

Parkhouse Care Limited

Park House Nursing Home

Inspection report

Kinlet
Bewdley
Worcestershire
DY12 3BB

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Park House Nursing Home is a residential care home providing personal and nursing care to 38 people aged 65 and over at the time of the inspection. The service can support up to 40 people over three floors in one adapted building.

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

People and their family members told us that the staff and culture at Park House Nursing Home were exceptionally caring. One person's relative told us, "[Name] is well cared for and loved." We saw that staff had very positive relationships with people, they took opportunities to enjoy spending time with them and promoting their dignity. People spoke highly of the care they received. Quotes included, "Amazing" "Excellent" and "I can't speak highly enough."

Staff had a high level of empathy for people, they were focused on people rather than tasks and kept people at the centre of everything they did; using their knowledge of each person to adapt their approach. One staff member said, "If somebody is down or upset, we should always have five minutes." We saw people receive emotional support from staff that was kind and compassionate; such as a warm embrace, holding hands and giving reassurance when a person was anxious.

Each person had an individualised care plan that was regularly updated. These contained important details that enabled staff to be effective in providing person centred care. The care planning process dignified people, there was a focus on people's achievements in their lives, their families, their trade or occupation.

People were listened to and staff at times discerned from people's actions and wellbeing the views they wanted to express. One person's family member said, "They have learned to listen to him from his actions. They know what he wants from what he does."

There was a focus on people staying safe whilst remaining as independent as possible. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

One GP told us that the use of antipsychotic medication at the home had been reduced due to the quality of care people received, listening to and exploring people's actions, the ethos of staff and the positive relationships they had with people. They told us, "The difference here is that people have more freedom."

People living at the home, their family members and staff were all positive about the culture at the home. Staff told us that the culture guided and helped them to be effective in their roles. One staff member told us, "The manager has had a massive impact. They are open to ideas and staff opinions. Each person matters to her. I always feel listened to." It was evident that both people living at the home had benefited from this

culture.

The home was well maintained and tastefully decorated in a style that suited the building. There were different areas of interest and a variety of places to relax. The environment of the home was safe and well managed. There were regular thorough checks on the home's maintenance and the services and equipment used in the building.

There were enough staff at the home to meet people's needs in a timely manner. The registered manager regularly assessed the number of staff required. There were other systems in place that had been effective in helping them to ensure that the service provided was safe and of high quality.

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 (published 8 March 2017).

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Park House Nursing Home

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

This inspection was completed by one inspector.

Service and service type

Park House Nursing Home 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 and Healthwatch. 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 and interacted with nine people who used the service and five relatives about their experience of the care provided. We spoke with 13 members of staff including the provider, the registered manager,

nurses, care staff, housekeeping staff, activity co-ordinators, maintenance staff and the chef. We also 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 a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to safe recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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

- Any information that may indicate a person was at risk of abuse had been recorded, acted upon and shared with the appropriate authorities. This helped ensure people were safe.
- Staff told us that there was a culture at the home that helped them to confidently challenge any poor practices. Staff had received training in safeguarding adults at risk of abuse and knew how to raise a safeguarding alert.

Assessing risk, safety monitoring and management; learning lessons when things go wrong

- People had individualised risk assessments that thoroughly assessed possible risks that may arise. These had been regularly reviewed and updated when staff learned more about a person. People's risk assessments focused on helping them to be as independent as possible whilst staying safe.
- The environment of the home was safe and well managed. There were regular thorough checks on the home's maintenance and the services and equipment used in the building. There were also plans and systems in place to help people stay safe in the event of a fire, these had been regularly tested.
- The registered manager kept a record of any accidents and incidents that happened at the home. These were reviewed to ensure that staff had acted promptly and appropriately, to see if anybody's support needed to adapt or a person's risk assessment needed updating. The registered manager also looked for any trends or patterns in incidents at the home.

Staffing and recruitment

- People who applied for a role at the home had their suitability assessed and checks made on their identification, background, work history and their previous conduct in health and social care roles. This helped the registered manager to make safe recruitment decisions.
- There were enough staff at the home to meet people's needs on time. The registered manager regularly assessed the number of staff required, checked the timeliness of people's observations, reviewed incidents or near misses, people's meal time experience and checked that people receiving care in a timely manner. They used all this information to assess staffing levels.

Using medicines safely

- The administration of medication at the home was safe. Each person had a medication care plan which gave staff all the information they needed to support people to take their medication as prescribed.
- The safety of medication administration at the home was regularly checked and audited.

Preventing and controlling infection

- The home's environment was clean. Infection prevention and control at the home was well managed. Staff received training in infection prevention and there was a lead staff member who worked with other staff to ensure safe infection control practices were maintained.
- The kitchen was clean and had been awarded by the local authority the highest rating of five for food safety.

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.

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

- The home was well maintained and tastefully decorated. It had areas of interest and a variety of places to relax which enabled people to choose one that suited their preferences. One person told us that they liked "chairs in cosy spots."
- Staff purposefully kept one of the lounge areas quiet and another livelier, so people could choose an area that met their preference. The home had different adapted bathrooms, to meet people's needs and preferences on how they wished to bathe. There was an ongoing programme of refurbishment.
- The home had made good use of and was continuing to improve the outdoor space. People used a patio and summer house to relax and enjoy the views across local hills. People's family members told us they liked the recent improvements to the grounds.

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

- Each person had their needs, preferences and choices thoroughly assessed before coming to the home; considering any equality characteristics.
- The suitability of rooms in different parts of the home was assessed as part of people's initial assessment. The registered manager gave careful consideration to what areas of the home may meet people's needs; as it is a large building over three floors.

Staff support: induction, training, skills and experience

- Staff told us that they received training and support to help them be effective in their roles. The provider had a comprehensive program of training and some staff received additional training in a specific area and then took a lead role within the home. Staff also received support during regular supervision meetings with their line manager, an annual appraisal of their work and regular team meetings.
- New staff received an induction into their role and a period of shadow time until they felt comfortable and equipped to provide care and support for people.

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).

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

- Staff had worked within the principles of the MCA when supporting a person to make a decision or when a decision needed to be made on their behalf. We saw examples of when the best interest decision process had been used effectively.
- People's consent to their care and treatment was sought and regularly reviewed. Staff had received training on the importance of obtaining people's consent.

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

- People told us that they enjoyed the food provided. One person told us, "The food here is excellent, it's always good here." Another person said, "The breakfast is great. You would have to go a long way to beat it."
- People having a balanced diet was a priority at the home. Staff received training in how to support people to eat well and people were regularly offered snacks and drinks during the day. There was a picture menu that some people used to help choose their food. People's family members told us that the kitchen staff were responsive and sought people's requests and feedback.

Staff working with other agencies to provide consistent, effective, timely care

- Staff at the home worked closely with other agencies to help ensure that people received effective care. For example, the staff had effectively worked alongside the Memory Service and had an excellent working relationship with a local GP.
- Nurses worked alongside people's GP to ensure that the medication people were receiving was providing the best results. This had led to some people reducing the amount of medication they took. One local GP told us, "The staff give me wonderful information to help me provide healthcare. The nursing care here is very good."

Supporting people to live healthier lives, access healthcare services and support

- Risks to people's health were assessed and regularly reviewed; these assessments helped to guide people's care planning and the care they received to help them be as healthy as possible. Regular checks were made on indicators of a person's health; such as their weight. We saw that when needed appropriate referrals had been made to healthcare professionals.
- There was a focus on helping people with oral healthcare. A staff lead had received external training on how to support staff to help people with oral care and to help spot signs of pain from toothache. Staff were working closely with a local dentist who was visiting the home and they were helping people with different techniques and methods to clean their teeth. For example, different preferred flavours of toothpaste and soft brushes.

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 remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We saw evidence that people had benefitted from an approach by staff and a culture at the home that was exceptionally caring. Staff made opportunities to spend time with people, they were inquisitive and listened to people and observed their actions. They consulted with people's families and medical professionals, using all the information available to continually adapt their approach and improve people's experience of living at the home. Everybody we spoke with, described this approach and how people had benefitted. It was embedded into the culture of the home.
- For example, one person came to the home because staff at a previous home were not able to provide an important part of their daily care safely. At first the person would become agitated and staff would stop what they were doing. However, they observed closely, remained inquisitive and over time by trying different approaches staff were able to work out what upset the person. They changed the way they helped the person and now use this knowledge to help anticipate their needs. The person now very rarely becomes agitated and their wellbeing had significantly improved.
- One GP for many people at the home told us that a lot of people's use of antipsychotic medication at the home had reduced due to this approach of listening to people and exploring their actions. They told us, "The difference here is that people have more freedom."
- People's relatives told us their family members experienced an exceptionally caring culture at the home. Some people's family members described the approach of staff as loving towards their family member. One person's relative told us, "[Name] is well cared for and loved, they love him and respect him. When he is not well they feel for him." Another person's family member said, "This has become our second home, where we know dad is loved and cared for... I feel and see it in staff's faces. I see compassionate communication and a kind caring approach." A third person's family member told us that they had been so impressed with the quality of the care they had witnessed, it had inspired them to study in an area of health care.

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

- People told us they were listened to. One person said, "I feel like staff listen to me and have time for me." Another person's family member told us that their relative had to leave two other homes because staff said they could not keep them safe due to their behaviour. Their relative explained the difference that the approach of staff made. They told us, "They stuck with him. They saw the person and not the problems; they never give up on him. They have learned to listen to him from his actions. They know what he wants from what he does...and now they are golden with him."
- The care planning process respected and dignified people and involved them in planning their care and support. From their observations staff had learnt people's preferences, how they expressed decisions and

what may indicate that a person was upset by something. Staff explored what support a person may need to meet their preferences. For example, one person who had previously been a keen runner was supported to go for regular walks with staff, another person who had been a farmer was supported to enjoy spending time outside in the grounds. These experiences enhanced people's lives. There was a focus on people's lifetime achievements, their families, their trade or occupation, and personal details such as what made them laugh. This care planning process helped to create a culture where people were respected, supported them to effectively make decisions and have as much autonomy and freedom as possible.

- New staff were coached by experienced staff on the importance of communication. One staff member told us, "It's our culture. It's the expectation that we listen to people here." The registered manager promoted this culture by observing the quality of staff member's communication and how they acknowledged and respected people's choices. They told us, "I am looking for staff doing something nice when they don't know they are being observed; and to praise this to imbed the culture."
- Staff adapted the way they supported each person to make decisions. We saw staff at times showing people things when they were talking about them, they walked with people to show them a different place where something is due to happen and acted out events and scenarios to help people make decisions and understand upcoming events. This dignified people and enabled them to make choices.

Respecting and promoting people's privacy, dignity and independence

- There was a focus on people staying safe whilst remaining as independent as possible. The systems at the home and people's risk assessments supported this. We also saw that people were using adaptations and equipment to help them remain as independent as possible.
- People's private space and private and confidential personal information was respected.
- People's dignity was treated with importance; people were spoken to and about with the utmost respect. At times staff offered support in a discreet and respectful manner to uphold people's dignity. One person's family member told us how they appreciated their relative being treated with dignity. They told us, "Since coming to the home he had always looked impeccable."

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

- Each person had an individualised care plan that was regularly updated. These contained important details that enabled staff to be effective in providing person centred care.
- Reviewing people's care plans and updating them when there were opportunities to learn more about a person had led to improvements in people's care. For example, one person needed bed rest but was missing out socially. It was arranged for them to have bed rest every second day, which stopped them from becoming too weak but allowed them for some time to still socialise with other people within the home.

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

- The service had two activity co-ordinators who took the lead in ensuring that people had the opportunity to engage in meaningful activities. People's feedback was sought on what they wanted to get involved in. If people could not give this feedback, they based activities on people's previous lifestyle choice or other clues on what people may enjoy.
- Some people went for walks and a small group of people visited a local pub or local café. At the home people painted, completed jigsaws and read. One day we saw a visiting violinist who played traditional music that people told us they enjoyed. In the summer people used a summer house or relaxed in the grounds. People's families got involved in helping to maintain the grounds. One person told us, "I like to feel the fresh air and the sunshine." Another person told us, "I like going out looking at the hills and going for a walk."
- People were supported to enjoy activities that were culturally and spiritually important to them. A local clergyman gave Holy Communion, children from a local school visited and one person was helped to source DVDs in their first language.
- Staff kept a record of what activities people engaged in and what people enjoyed. Also, at times they had become aware that a person stopping engaging in activities that they used to enjoy. This was looked at as an indicator they may need support with their wellbeing.

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 registered manager and their staff team were skilled in adapting and presenting information to

people in a variety of ways. This was both formally in adapting information available and in people's day to day care. For example, we saw that people had things explained to them on a one to one basis in a quiet environment, that at times pictures were used or a person was shown something which helped them to communicate their needs and wishes with a staff member.

Improving care quality in response to complaints or concerns

- The registered manager and other senior staff were open and responsive to people's complaints or concerns.
- People and their family members praised the response and feedback they received when they raised a concern. One person's relative told us, "I expressed a concern. It was handled well, and I felt comfortable and not awkward afterwards. There was also a follow up meeting that went well."

End of life care and support

- If appropriate people had an end of life care plan in place. This care plan helped ensure that people received responsive end of life care that met their wishes. People's family members told us that they felt involved and at the centre of planning this care. One person's relative told us, "Even during difficult times the care has allowed us to have a positive experience; it has helped to give us quality time."

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

- People spoke highly of the care they received. Quotes included, "Amazing" "Excellent" and "I can't speak highly enough." People's family members praised the culture at the home. One person's relative told us they felt like they worked alongside the home. They said, "I feel part of the family."
- People living at the home, their family members and staff were all positive about the culture at the home. Staff told us that the culture guided and helped them to be effective in their roles. One staff member told us, "The manager has had a massive impact. They are open to ideas and staff opinions. Each person matters to her. I always feel listened to." It was evident that people living at the home had benefited from this culture.
- The registered manager had promoted a person centred, relaxed and friendly environment at the home. It was clear that they had positive relationships with people and their family members.

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

- The registered manager had effective systems in place that helped them to ensure that the service provided was safe and of high quality. They told us that they were supported to do this by the provider and benefited from a monthly provider meeting that reviewed the quality of the service.
- People's relatives spoke positively and with confidence about the maintenance of quality within the home. One person's relative said, "They take things in their stride, and we have been supported beyond our expectations. They have managed his care really well and they are good at managing risks."

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 and other staff were candid and honest about times when improvements needed to be made. They had been open and shared appropriate information as needed to help improve outcomes for people.

Continuous learning and improving care

- The registered manager told us that they promoted a culture of making overall improvements by changing many little things over time. We saw numerous examples of improvements being made and people benefitting from these. One visiting GP told us about the home, "They have a culture of constantly improving."
- The registered manager and other senior staff had embedded a culture of listening, learning and

improving the service provided. Senior staff told us that it was important that this involved acknowledging and thanking care staff for looking after people well. Staff were inquisitive about people, they wanted to try and work out what was best for people and asked lots of questions.

Working in partnership with others; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We saw many examples of people being engaged with and consulted on a day to day basis, there was also more structured consultation during residents' meetings and family coffee mornings. People's relatives told us they felt consulted with. One family member said, "They pick up on our issues straight away and they always update us."
- There were regular staff meetings, staff told us that they were an opportunity to express their views. They told us that during these meetings they felt listened to.