

Whitegates Retirement Home Ltd

Park View Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Park View Care Home is a residential care home with nursing registered for up to 61 people, some of whom are living with dementia. At the time of our inspection 50 people were using the service. The accommodation in Park View Care Home is a purpose built care home over three floors..

During our last inspection on 28 January 2015 the service was rated Good overall, with all the key questions rated as good, apart from responsive, which was rated as requires improvement. This was because we found that the care records provided inconsistent information about individual choices, aspirations and wishes and that people's daily logs were not always personalised and were focused on the tasks undertaken. We also found that people nursed in bed or who chose to remain in their bedrooms were at risk of social isolation through the lack of meaningful stimulation and engagement.

During this inspection we found that the service had taken appropriate action to enable the responsive key question to be rated as good. We also found that all the other key questions, that had been rated good, remained good. Meaning that we found the service remained Good.

There was a registered manager at the service, they had been registered at this service since February 2016 and had previous experience as a registered manager.

The people who lived in the service told us that they felt safe and well cared for. There were systems in place which provided guidance for care workers on how to safeguard the people who used the service from the potential risk of abuse. Staff understood their roles and responsibilities in keeping people safe.

There were processes in place to ensure the safety of the people who used the service. These included risk assessments which identified how the risks to people were minimised. There were sufficient numbers of trained and well supported staff to keep people safe and to meet their needs. They were recruited using a robust recruitment process for employing staff appropriately to care for vulnerable people.

Processes and procedures were in place to receive, record, store and administer medicines safely. Where people required assistance to take their medicines there were arrangements in place to provide this support safely.

Both the registered manager and the staff understood their obligations under the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager knew how to make a referral if required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People were supported to eat and drink enough to maintain a balanced diet. They were also supported to maintain good health and access healthcare services.

We saw many examples of positive and caring interactions between the staff and people living in the service. People were able to express their views and staff listened to what they said and took action to ensure their decisions were acted on. Staff protected people's privacy and dignity.

People received care that was personalised and responsive to their needs. The service listened to people's experiences, concerns and complaints. Staff took steps to investigate complaints and to make any changes needed.

The registered manager was supported by the organisation and the staff they managed told us that the registered manager was open, supportive and had good management skills. There were systems in place to monitor the quality of the service offered people.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service was responsive.

Care plans were centred on the care and support needs of the individual.

People were engaged, supported to remain occupied and were supported with a good range of social and leisure activities.

There was a complaints policy in place and complaints were investigated to the satisfaction of the people who had made the complaint.

Is the service well-led?

Good ●

The service remains Good

Park View Care Home

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 was an unannounced comprehensive inspection carried out on 16 August 2017.

The inspection team consisted of an inspector, a specialist nurse adviser 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. On this occasion our expert by experience had personal experience of caring for a relative living with dementia and supporting them while living in a residential service.

Before our inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service: what the service does well and improvements they plan to make. We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

During our inspection we spoke with 16 people, nine relatives, the registered manager, the head of care, one nurse, two senior care staff and four care staff. We reviewed six care files, four staff recruitment files and their support records. We also looked at records, audits, policies and procedures related to the running of the service.

Is the service safe?

Our findings

At this inspection we found the same level of protection from harm and risks as at our previous inspection, staffing numbers remained consistent to meet people's needs and the rating continued to be Good.

People told us that they felt safe living at the service. One person told us, "It's very satisfactory, it's all very nice. I can't judge them down at all." A relative told us, "[The staff] do know [my relative] well, they know their needs, specifically how to handle [my relative] and do so pleasingly." Another relative said, "The whole set-up is good, calls are responded to quickly, they're always friendly, [my relative] is happy with the help and care, which appears to be very good."

Staff knew how to keep people safe and protect them from harm; they were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them. They were aware of the organisation's safeguarding and 'whistle-blowing' policies. When concerns were raised the service notified the local safeguarding authority in line with their policies and procedures and these were fully investigated. One staff member said, "It is every person's human right to be cared for and protected from abuse." Another told us, "We are the advocate for the residents at the end of the day, it is our job to keep them safe from abuse."

Risks had been assessed and steps had been put in place to safeguard people from harm without restricting their independence unnecessarily. Risks to individual people had been identified and action had been taken to protect people from harm. For example, people were enjoying lunch in the garden, taking advantage of the good weather. Care had been taken to sit people in an area of the garden that was shaded by trees and sunshades. Meaning that people were protected from becoming overheated or getting sunburnt.

Records showed us that people who had developed eating difficulties and those that had been assessed as being at risk of not getting enough to eat to keep themselves healthy were receiving the care they needed to prevent deterioration and to eat a healthy diet.

The service ensured that risk assessments associated with emergency situations were carried out. For example there was a fire risk assessment in place that was up to date and reviewed as needed and each person had an individual personal emergency evacuation plan (PEEP) in place so that staff and emergency workers knew what support they needed in times of emergency.

To help ensure that people are safe regular health and safety checks were carried out regarding the building and environment, such as legionella water checks, fire alarm tests and fire drills.

People and staff told us that there were enough staff working at the service. One person told us, "Staffing levels are more than adequate; I don't have to hang on for a long time – no." One person's relative said, "At the changeover time staff can seem thin on the ground sometimes. I think they could stagger the changeover." Another relative told us, "In the main they [the staff] are able to cope with [my relatives] needs, watching [the staff] I can see they seem to have some way of keeping an eye on other residents."

The registered manager calculated how many staff were required to support people by using a recognised dependency tool. The rotas were planned well in advance and on examination showed the staffing levels reflected what we had seen on the day of our inspection and what we had been told about the planned staffing levels. This meant there were suitable numbers of skilled staff to meet people's needs.

Medicines were safely managed. The service had recently changed over to an electronic system to maintain people's medicines records. Each nurse had an individual sign in as an identity check and to record which staff member had administered the medicines. The system prompted staff if there were any safety issues involved with the medicines about to be offered, for example, whether they should be taken before food or if the person's blood pressure needed to be checked before administering their medicines. The system also timed the round and confirmed that all the medicines had been dispensed at the end of the round.

The registered manager told us about how the system had a number of safety systems. This included monitoring the time between the administration of medicines to ensure people did not get their medicine early. The system also produced audit reports for the registered manager. They explained to us how they used these to ensure medicines were being administered appropriately.

Staff responsible for administering the medicines had undergone regular training with their competencies checked. Storage was secure and stock balances were well managed. Records were comprehensive and well kept. Staff were observed administering medicines appropriately and they told us they were confident that people received their medicines as they were intended. One person told us, "I used to get in a muddle with my tablets, I feel better now I'm getting them done for me."

Is the service effective?

Our findings

During this inspection, as in our previous one on 28 January 2015, we found that Park View Care Home offered people an effective service. The rating continues to be Good.

Staff had the same level of skill, experience and support to enable them to meet people's needs. Staff told us that they had the training and support they needed to carry out their role effectively. The service had three heads of care, one on each floor with specialist interests. The head of care on the dementia unit had additional qualifications in dementia, coaching for example, which they utilised regularly with staff.

The manager told us that, "The heads of care have supernumerary time each week where there is an additional nurse on duty to provide the heads of care time to complete work as care plan reviews, relative meetings, staff meetings and appraisals, audit etc."

Records evidenced that staff received appropriate supervision and appraisal. These sessions were focused around developing the skills and knowledge of the staff team. In these sessions staff were offered the opportunity to request training and discuss career progression. For example, the manager told us that three of the care workers were being supported to undertake nurse training and that the senior care team were enrolled on a team leader qualification.

We saw that there was a policy and procedure in place for the recruitment of staff. The files showed that this procedure had been followed including disclosure and barring service checks on staff. This meant that the service checked upon staff's suitability to work with the vulnerable people who used the service.

People confirmed they thought the staff were well trained. One person said staff were, "Perfectly well trained, some of [the staff] are excellent. Yes, brilliant training" A relative told us, "The staff are regularly updated on how to handle people's needs. I've no concerns of the handling of [my relative]. I think all of the staff, even the relatively new ones, have good knowledge."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People using the service had their capacity to make decisions and consent to their care assessed appropriately under the MCA. DoLS applications had been made and sent to the local authority to be authorised.

Staff continued to demonstrate they understood the MCA and DoLS and how this applied to the people they supported. Staff continued to encourage people to make decisions independently in areas they were able to. Staff demonstrated they knew people well, and this enabled them to support people to make their own decisions, for example what time they went to bed, what to wear or whether they wanted a bath or a shower. People told us they were able to make decisions for themselves. One person told us, "If I'm not in the mood, I'll stay in my room, but I do like to go and see what's going on."

The service had ensured that people were supported to maintain a balanced diet. People told us they were happy with the food they were served. One person told us, "I enjoy the food; it's more than adequate. There's a menu with choices. Oh, there's always something that I like." Another told us, "Lunch was very nice, I didn't want to sit with others [they had eaten in their bedroom] they just let me be." A relative told us, "The staff interact with [my relative] at mealtimes; they definitely keep an eye on them."

The service had responded to specialist feedback given to them in regard to people's dietary needs and had taken action to meet them. For example, by introducing food that was fortified with cream and extra calories to enable people to maintain a healthy weight.

A relative told us that mealtimes were, "Absolutely well managed, dieticians called in when needed, all is well managed." Another relative was reassured that staff were familiar with their relative's eating requirements. They told us, "[The staff] are well briefed on [my relatives] dietary needs [they needed a soft diet] from what I've seen the food is very good."

Mealtimes were an enjoyable experience; there was a good rapport between the people living in the home and staff. In one dining room a staff member joked to one person, "That looks good, can I have some." The person responded, "Not on your life!" There was laughter between the two and the staff member passed to the next table saying, "You enjoy it then."

People were offered the opportunity to take advantage of the good weather on the day of our inspection and eight people ate out in the garden. People told us they enjoyed the experience. One person said, "At the garden table today you've got different people from different floors, interacting with each other. I liked meeting new people."

People were supported to maintain good health. Records demonstrated that the staff were proactive in obtaining advice or support from health professionals when they had concerns about a person's wellbeing. One person told us that, "I wasn't well, I told [the staff] not to bother with the doctor. But they convinced me I needed to see one. That was just as well, I had an infection." Another person said, "I get my feet done and [the staff] make sure I get to my hospital appointments."

Is the service caring?

Our findings

At this inspection people remained happy living at the service, they continued to be complimentary of the staff and felt cared for. The rating continues to be Good.

We saw examples of positive and caring interactions between the staff and people living in the service. People were able to express their views and staff listened to what they said and made sure their decisions were acted on. One person said, "Everybody here is very nice, very kind, [the staff] do their best for you, anything you want they try and get it for you." Another person told us, "I like them all [the staff] are very good."

When staff spoke with people they were polite and courteous. Relatives were complimentary about how staff treated their family members. One relative told us "The carers on this floor give absolutely one hundred percent. [My relative] has been here several months and they haven't asked once to go home.... The carers all love [my relative], they all know [them] the managers, the domestics, the kitchen people, all of them." Another relative, who had just been greeted by a staff member said, "She knows my name, it's that friendly family feeling, I love it." The went on to tell us they were able to visit whenever they wanted to and were always made to feel welcome. Another relative told us, "They brought in lovely coffee and biscuits, they'll always do that...I've stayed here once or twice for a lunch."

People, where able, were involved in planning their own care. People important to them were also involved. Regular reviews of people's care were carried out and they and their relatives were invited to take part in the review. A relative said, "We look over the care plans and make changes and update it from time to time." Another relative told us, "I do go to relative's meetings. I will promote things proactively; those able to speak offer their opinions and also offer suggestions."

People's privacy and dignity was respected and promoted. One person told us, "If I have any guests and we need privacy there are rooms we can go in and speak privately and they respect our privacy." A relative said "[The staff] greet [my relative] whenever they come in and wait for a response, there can be quite a delay.... When they help [my relative] change, I notice that [the staff] have closed the curtains and shut the door, they are very aware of the need for thoughtful dignity."

Staff knew people well including their preferences for care and their personal histories. Staff told us that they tried to support people to maintain their independence as much as possible and assessed the level of support people needed on an ongoing basis. A staff member told us, "Knowing a little about a person's past life helps me a great deal; it helps me understand why they may have done that."

Is the service responsive?

Our findings

During our last inspection on 28 January 2015, this key question was rated as requires improvement. This was because we found that the care records provided inconsistent information about individual choices, aspirations and wishes and that people's daily logs were not always personalised and focused on the tasks undertaken. We also found that people nursed in bed or who chose to remain in their bedrooms were at risk of social isolation through the lack of meaningful stimulation and engagement.

During this inspection we found that the service had taken appropriate action to enable the responsive key question to be rated as Good.

The service ensured that people's care records were personalised to include information about them, such as their hobbies, interests, preferences and life history. This information enabled staff to get to know people quickly and to offer support in the way they wanted to be supported. Care plans were detailed for staff to follow and were kept under regular review. They were kept secure.

A good understanding of people's preferences and life experiences also helped staff to support people to engage in meaningful activities that they enjoyed.

Staff had been appointed and trained as 'Champions' and offered support and education to the rest of the staff team on an ongoing basis. For example the End of Life champion had undertaken formal training from the local hospice which they then cascaded to the staff team. This meant that the people who were at the end of their life would be cared for in a way that kept them comfortable and pain free.

The service had a wellbeing team of three staff, which meant that activities were offered throughout the week. The wellbeing programme, an activities plan, was on display on an easel in the main corridor and in various other sites within the service. There were photographs on display showing people had taken part in activities being offered.

The wellbeing team members that we talked with said that they got to know the people as soon after they arrived at the service and tried to include their interests into the programme. One of the team told us, "That the activities being offered, "Reflects who attends and what they choose to do, If they feel it is more of a social activity, like creating an event out of a film shown in our cinema, people will socialise and stay."

Other activities on offer included a BBQ, beer and sing along, slide shoes and talks given on different topics, such as The Royal Society for the Protection of Birds (RSPB) Summer at Minsmere. Outside entertainers visit the service, such as sing along sessions and Elvis, who people told us was always popular.

The wellbeing lead told us that there are three of the team; two staff did activities Monday to Friday and one on Saturdays and Sundays. One wellbeing team member would butterfly throughout the building to ensure that everyone has some kind of social involvement.

One person told us, "We know what's going on. If you want to go [on visits or trips] you just tell them, put your name down, I've been on one, Jimmy's farm. I don't feel left out; neither do I feel that I have to do it." A relative told us, "Our [close relative] is getting married and a carer is going to attend with [my relative]."

The management team routinely listened to people to improve the service on offer. The head of wellbeing told us, "We have resident's meetings once a month. I would talk to the care team first, find out about their [people's] interests." One person said, "Residents meetings are held, my [relative] and friends are welcome to come."

The service had a robust complaints process in place that was accessible and all complaints were dealt with effectively. People told us that they had not needed to complain, but that they were confident that if they did have any reason to make one it would be handled quickly and a dealt with properly. One person told us, "I do report it [any concerns], I tell [the registered manager] [they] always says to me 'Come to me right away'." Another person said, "Anything that's cropped up has been dealt with to my satisfaction," When asked if they had needed to complain to the service, one relative said, "I haven't needed to complain but I feel confident that I would be listened to if I did."

Is the service well-led?

Our findings

This service continues to be as well led as at the previous inspection. The rating remains Good.

There was a registered manager at the service. 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. Statutory notifications received showed us that the registered manager understood their registration requirements.

During our inspection the registered manager was transparent in their conversations with us. They were excited about the ongoing developments within the home, these included the new computerised system for medications, the new electronic care planning and other support and changes being implemented. They told us that they had been supported by the providers in promoting a positive, transparent and inclusive culture within the service. The registered manager actively sought the feedback of people using the service and staff. Staff and people using the service told us they felt able to talk to the registered manager about anything they wished.

People told us that they were happy with the quality of the service, one person said, "The manager is a lovely person, [they] come and says hello every day." People and their relatives thought that the service was well-led, one relative said, "[The registered manager's] ability to explore things helps to avoid problems is second to none, always presenting professionally."

A relative told us that the registered manager was friendly and available if people wanted to speak with them. They felt they could approach the registered manager if they had any problems, and that they would listen to their concerns. One relative described how the registered manager got involved at all levels, "Absolutely, good communication, they work as a team. It's not left hanging, there's always someone that steps in." Another relative said, "I know the manager well, yes [they are] personable."

The registered manager was often seen around the home and would stop to say hello and ask how people were as she passed by. Staff said the registered manager was very visible and supportive. One said, "I have worked with [this manager] before, yes I feel supported. We have an 'open door' policy. The providers come in... and the dementia head as well. They stop and talk with us, and ask us how we're doing."

Staff we spoke with were positive about the culture of the service and told us that they felt they could approach the registered manager if they had any problems and that they would listen to their concerns. They had one to one supervision meetings and there were regular staff meetings. This enabled staff to exchange ideas and be offered direction by the registered manager. A relative told us, "They have relatives and residents meetings but I haven't felt it necessary. It's all quite open and they're all very approachable, everyone here."

However, those people who had attended the residents and relative meetings were happy that they had

been given the opportunity to voice their views of the service and to make suggestions on how the service could improve. One person said, "I like going to the meetings, I like to have my say." The manager told us, "The managing director meets me weekly and 'tours' the home to see what's happening and talk to staff and residents."

The registered manager and the provider continued to assess the quality of the service through a regular programme of audits and observations that were undertaken weekly, monthly and quarterly. This included external audits undertaken by outside organisations. Observations and feedback were reviewed at the head of care and head of department meetings and a monthly feedback/learning communication was shared with all the staff team. We saw that these quality audit systems were capable of identifying shortfalls which needed to be addressed. Where shortfalls were identified, records demonstrated that these were acted upon promptly.