

Liaise (London) 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 well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Park House is a residential care home which provides accommodation and personal care to up to 6 adults living with a learning disability or autism. At the time of the inspection 6 people were using the service.

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

Right Support

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.

The model of care and the setting maximised people's choice and control. People had their own personalised ensuite bedroom and had access to shared facilities including a garden. One of the 6 rooms is a flat where a person could live more independently. People were protected from the risks associated with the spread of infection and were supported to take their medicines safely.

People's risks were assessed in a person-centred way. Care plans and risk assessments were regularly reviewed and involved relatives as appropriate. People who may become anxious or distressed had proactive plans in place to reduce the need for restrictive practices.

Right Care

People's needs were assessed before they began to use the service to ensure the provider could meet those needs. People had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations, included physical and mental health needs.

Relatives confirmed they were included in decision making about their relative's care. People were supported to eat and drink enough to maintain a balanced diet. Staff involved people in choosing their food and planning their meals. Staff supported people to maintain their health and worked jointly with healthcare professionals to improve outcomes for people.

Right Culture

Management were visible in the service, approachable and took a genuine interest in what people, staff and other professionals had to say. Relatives said they would recommend the service. The management team

worked directly with people and led by example. Relatives and staff confirmed they were able to make suggestions and raise concerns to enable improvements to be made to the service.

Staff were recruited safely and there were enough staff on duty to meet people's needs. People were protected from abuse and poor care. The provider supported staff with training and supervision. Training included learning disability and autism so care could be provided effectively. Relatives were asked by the provider about their opinions of the service.

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 02 April 2019).

At our last inspection we recommended that the provider seek advice and guidance in relation to including diversity and end of life care wishes as part of the care planning process. At this inspection we found the provider had acted on these recommendations and made improvements.

Why we inspected.

This inspection was prompted by a review of the information we held about this service. The inspection was prompted in part by an increase in notifications of incidents involving people using the service.

As a result, we undertook a focused inspection to review safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service remains good based on the findings at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, effective and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Park House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service effective?</p> <p>The service was effective.</p> <p>Details are in our effective findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

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 Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of 2 inspectors and a regulatory co-ordinator. CQC regulatory co-ordinators support inspection activity.

Service and Service Type

Park House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Park House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of Inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are

often out and we wanted to be sure there would be people at home and staff to speak with us. Inspection activity started on 15 November 2023 and ended on 15 December 2023. We visited the service on 15 November 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We observed care and treatment in communal areas. We spoke with 4 relatives and 2 people who used the service. We spoke with 4 staff including the registered manager, quality manager, and 2 care staff. We looked at a range of management records including medicines and quality audits. We reviewed 2 people's care records including risk assessments and 5 staff recruitment records. After the site visit, we continued to liaise with the service. The registered manager sent us documentation we asked for and clarified any queries we had.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of harm or abuse. Relatives told us they felt their relative was safe at the service. Comments included, "Certainly [safe]", "Absolutely [safe]" and "I feel [relative] is safe."
- Staff told us they felt able to raise concerns with the team leader, deputy manager and registered manager. They knew what actions to take if they suspected somebody was being abused including raising an alert with the local authority or reporting to CQC.
- The provider understood their responsibility to report safeguarding concerns to the relevant authorities. Staff received training in the safeguarding of vulnerable adults and children.

Assessing risk, safety monitoring and management

- People had comprehensive risk assessments as part of their care plan to give guidance to staff about how to manage the risks of harm the person may face. This included a personal emergency evacuation plan which detailed the support the person needed in the event they needed to leave the building in an emergency.
- Risk assessments included the risks associated with the use of paraffin creams, medical and health needs, behaviour, sensory needs, activities and community access and diet and nutrition.
- People had positive behaviour support plans which included guidelines for staff about how to reduce the risk of the person becoming distressed or anxious and to manage situations when the person shows behaviours of concern.
- Records showed people had a 'restriction reduction plan' in place which included what was in place to minimise restriction and long-term actions to further reduce them. This included minimal use of calming medicines and to use these only as a last resort.
- The provider had a policy for managing people's finances. Staff were required to complete a financial transaction record whenever a person's money was spent. Records confirmed this. The registered manager's finances audit for October 2023 showed there were no identified issues.
- The provider carried out regular building safety checks. For example, a gas safety check was carried out on 8 June 2023 and portable appliances were tested on 12 January 2023. Records showed firefighting equipment was serviced on 26 April 2023 and the fire alarms were serviced on 28 June 2023.

Staffing and recruitment

- There were enough staff on duty to meet people's needs. Relatives confirmed this was the case. A relative said, "Yes there is always staff to look after [relative]."
- Staff told us there were enough staff on duty. Comments included, "There is always enough staff and the [registered] manager and the deputy help too" and "We do have enough staff and some people have [2 staff

supporting them]."

- The registered manager explained they did not need to use agency staff to cover planned and unplanned staff absences. They told us, "Currently we have bank staff we can call to come in. We also ask permanent staff if they want to do extra. I or the deputy will be working on the floor."
- The provider had a safe recruitment process in place. They carried out relevant recruitment checks before employing new staff to ensure suitable staff were employed. These included proof of identification, references and the right to work in the UK.
- Disclosure and Barring Service (DBS) checks were carried out for new staff and regular updates obtained for all staff. DBS checks provide information including details about convictions and cautions held on the Police National computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People's medicines were managed safely. Relatives told us they were happy with the way the service managed their relative's medicines. Comments included, "Medication is done very well" and "I am happy with medicines management."
- Medicine administration records were completed correctly with no gaps and reasons for giving 'as needed' medicines were documented. This meant people received their medicines as prescribed.
- People who required 'as needed' medicines had guidelines in place for staff to know how and when to administer these.
- We carried out a stock check of boxed medicines for 4 medicines for 2 people. The physical amount in the boxes tallied with the stock count recorded.
- Records showed shift leaders were responsible for checking medicines weekly and the registered manager carried out a monthly medicines audit. We noted the medicine audits conducted during November 2023 showed there were no identified issues.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The provider's approach to visiting was in line with government guidance and there was no restriction to visitors at the time of inspection. The registered manager said, "Anybody can come anytime. There is no restriction." Relatives confirmed this was the case. A relative said, "All [staff] are very polite, welcoming and accommodate visits."

Learning lessons when things go wrong

- The provider kept a record of accidents and incidents which showed staff were given a debrief following an incident and lessons learnt were shared with the staff team so improvements to the service could be made.
- The registered manager gave an example of a person showing signs of distress during a group activity and communication had broken down. The lesson learnt was the activity could have been broken down into two slots of smaller groups at different times. This had been implemented and meant communication had

improved and the risk of the person becoming distressed was reduced.

- Staff confirmed lessons learned from incidents were shared with them. A staff member said, "We always do a debrief. We always have handover in the evening. We [have] a group discussion."
- The provider had notified CQC appropriately of incidents that had occurred.

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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

At our last inspection we recommended the provider follow best practice in assessing diversity and end of life care wishes in the care planning process. The provider had made improvements.

- People's care needs were assessed before they began to use the service so the provider could be sure they could meet the person's needs.
- Assessments included people's physical, sensory and mental health support needs, communication, social, cultural and spiritual care. Support plans included people's end of life care wishes.
- Relatives confirmed their relative's spiritual and cultural needs were assessed and met. A relative told us, "[Person] has religious artefacts around them." Another relative said, "I requested they play [spiritual] music which they do and [person] is also taken to [place of worship]."
- In line with their assessments, people had outcome-based support plans. For example, records showed a person had a goal of being independent with personal care. This had been updated to show the person could now complete some personal tasks independently.
- Care plans stated the aim of individual support plans. A person's assessment regarding daily living skills stated they found satisfaction when they completed certain domestic tasks. The record showed the support plan's aim was for the person to become less reliant on verbal support and more independent in completing domestic tasks.

Staff support: induction, training, skills and experience

- Relatives told us they felt staff had the skills needed to work with their relative. A relative told us, "Senior staff members are well placed to manage behaviour [concerns]." The relative explained measures were being put in place to prevent items being thrown out of the window and for the new TV to be placed in protective casing.
- The provider gave staff a comprehensive induction which included the allocation of an induction champion, health and safety training, e-learning, face to face training and 2 weeks of shadowing experienced staff.
- Staff confirmed they received regular training, found this useful and were able to ask for training when needed. Records confirmed staff were up to date with training which included topics such as, medicine administration, diabetes, nutrition, positive behaviour support, learning disability, autism and mental health.
- Records showed staff received regular supervision. A staff member told us, "We normally have supervision where we can channel our concerns. I do it once a month but if I want it more frequently, I can request it."

- The registered manager told us the service operated with the guidance of "Right support, right care, right culture" and "I ensure staff know what that entails and during supervision we discuss the principles."
- The provider had a system in place for staff to have an annual appraisal. Records showed these were up to date. Topics discussed included, tasks the staff member enjoyed and did not enjoy, training needs, achievements and ambitions.

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

- People were supported to eat a nutritionally balanced diet. Comments from relatives included, "[Person] gets to pick [their] own meals when possible" and "All [staff] are good cooks. There is a variety of meals and the food is really good."
- Staff explained how they supported people with their nutrition. Comments included, "[People] have a meeting where they can tell you what they want. There is always a lot of fruit and vegetables. Most of them like to go shopping" and "[People] can request more food."
- Relatives confirmed people's cultural needs were met. A relative said, "[People] and staff are multicultural so food preferences are offered and they have a takeaway on Fridays. Great [the home] is in a diverse area. If it was outside of London, this could be difficult."
- Records showed 4 weekly menus were decided during resident meetings. Menus were varied and included fruit and vegetables. Cultural differences were catered for. The registered manager told us, "In the past we have had a cultural barbecue where we asked staff to bring their cultural food."
- Staff showed us the kitchen and food storage area. We saw a variety of food and snacks including fruit and vegetables stored appropriately and safely. We observed a person being supported to prepare a light meal for themselves.

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

- People's healthcare needs were met. Relatives confirmed this was the case. Comments included, "If [person] needs to go to the doctor's, staff will take them and let me know", "[Registered] manager has suggested [person] to be seen by the dietician. They have also received visits from the optician."
- The registered manager, staff and records confirmed staff had training in oral care and people had access to a dental service including in an emergency. Relatives told us they were satisfied with the support people get with oral care.
- The service was supported by the provider's in-house multi-disciplinary team (speech and language therapist, occupational therapist and positive behaviour specialist).
- Records showed people had regular access to external healthcare professionals as needed including psychiatry, the dentist and the GP.

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

- Relatives spoke positively about the property. Comments included, "They are very lucky, beautiful house with private toilet" and "It is quite satisfactory."
- People could move freely around the service without restriction. All rooms were accessible by a lift and stairs. People had personalised their rooms to their taste.
- A person had their own flat to support independence which was accessible by their own front door or through the communal entrance. Their relative was helping with the redecoration of the flat during our visit.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA. At the time of inspection 5 people had an authorised DoLS in place and any conditions relating to this were being met. Records showed where new applications or renewals had been made, the provider followed up with the appropriate authority when they were delayed.
- Records showed mental capacity assessments and best interest's decisions were carried out for people where this was appropriate. For example, we saw where this was completed for one person in relation to understanding safety and keeping safe at home.
- Staff understood how to obtain consent from people before giving them care. A staff member told us, "We always involve the person in making choices. We ask them and give them options. We always ask their consent before we do anything."

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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

- The service had a positive culture that was inclusive, open and empowering. A relative told us, "I like that [relative] is able to go to office, sit there and say hello. [People] feel part of where they live. The care home does not feel institutionalised."
- Relatives told us the service was well managed. Comments from relatives included, "I even have [registered manager's] number so if I need to speak to them I can" and "[Registered] manager is excellent and very available. Sometimes I send a message at weekends and they will usually answer."
- Staff confirmed the registered manager was available to them if needed. Comments included, "We can always approach [registered manager]" and "We always approach [registered manager or deputy] any time we want."
- The registered manager explained how they made themselves available to staff and relatives. They said, "I have a suggestion box. I introduced a drop-in 'manager's session' for staff every Thursday. [Relatives] have my number and they contact me frequently any time any day. I also contact them regularly."

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 understood their responsibility under duty of candour including carrying out an investigation when things went wrong and where appropriate the need to apologise to people concerned.
- The registered manager told us, "We are talking about a 'being open' policy. It is better to report than not report." They gave an example of a medicine error that had happened where they contacted the GP and the relative. They explained they then raised a safeguarding alert with the local authority and notified CQC.
- The provider had notified the local authority and CQC of concerns appropriately.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Staff and managers were clear about their roles and knew the people they supported well. Staff described how they were kept updated on people's wellbeing. A staff member told us, "Whenever I walk in the door, I know what is expected of me. There are messages on the tablet device and we do handover."
- The registered manager told us how they ensured staff were clear about their roles and said, "The job description is always there for staff. I created a list of tasks for staff which gives them a sense of empowerment. They learn how to shift lead."
- The provider had various quality assurance processes in place so improvements could be identified and

actioned. Examples of quality audits were weekly medicine checks and manager's walk around, monthly finance and medicine audit, night spot check, health and safety check and quarterly operational audits.

- Records of the night time spot check completed in October 2023, showed no actions were needed. It was noted as required, staff were awake, people were checked and monitored and tasks were completed to an acceptable standard.
- We reviewed the operational checks for record-keeping completed in October 2023, which noted there were gaps in records. For example, there were gaps in weight recordings for 3 people. The record showed the registered manager had taken action and rectified this.

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

- The provider had a system to capture the views of people, relatives and staff. A relative told us, "Yes, I give them my feedback and it is taken on board." We reviewed the outcome of the 2022 survey completed by people and relatives. This showed people were satisfied with the support they received from staff and relatives would recommend the service.
- In the 2022 staff survey, staff asked for improvements in the areas of recognition. Management took this on board and recommended staff for external awards and enhanced their internal recognition scheme.
- People using the service had regular meetings. Minutes of the 3 most recent meetings held showed each person was encouraged to contribute to discussions about how they were feeling, the food, safeguarding, health and safety and activities.
- Relatives confirmed they were involved in their relatives care and comments included, "I am very involved in [relative's] care. [Registered manager] is very open to suggestions and ideas" and "I am kept regularly updated on how [relative] is doing."
- Staff explained how they kept relatives updated on the wellbeing of their relative. A staff member told us, "[For] most of the parent we have their numbers and their emails. We share information with them and they share with us."
- Records of the 3 most recent staff meetings showed topics such as people's wellbeing and staff training were discussed. Comments from staff included, "We do have staff meetings every month and we discuss everything. It's always open for us to have a discussion" and "Every month we have a staff meeting and it is helpful."

Working in partnership with others

- The provider worked in partnership with other professionals to improve outcomes for people. Records confirmed health and social care professionals were involved in care planning and reviews.
- The registered manager gave examples of joint working with the psychiatrist, optician, dentist, GP and local authority social workers.