

Black Swan International Limited

Park House

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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Park House is a residential care home providing personal care to 22 people at the time of the inspection. The service can support up to 26 people. The home can accommodate both younger and older people and accommodation is in an adapted period building over two floors.

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

People, and their relatives, consistently told us they received a high-quality service at Park House and that they would recommend it. One person who used the service said, "I think it's very good here. From my point of view, the home looks after people well." Staff at all levels demonstrated an exceptionally caring approach that made people feel safe, comforted and valued. People told us they were listened to, involved in all decisions and respected. One relative who provided us with feedback said, "[Family member] is very fond of the staff, they show great affection towards them and always have time for them." Another relative told us, "We couldn't be happier with Park House and all the wonderful staff, from the managers to the cleaners to the maintenance staff. I know that if the care was not so attentive, [family member] would not still be with us."

The service assessed people's needs holistically and with their full involvement and care plans were designed to meet those needs. Care plans were individual to each person and reviewed on a regular basis. Staff knew people's needs and preferences well resulting in a tailored service. The service understood the importance of meeting people's leisure and social needs and had invested resources into this meaning a full and varied activities programme was available. People's consent was sought consistently, and people were supported to have maximum choice and control of their lives. Staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff had been safely recruited and the people who used the service had been involved in this process. People told us there were enough staff to meet their needs although some said there were busy periods where staff were not so available. The risks to people, visitors and staff had been identified and mitigated. This included those in relation to specific health conditions, environmental factors and those associated with working practices. Procedures were in place to help protect people from the risk of abuse and infection.

People received their medicines safely and as prescribed and their health needs were met. People told us they enjoyed the food provided, that they had choice and plenty to eat and drink. When accidents occurred, these were assessed to prevent reoccurrence and help protect people from harm. People told us they had no need to complain but would feel comfortable in doing so should the need arise; a policy was in place to manage any such complaints. Where people had specific communication needs, these were met on an individual basis.

All the people we spoke with talked highly of the staff and management team that supported them. They told us they had confidence in them, that they were well trained and knew them well. Staff agreed that they

were well supported and felt valued. This had resulted in a positive, encouraging and supportive culture which benefited all. People, staff and visitors supported one another, and mutual respect was evident. The management team demonstrated a commitment to the service and procedures were in place to monitor and improve the service. They welcomed suggestions and opened the home to several other organisations to forge relationships that benefited those that lived there.

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

Rating at last inspection

The last rating for this service was good (report published 8 November 2016)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Park House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out over one day by one inspector, one inspection manager 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.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return.

This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and seven relatives about their experience of the care provided. We spoke with five members of staff including the regional manager, registered manager, trainee deputy manager, the cook and one senior care assistant.

We reviewed a range of records. This included six people's care records and the medication records for five people. A variety of records relating to the management of the service, including quality monitoring audits and health and safety documents were reviewed.

After the inspection

A further five relatives and one person who used the service provided us with written feedback after our inspection. Some of this feedback was from the relatives of people who had recently passed away. We also received written feedback from one professional who regularly worked with the service. We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- All the people we spoke with told us they felt safe living at Park House. They attributed this to kind staff and having the means to seek support at any time. The relatives we spoke with had no concerns in relation to the safety of their family member. One relative said, "Staff are continually looking out for [family member] and making sure they are safe and well."
- Staff had a good understanding of the potential symptoms of abuse and how to report any concerns they may have. They were confident that any raised concerns would be managed quickly and appropriately by the management team.
- Information on safeguarding was available to people and staff has received training on the subject.

Assessing risk, safety monitoring and management

- The risks to people, staff and visitors had been identified, assessed and mitigated to help keep people safe.
- Individual risks to the people who used the service had been identified and staff had acted to minimise these. For example, textured diets were provided to those people that had been assessed as at risk of choking. Assistive technology such as sensor mats to alert staff when people were moving were in place for those people at risk of falls.
- Regular maintenance checks and servicing of equipment mitigated the risks associated with the premises and working practices which helped to keep people, visitors and staff safe.
- An emergency business contingency plan was in place to help manage the risks associated with adverse events such as loss of utilities and flooding. Individual evacuation plans were in place for each person who used the service in the event of a fire and firefighting equipment was regularly maintained.
- Whilst the medicines cabinets in people's rooms were found to be secure we did note that the keys were easily accessible which may pose a risk to some people.

Staffing and recruitment

- We received mixed feedback from people regarding staffing levels although our observations during the inspection raised no concerns.
- Most people told us that staff acted quickly when they requested support. However, two people raised concerns that staff were very busy at times when people were retiring to, and rising from, bed. One relative also raised concerns about the staffing levels at night.
- Our observations, and the feedback we received from discussions with staff, raised no concerns regarding staffing levels. We saw that people's needs were met in a timely manner and there were enough staff to support people in their individual needs.

- Procedures were in place to ensure the safe recruitment of staff who were appropriate to work with the people who used the service.

Using medicines safely

- People told us they had no concerns in how they received their medicines and the records we viewed confirmed people received them safely and as prescribed.
- Medicines administration and management mostly followed good practice and procedures were in place to ensure this. For example, staff had received training in medicines administration and they told us their competency to do so was assessed on a regular basis.
- Where people were prescribed medicines on an 'as required' basis, information to support staff in the safe administration of these was in place. Where medicines required specialised storage and management requirements due to their potency, these were in place as required.
- The temperature medicines were stored in occasionally met or exceeded the upper limit and this was discussed with the registered manager who informed us the issue had already been identified and was being rectified.

Preventing and controlling infection

- Measures were in place to control and prevent the spread of infection.
- Staff had received training in infection control and we saw that they adhered to good practice.
- The premises were visibly clean and cleaning schedules were in place to ensure all areas were systematically and regularly cleaned. However, we did identify that some easy chairs were stained and required cleaning. The regional manager told us these were due for a scheduled and planned deep clean imminently.

Learning lessons when things go wrong

- The provider had a robust system in place that ensured any health and safety incidents, that happened either inside their organisation or nationally, were considered at all levels of staffing and actions taken in response as required.
- As a result of a publicised choking incident that had occurred at a national level outside of this provider, the registered manager of Park House had learnt from this incident and acted to further mitigate the risk. As a result, they had introduced people's photographs on the specialised diet sheet to further ensure they received the correctly textured diet.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The outcomes for people who used the service, and their families, were effective and made a difference to them. One person who used the service told us how happy they were in the home whilst another said, "I am listened to and cared for." A relative explained how proactive the staff were and how they anticipated the care their family member required.
- The service assessed and documented people's needs, wishes and choices and planned care around this. The care plans we viewed confirmed this as did the people we spoke with.
- Care and support was planned in line with legislation and nationally recognised guidance was used in delivering the service.

Staff support: induction, training, skills and experience

- People benefited from being supported by staff who were well trained, effectively supported and who had the skills and attributes to make people feel safe and well cared for.
- The people who used the service, and their relatives, told us staff had the skills required to provide a compassionate and person-centred service. One person told us, "I have full confidence in the staff." A relative said, "The staff are trained well" and went on to give us an example of how staff had adapted their approach to promote better independence for their family member.
- Staff told us they received a robust induction that prepared them for their role and was tailored to their own learning needs. They told us training was varied and valuable and that the provider encouraged them to better themselves. One staff member told us, "I have never worked in a home where management are so supportive and want staff to do well."
- Staff performance was monitored through regular formal supervisions and informal daily support. Our observations confirmed that staff had the skills, experience and qualities to provide safe, effective and compassionate support to people.

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

- People's nutritional needs were met in a person-centred manner and the service understood how important the mealtime experience was for people.
- The feedback we received on the food provision was consistently good. One person who used the service said, "The food is beautiful! It's cooked from fresh, it's lovely...if they haven't got something they'll try to get it. The kitchen is very good..." Another person described the food as, "Delicious" whilst a relative who had eaten at the home described it as, "Excellent."
- Our observations of the mealtime experience showed that staff were attentive and knew people's individual needs well. A variety of drinks were offered, and people received choice in what they had to eat.

Portion sizes were as people wished and the dining room was light, airy and pleasantly decorated for the occasion. We saw that people's relatives were encouraged to eat with them if they so wished.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us that staff worked well with other professionals to ensure their needs were met and appropriate care delivered.
- One relative who provided us with feedback told us staff were proactive in managing their family member's health needs whilst another relative told us, "All of our [family member's] health needs are dealt with quickly."
- From the records we viewed, we saw that other professionals were appropriately consulted and promptly requested as required. This included GPs, dieticians and speech and language therapists.

Adapting service, design, decoration to meet people's needs

- The premises and environment were appropriate to the needs of the people who lived at Park House.
- The home had a simple layout that facilitated orientation and signs were in place to further assist this. The home was bright and airy with appropriately sized corridors for those who used a wheelchair.
- Communal areas were pleasantly decorated, and people's bedrooms were personal to them with possessions that were important to them. One relative told us this had helped their family member to feel more at home when they first entered Park House.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service adhered to the MCA and staff assisted people to make their own decisions and choices. Consent was consistently sought both informally on a day to day basis and more formally as required. One person who used the service said, "The staff respect my decisions."
- All the people we spoke with told us their freedom was not restricted in any way and that they were in control of the care and support they received. One person who used the service told us, "There is no forcing ever. It's my choice what I do." The relatives we spoke with agreed.
- We saw that assessments had been appropriately completed when a person's capacity was in doubt and the best interest decision process was followed and documented when required.
- DoLS applications had been made as needed and where conditions were attached, we saw that these had been met.
- Staff had received training in the MCA and demonstrated a good knowledge of this through discussions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- Without fail, people told us staff made them feel cared for, listened to and valued. The service cared for people's relatives in the same manner which positively impacted on people who used the service and strengthened their relationships with their family.
- One person who used the service told us, "Nothing is too much trouble [for the staff]. I love them all." Another described staff as, "Very kind and patient." A third person said, "I am more than thankful. The staff have become my friends and they look after me."
- People's relatives agreed with one explaining, "Everything the staff did for [family member] made them feel secure and loved." Another told us, "I can honestly say I have never met more kind and caring people in all my life than the people who cared for my [family member] at Park House."
- One relative told us of the exceptional kindness of staff when their family member was nearing the end of their life. They said, "Staff were not just carers or friends to [family member] they were their family. They genuinely cared about them. They cared also for myself and my family when things got bad and made sure [family member] was never alone towards the end, something I am eternally grateful for."
- Staff spoke respectfully about the people they supported and through discussion demonstrated an approach that put people at the centre of the service. They cared for, and supported, their colleagues which resulted in a mutually supportive, caring and nurturing environment that impacted positively on those that used the service and their families.

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

- People spoke overwhelmingly of a service that was inclusive and enabling whilst being sensitive to their needs. People told us they were fully included in their care delivery decisions.
- One relative told us, "[Family member] is now somewhere they call home, where they still retain their privacy, is able to voice their opinions and be listened to." Another relative said, "[Staff] made [family member] feel part of a family, something they never really had."
- The people who used the service were not only included in decisions relating to their own care but had a direct influence on how the service was managed. For example, the people who used the service were included in staff recruitment decisions and were part of interview panels meaning they had a say in which staff provided them with care and support. One person who interviewed staff told us, "Being involved in this side of the care helps us to feel included and involved and keeps our care centred around us as people."
- The home also had a focus group in place made up of people who used the service who reviewed the menu planning each week and made decisions on what was on the menu. This group also sought the views of relatives and others. As a result, the week's menu choice would be accredited to whomever chose that

option. This ensured everyone got a say in what food was served and had a chance to eat their favourite foods. It also gave people the opportunity to share ideas, reminisce about food and work together in the running of the home.

- People were empowered to share their experiences, and this made them feel valued. Their views were consistently sought and in a variety of ways. Participation in community and intergenerational events further enhanced people's sense of wellbeing and helped to make them feel part of something special. One relative told us, "On the run up to Christmas, I invited [family member] to come to us for the day, but they told me they'd rather stay with their friends and family [staff]. This just confirmed to me that they were in such a happy environment and that it was the right place for them."

Respecting and promoting people's privacy, dignity and independence

- Staff were highly motivated in providing person-centred care whilst upholding people's dignity and it was clear that mutually respectful relationships had developed between the people who used the service, their relatives and the staff.

- People appreciated the way in which staff demonstrated respect and understood how important their privacy was to them. They told us they were consistently treated in this manner. Relatives agreed with one stating, "I particularly want to say how respectful staff are. Privacy and dignity are spot on." Another said on behalf of their 'extremely private' family member, "Dignity was maintained and for that [family member] was very grateful." They went on to say how much their family member loved the staff and had nothing but praise for them. Another explained how staff, "Treated [family member] with great respect, sensitivity and kindness."

- Independence was encouraged in everyday living tasks however staff further enhanced this by assisting people to achieve their wishes. This had included staff voluntarily assisting people on their days off on requested trips out of the home to places such as air museums, football matches and the zoo. For one person on their landmark birthday, the staff had contacted the media to help them meet their wish of receiving over 100 birthday cards from around the world. As a result, the person received 236 cards from as far as New Zealand and the USA and was overwhelmed by the response. The staff told us the person cried tears of joy at the response.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received a personalised service tailored to their individual needs. This was achieved by good care planning and staff having a robust understanding of people, their needs, wishes and life histories resulting in meaningful and trusting relationships.
- People told us their preferences were met. One person who used the service told us, "You can have a bath or shower every day if you want and I go to bed when I'm ready." Another person said, "Staff get me ready for bed when I want."
- The service had sought information on people's life histories, relationships and family to assist staff in building relationships. This had been successful, and relatives told us meaningful relationships had developed which made their family members feel recognised and valued. One relative said, "[Family member] would tell me about something one of the staff team had done which they had found so helpful and made their life easier."
- People's needs had been regularly assessed to ensure continued appropriate care delivery. This included prior to admission, on admission and regularly thereafter. Personalised needs had been documented and contained information for staff to help support that person in the way of their choosing. All aspects of their care had been included.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The management team and provider were aware of the AIS and had met this requirement.
- Care plans accounted for people's individual communication needs and gave staff information on how to support people with this. This included the use of hearing aids, glasses and providing information in accessible formats such as large print.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's social and leisure needs were met, and the staff supported people to maintain strong relationships with those important to them.
- A full and varied activities programme was available to people who spoke positively about this aspect of the service. One relative described the activities provision as, "Excellent" whilst another said, "The amount of activities and engagement is exceptional." People told us that staff had time for them outside of activities

and that they received regular engagement.

- The home had an open-door policy and we saw family and friends come and go as they pleased. We saw, and they told us, they were made to feel welcome by the staff and people consistently told us how the home had a family feel to it. One person who used the service said, "The home is my family." A relative told us, "The whole house has a family feel to it and all the staff are friendly and welcoming."

End of life care and support

- People received kind, comforting and sensitive care at the end of their lives that met their wishes. The service understood the importance of discussing this aspect of people's care and ensured people, and those important to them, had the opportunity to fully discuss this.
- We received feedback from the relatives of people who had recently passed away at the service and this demonstrated that comforting and compassionate care had been delivered to both the person and their families.
- One relative said, "I owe a huge amount of gratitude to everyone at Park House, for how they cared for my [family member] right up until the end. I will never be able to thank them enough." Another relative told us, "[Family member] was so well looked after in their last few days at Park House. I was looked after as much as [family member]." This relative went on to explain the care provided after the person's death and said, "Done with such care and dignity under such sad circumstances."

Improving care quality in response to complaints or concerns

- Although people told us they had no reason to complain, procedures were in place to manage complaints and concerns.
- People told us they would feel happy raising any concerns they may have and clearly felt comfortable in discussing these with the registered manager who they told us they had a good relationship with. People also had the opportunity to raise concerns with senior management who made themselves available on a regular basis within the home.
- People consistently told us they were listened to and that the service was open to suggestions and feedback. One relative said, "If we have any concerns, they will listen and take on board what we have to say." Another relative told us, "Staff are always willing to listen to our concerns and suggestions."
- The complaints policy was available to people and we saw that, following some recent feedback that made suggestions, these had been acted upon.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- All the people we spoke with talked positively about the service and said they would recommend it due to the exceptional standard of care provided.
- One person who used the service said, "I think the home looks after everyone generally well. Life here is very good." Another person told us, "Everyone works very hard. The home makes everyone comfortable and the staff speak so nicely." Relatives agreed with one commenting, "I will always recommend Park House to anyone who is looking for somewhere for their family members to go, it's somewhere they can feel safe and secure."
- Staff felt equally empowered, supported and valued resulting in a nurturing and accepting culture that benefited those that used the service and their families.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of the duty of candour requirement.
- No incidents had occurred in the service that warranted the duty of candour process however a policy was in place to address this and the registered manager was able to accurately explain this to us.

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

- The care provided was overseen by a management team who demonstrated experience, passion and a commitment to strive for improvement.
- There was a clear hierarchy within the service and accountability was evident however the abilities of the entire staff team demonstrated an inclusive culture that shared the same objectives. This meant people received consistently high-quality care.
- There was a manager in place who was registered with CQC as required by the provider's registration. They understood their role and the responsibilities that came with it. They were respected, and people told us they were approachable, supportive and encouraging.

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

- People, and their relatives, were fully involved in the service and felt part of what they described as a family (the service and staff).

- People, staff and others were encouraged to contribute their views both formally and informally through questionnaires, meetings and one to one discussion.
- Regular meetings were held for people who used the service and staff and these were chaired by either the registered manager or regional manager to give people different arenas and maximum opportunity to discuss issues.

Continuous learning and improving care

- The service demonstrated that they were continually seeking feedback and suggestions via surveys and meetings, and monitoring the service, to further improve the care delivery.
- Robust quality monitoring systems were in place that covered all aspects of the service that were used with the view of continual improvement. There were clear layers of authority within the management team who were accountable for quality improvement and they demonstrated they took this role seriously.
- We saw that where people provided feedback this was acted upon. Any health and safety incidents were also used as learning opportunities across all the provider's homes.
- People agreed that the service was consistently striving to improve and gave us examples of this. One relative said, "I can see the home is being upgraded. New carpets and so on."

Working in partnership with others

- The service had developed strong relationships with community groups and liaised with health professionals as required, all of which helped people to receive appropriate and effective care.
- People who used the service had several opportunities to engage with people outside of the home. This included being involved in an intergenerational project which saw babies and children visiting the home to build friendships with those that lived there. The director of this project told us, "We have been working with Park House for almost 12 months and some lovely friendships across the ages have been created." They went on to say the working partnership had been, "Very successful and this is largely due to the caring staff and atmosphere within the home."
- The home also participated in a mutually beneficial scheme with a local school that saw the home help with food bank donations whilst the school's students attended the home to provide companionship and conversation to those that lived there.