to other health professionals when necessary and we saw staff supporting people in line with guidance from professionals. One relative said, "They call the GP if needed. The GP visits regularly and they ring me straight away if there are any concerns." One visiting health professional we spoke with said, "I feel that they [staff] now listen and follow our advice such as about repositioning." One person had been

referred to their GP due to a change in their health, the GP gave advice to start monitoring the person and recording this monitoring on charts. We saw these charts were now in place. We saw records which confirmed the GP would visit and prescribe medicines if a person's health deteriorated. We also saw people had access to Speech and Language Therapists (SALT), chiropodists, opticians and District Nurses.

People told us they liked the food. One person said, "There's quite a few meals I enjoy. The menu is on the board, we get a choice. Some people ask for things not on the board." One relative said, "The food is absolutely great here, I have no concerns about that at all." We saw people being offered a choice of food and some people chose to have options not included on the menu. We also observed staff frequently encouraging people to drink fluid or eat their food when this was required. Some people had specialist diets and we saw they were given food appropriate to their needs and staff could tell us about people's dietary needs which matched the guidance from SALT. People were regularly weighed and if anyone had lost weight we saw appropriate action was taken to seek advice to avoid any more weight loss. This meant people were supported to maintain a good diet to remain healthy.

The building was adapted for the needs of the people living there. The entire building is large, but only two areas were open at the time of the inspection. Walkways were flat and there were grab rails to help people move safely around the home. There were specially adapted bathrooms so people with mobility needs could be supported. Some people felt the décor was tired; however they were not concerned by this. One relative said, "Some stuff is dated, like the décor but the care is fabulous and the place is clean." We saw maintenance checks were carried out as appropriate on the building, mobility equipment, fire equipment and on the electrical and gas supplies.

## Is the service caring?

### Our findings

At our previous inspection we found that people were not always treated with dignity as staff did not always respect people's privacy. At this inspection we found improvements had been made and people were treated with dignity and respect.

People and relatives told us the staff were caring and they were treated with respect. One person said, "The staff are very good here" and they went on to say, "They always treat me with dignity" A relative told us, "The care and consideration from staff has been excellent" and they went on to say, "The staff are very happy, it looks to me like they get on well and work as a team." The same relative also said, "It's the little things, they place towels on the bed so it's like a hotel." We observed people's care and saw that interactions between staff and people were caring. For example, we observed a staff member offering a person a tissue as they noticed their nose was running. This helped the person maintain their dignity. In another example, we saw staff supporting a person to eat. They were gently encouraging the person and not rushing them to eat. We saw staff discreetly help people to clean their mouths after eating. When we spoke with staff, they were also able to give us examples of how they would help people maintain their dignity, such as keeping doors closed and covering people during personal care. This meant people were treated with dignity and respect.

People and their relatives were involved in decisions about their care where possible and were given choices. One relative told us, "I like to be involved and be part of how they support my relative" and they told us they were involved in assessments and were kept informed. We observed throughout the day people being offered choices of food, drinks, where to spend their time and if they wanted to partake in activities. We saw these choices were respected. For example, one person said, "Please don't cut my toast in half." When the member of staff gave them their breakfast it was how the person liked it. We observed a staff member offering a range of spreads for someone else's toast and they responded, "Butter will be just fine" and the member of staff respected this. We observed people having breakfast at different times depending upon when they chose to get up. Staff explained to us and we saw that to help people make a decision about their food, they would show people the food options on a plate to help them decide. This meant people were supported to make decisions about their own support.

Relatives were also able to visit at a time to suit them. One relative said, "The atmosphere is great and that's important. Visitors are welcome and we have a good relationship."

## Is the service responsive?

### Our findings

At our previous inspection we found that improvements were needed about planning for the end of people's lives and a choice of activities within the home. At this inspection we found that some improvements had been made but further improvements were needed.

At the time of the inspection there was one person who was nearing the end of their life and anticipatory medicines had been prepared (although they were not yet needing to take them) to support that person at the end of their life. A request for a more suitable bed had also been made. However, the person did not have a personalised plan in place to guide staff about how they would like to be supported at the end of their life or their future wishes. For example, this may include information about spiritual needs, where they would prefer to pass away, people they would like contacted or whether they had any specific burial requests. We looked at the plans for some people who had recently passed away and there was some more detail about future wishes in these, however this was not consistent for all people living in the service. We also looked at end of life planning documents for people who were not imminently near the end of their life and consideration had not been given to their end of life wishes. Some contained basic details such as funeral director details. We saw there was an End of Life policy in place; however this had not yet ensured personalised plans were embedded. When we discussed this with the registered manager and the provider they explained they had arranged a local service that specialises in supporting people near the end of their life to visit the service to train staff and support in the development of these plans. We were sent details following our inspection that some workshops to educate staff about end of life care had been organised with a GP. This meant that there was a risk people may not have their wishes identified and experience the end of their life in a way they chose; however action was being taken to try to improve this.

There was inconsistent guidance about how people could communicate if they were unable to express themselves through speech. Some people had pain charts in place, which helped staff assess if someone was in pain and needed pain relief. We saw in some plans that people may require glasses or hearing aids to help them communicate clearly. However some plans did not have enough detail. For example one person did not verbally communicate, we observed staff supporting this person appropriately however there was no plan of care for this. This meant the person was at risk of receiving inconsistent support. We saw people were able to access information, such as their care plans or risk assessments in alternative formats, such as larger print. The provider explained that if someone had English as their second language they would be able to get documents translated into the most appropriate language for that person. This meant people were supported to access information in a way suitable for them but improvements were required to ensure people's communication needs were assessed and recorded.

An 'Equality & Diversity' policy was being developed by the provider but this had not yet been finalised. The service could not always demonstrate how they were effectively supporting people with maintaining same-sex relationships or ensuring people could be open regarding their sexuality, if they chose to. Following our feedback the provider sent us details of plans of how they were going to address this and improve the opportunity for people to discuss their sexuality, should they want to. We saw other protected characteristics had been taken into consideration such as religion. This meant further work was required to

ensure all characteristics were effectively supported.

We saw plans which contained good personal detail and offered guidance to staff on how people liked to be supported and their preferences. For example, one person had a sleeping plan in place and this contained information about how the person liked to be supported, the time they generally liked to go to bed and how they could be supported during the night. Another person's plan made reference to their favourite foods and whether they preferred a bath or a shower. This meant staff had the information to get to know how to meet people's preferences.

People told us and we saw people were supported to partake in activities. One person said, "We played number bingo and music bingo. It helps keep my brain moving. It's important to keep your brain active." They went on to say, "We do all sorts of things. We've done flower arranging. I really enjoyed that. We're baking next week." A relative said, "Entertainment is excellent. They [activities coordinator] get involved and offer lots of different activities. Music is great on offer and creates a great atmosphere." The relative went on to tell us, "They take my relative on a walk every day in a wheelchair and I can do this too." We saw in their relative's plan that this information was available to staff in that they like going for a walk and spending time with their relative. We observed the activities coordinator and staff spending time with people that was not just about their care needs. We saw ball games, singing and dancing taking place. We saw other evidence such as flower displays from when people had done flower arranging. The provider also told us of further plans they had, but had not yet fully implemented. This involved linking with other local organisations so people could go out to lunch and visit other groups to maintain links with the community. This meant people were able to partake in activities they enjoyed and there were further improvements planned.

The service responded to complaints appropriately. One relative said, "I can raise any concerns with the manager and the office at the front [of the building] and approach about anything. I feel confident that responses would be given." The provider had a complaints procedure in place. This was relevant however could be improved by including more details of how people can complain if they are not satisfied with the response from the registered manager or provider. However, we saw complaints had been recorded, investigated and responded to appropriately.

## Is the service well-led?

### Our findings

New Park House had been rated as either requires improvement or inadequate at six previous inspections. This shows that the provider has been unable to implement sustainable improvements to the care and support that people received. At our last inspection in January 2018 we saw there were continued breaches from an inspection in August 2017, although there had been some improvements. At this inspection we have seen further improvements so that the service is no longer in breach of any regulations but further improvements were required. The home were supporting 21 people at the time of this inspection yet it is registered for up to 95 people so we had not been able to verify that improvements made so far would be sustainable when more people were residing in the home. We could not improve the rating for well-led from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Many improvements had been made since our previous inspections and new audits were put in place to check the quality of care. One member of staff said, "Changes have happened to care plans and charts are easier to use and understand." We saw audits were carried out on care plans and these identified when some plans were missing or not fully completed and we saw action was taken to rectify this. Accidents and incidents were also being analysed to try to identify trends. However, some audits had not identified when improvements were required to the content of some plans, such as more detail about people's end of life wishes and communication needs. Some people also had some behaviour that challenged and although staff knew how to support those people in relation to these behaviours, their plans did not contain sufficient detail to support new staff or agency staff. This meant there was a risk that people may receive inconsistent care. Another document used for recording how much people had to drink, despite being monitored by seniors daily, did not include details of the target amount people should aim to drink. We felt people were having enough fluids however there was a risk that staff may not always know how much a person should be drinking and the senior may not identify when the person had not had enough or too much.

Other new procedures and checks had been introduced which had been effective, such as the checks on medicines. One member of staff said, "Medicine counts are done at each administration of medicines. We check each unit's trolley at each shift change, check the blister packs and records." Further work was required to ensure that new processes were embedded and fully effective at identifying areas to improve. Following our feedback about some omissions in people's plans the provider sent us updated copies to show our feedback had been acted upon and showed they were keen to improve.

Registered manager and providers have to notify us of certain events as part of the regulations. We found that overall these were being submitted and we could see appropriate action was taken in response to concerns. However, there was one incident which had been reported to the safeguarding authority but we had not been notified of and the registered manager was not sure why the decision had been made not to notify the CQC. This meant consistency was required to ensure all notifiable incidents were reported to the CQC.

People, relatives and staff said they felt there were improvements and that they were asked for feedback

and felt able to contribute to improvements in the home. One relative said, "Overall I'm very happy. It seems like they have turned a corner and there is improvement. I am happy my relative is here." One member of staff said, "There's been a massive improvement. We have more time for the residents now so they're happier and the atmosphere with staff has improved." Another member of staff said, "Care has improved. We know people better now and understand their needs." Another staff member told us, "Communication is much better; we are involved and kept informed... Teamwork has improved." We also saw that the home would send letters to relatives to ensure they were kept up to date with improvements and how they were working with the CQC.

Meetings gave relatives and staff the opportunity to comment. A relative told us, "There was a relatives meeting this week. Everyone has an opportunity to express their views and lots of things have changed – things have got better" and they went on to say, "It feels like there is a lot of potential to make this home great." One member of staff said, "We have supervisions every few months, seniors meetings weekly to discuss issues and also staff meetings so we can have whole group discussions." Another staff member told us, "We can get support from the seniors and manager. Now any issues are reported. We had a meeting last week."

At the previous inspection the provider was in breach of Section 33 of The Health and Social Care Act 2008 as there had not been a registered manager in post for a long period of time. At this inspection there was now a registered manager in post so they were no longer in breach of regulation. Staff felt supported by the registered manager. One member of staff said, "The manager is supportive and they check with us if we need help. The support has been good to teach me about my role." The CQC rating was also clearly on display in the reception area of the home and on their website as required.

There was an action plan in place to address further improvements required and more plans were in place to extend links with other local organisations such as working with the local hospital, social clubs and the local authority to continue to make improvements to the quality of care.