

Park House Residential Care Limited







Park House Residential 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	

Overall summary

The service is registered to provide personal care for 28 older people who require personal care. On the day of the inspection 27 people resided within the home.

We last inspected this service in April 2014 when the service met all the standards we inspected.

The service had a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We looked at staff files and the training matrix. We found staff were robustly recruited, trained in topics relevant to the service and were in sufficient numbers to meet people's needs.

There were systems in place to prevent the spread of infection.

Summary of findings

People told us the food served at the home was good and they were offered choices about what they ate.

We found the administration of medication was safe.

Staff had completed training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) so they should know when an application needs to be made and how to submit one. Several applications had been made using the correct procedures and personnel.

Electrical and gas equipment was serviced and maintained. There was a system for repairing faults or replacing equipment.

There were individual risk assessments to keep people safe but they did not restrict people who used the service to access the community. People had an emergency evacuation plan and there was a business continuity plan to keep people safe in an emergency.

We toured the building and found the home to be warm, clean and fresh smelling. Furniture and equipment was suitable to the needs of people who used the service and there was a homely atmosphere.

Plans of care were individual to each person and had been regularly reviewed to keep staff up to date with any changes to people's needs. People's choices and preferred routines had been documented for staff to provide individual care.

People who used the service were able to join in activities and we observed people being taken out for a walk by staff and their relatives...

We observed that staff were caring and protected people's privacy and dignity when they gave personal care.

Policies and procedures were updated and management audits helped managers check on the quality of the service.

People who used the service were able to voice their opinions and tell staff what they wanted in meeting and by completing surveys. People who used the service were also able to raise any concerns if they wished.

We saw the manager analysed incidents, accidents and compliments to improve the service or minimise risks.

Summary of findings

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. There were systems in place for staff to protect people. Staff had been trained in safeguarding topics and were aware of their responsibilities to report any possible abuse.

Arrangements were in place to ensure medicines were safely administered. Staff had been trained in medicines administration and the manager audited the system and staff competence.

Staff had been recruited robustly and there were sufficient staff to meet the needs of people who used the service.

Good



Is the service effective?

The service was effective. This was because staff were suitably trained and supported to provide effective care. People were able to access professionals and specialists to ensure their general and mental health needs were met.

Care plans were amended regularly if there were any changes to a person's medical conditions.

Staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

People who used the service told us food was good and they were given sufficient food and drink to meet their nutritional needs.

Good



Is the service caring?

The service was caring. People who used the service and the family members we spoke with thought staff were helpful and kind.

We saw that people had been involved in and helped develop their plans of care to ensure their wishes were taken into account. People were encouraged to be as independent as possible with staff support.

We observed there was a good interaction between staff and people who used the service.

Good



Is the service responsive?

The service was responsive. There was a suitable complaints procedure for people to voice their concerns. The manager responded to any concerns or incidents in a timely manner and analysed them to try to improve the service.

People were able to join in activities suitable to their age and gender. More activities could be provided to help keep people stimulated.

People who used the service were able to voice their opinions and tell staff what they wanted at meetings, key worker support sessions and by filling in surveys.

Good



Is the service well-led?

The service was well-led. There were systems in place to monitor the quality of care and service provision at this care home.

Good



Summary of findings

Policies, procedures and other relevant documents were reviewed regularly to help ensure staff had up to date information.

Staff felt supported, supervised and listened to.

Park House Residential 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 was planned to check 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.

The inspection team consisted of two inspectors and was conducted on the 03 June 2015. The inspection was brought forward because an anonymous person told us people were not getting enough to eat and staff may not have been recruited robustly. We found recruitment was robust and people who used the service told us they had sufficient food. They told us food was good, they had a choice of meals and could ask for more if they wished.

Before this inspection we reviewed previous inspection reports and notifications that we had received from the

service. At this inspection we were not able to request a Provider Information Return (PIR) in time for the service to respond. This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We asked the local authority safeguarding and contracts departments for their views of the home. They did not have any concerns.

During the inspection we spoke with four people who used the service, three care staff members, two family members, two visiting professionals, the registered manager and both providers. We looked at the care records for three people who used the service and medication records for eight people. We also looked at a range of records relating to how the service was managed; these included training records, quality assurance audits and policies and procedures. We also conducted a tour of the building to look at the décor, services and facilities provided for people who used the service.

Is the service safe?

Our findings

From looking at staff files and the training matrix we saw that staff had been trained in safeguarding topics. Staff we spoke with confirmed they had been trained in safeguarding procedures and were aware of their responsibility to protect people. The safeguarding policy informed staff of details such as what constituted abuse and reporting. There was a whistle blowing policy and a copy of the 'No Secrets' document available for staff to follow good practice. All three staff we spoke with were aware of the safeguarding procedures and said they would not hesitate in using the whistle blowing policy to protect people who used the service. There had not been any safeguarding issues since the last inspection.

We looked at two staff files. We saw that there had been a robust recruitment procedure. Each file contained two written references, an application form, proof of the staff member's address and identity and a Disclosure and Barring Service check (DBS). This informs the service if a prospective staff member has a criminal record or has been judged as unfit to work with vulnerable adults. Prospective staff were interviewed and when all documentation had been reviewed a decision taken to employ the person or not. This meant staff were suitably checked and should be safe to work with vulnerable adults.

We looked at the risk assessments in the plans of care we inspected. There were risk assessments for nutrition, tissue viability, falls and mobility. If people required equipment, for example walking aids or pressure relieving devices we saw this was recorded in the plans of care. We saw the risk assessments were to keep people safe and not restrict their daily life.

Medicines were stored safely in a locked cupboard. We looked at the policy and procedure for medicines administration. There was a suitable system for the ordering, accounting for, administration and disposal of medicines. The registered manager audited the system on a monthly basis. We were present during a medication round and observed the member of staff following the correct procedures.

Staff had been trained to administer medicines and the manager checked staff competencies. Records for medicines given when required, such as for headaches gave a clear reason why the medicine was given and how often they could be given.

Staff had a copy of the British National Formulary and a copy of each medicine's fact sheet was retained in the records. This enabled staff to check for any possible side effects or reasons why a drug should not be given to a specific person.

There was a staff signature list for staff to be accountable for their practice should an error be detected and the room and fridge medicines were stored in were checked to ensure drugs were stored within the manufacturer's guidelines. However, this was not kept in the area medications were stored and it would be good practice to do so. We looked at all the medicines administration records and found no errors or omissions.

There was a separate cupboard to store controlled drugs and a register two staff had to sign to say that the medicines had been given. We looked at the register and found on one occasion only one member of staff had signed. This was investigated by the senior care member to prevent any further mistakes.

There were policies and procedures for the control of infection. The training matrix showed us most staff had undertaken training in infection control topics. Three staff members were designated to conduct checks for cleanliness and infection control. The service used the Department of Health's guidelines for the control of infection in care homes to follow safe practice. The manager conducted audits for infection control and hand washing to ensure staff followed safe practice. There were hand washing facilities and paper towels in bedrooms, bathrooms and toilets. The local authority infection control team had inspected the home and given the service a green/safe rating. Staff had access to protective equipment such as gloves and aprons to reduce the risk of cross contamination. The water system was serviced by a suitable company to prevent Legionella. The service had a contract for the removal of contaminated waste.

The laundry was sited away from any food preparation areas and contained sufficient industrial type equipment to provide an efficient service for people who used the service. We saw that there was a system for contaminated

Is the service safe?

laundry to be washed and clean clothes stored and ironed in a separate area to prevent contamination. Mops were colour coded dependent upon where they were used and it was recorded when they were washed.

Domestic staff had to sign for the work they had completed and this was checked regularly by the registered manager. This included cleaning bedrooms as well as communal areas. There was a safe system at the home to prevent the spread of infection.

The electrical installation system was next due to be examined by professionals in 2016. All other equipment checks, such as the gas equipment, portable electrical appliances, the lift, hoists, the fire alarm and extinguishers and emergency lighting had been serviced to help keep the environment safe.

There were sufficient staff on duty to meet the needs of people who used the service. On duty on the day of the

inspection there was the registered manager, senior care staff member, three care staff, the cook and domestic staff. The registered providers also came to the home several days a week to support the registered manager. There was a person who was contacted to maintain, replace or repair broken items.

We checked the hot water outlets which were maintained at a safe temperature and noted the radiators did not pose a threat of burning people. We saw that window restrictors had been fitted on all windows except one which had been overlooked. The registered provider showed us they had stored some spare equipment and the maintenance man would fit the device to keep the person secure from falling out of a window.

Each person had a personal emergency evacuation plan (PEEP) and there was a business continuity plan to cover emergency situations such as a fire.

Is the service effective?

Our findings

We inspected three plans of care in depth during the inspection. The plans of care had been developed with people who used the service who had signed their agreement to the plans where possible. The plans were individual to each person. People who used the service had helped complete documentation called a one page profile. This told staff in great detail of the likes and dislikes, food preferences and preferred routines of people who used the service to treat people as individuals. This document could be sent with people in an emergency to provide other organisations with sufficient information to meet their needs. The plans were reviewed regularly to keep staff up to date with people's needs.

There were end of life plans for people who used the service in the plans of care. This meant that the last wishes of people could be taken into account at this difficult time.

We saw that people had access to specialists and professionals. On the day of the inspection we spoke with two visiting district nurses. One told us, "The care home is very good and we have no problems here. The home is clean and tidy. There are usually staff around to help us. The care appears to be good for the people I visit." Another district nurse said, "Generally very good care. The residents are well looked after. Staffing levels can be an issue. It's one home that I would put my family in. Everything is accessible. There have been a lot of staff changes since the new manager took over. The home smells nice, it's clean and staff are interested in patients."

Members of staff had been trained in the Mental Capacity Act 2005 (MCA 2005). This legislation sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need, where there is no less restrictive way of achieving this. The Care Quality Commission is required by law to monitor the operation of the DoLS and to report on what we find. At the time of our inspection we saw two authorisations for DoLS were in place for people who used the service. We saw that people had been represented by family members and independent professionals using current guidelines to reach a suitable decision. All the

documentation was available to inspect in the plans of care. These authorisations ensured that people were looked after in a way that protected their rights and did not inappropriately restrict their freedom.

We observed lunch on the day of the inspection. The meal was unhurried and people sat in small groups around tables in the lounges and were sociable with each other. Other people sat in their chairs and took their meals off small tables. We asked why there wasn't a dedicated dining room. The registered manager said she had tried to convert one of the lounges into a dining room but people who used the service and family members objected, preferring the more intimate setting they were used to. Staff were pleasant and asked people what they wanted.

This inspection was carried out earlier than planned because an anonymous person said meals were too small. We sat in one lounge but could hear what was happening in the second lounge. Staff asked people what they wanted and how much they wanted. We asked people who used the service what they thought of the food. They told us, "Food is alright here", "The steak is delicious and beautifully cooked", "We always get plenty to eat" and "The food is very good." One person did say, "We haven't a clue of what we are having until it turns up." We asked the registered manager about this and she said she and the providers were looking at ways to tell people what was on the menu. Because people sat in different areas notice boards would not be very homely so they were looking at ideas to put a menu on each table. We recommended they did provide a system so that people who used the service knew what they were having and could take their time in making their meal choices. We heard staff in both rooms asking people if they had eaten enough.

The meal was served on a trolley and there was an option provided. We also noted that some people were given meals on small plates. We were told by the registered manager that this was by request. There is a section on nutrition in care plans and it would be good practice to record that if some people were over faced with large meals on large plates they had this recorded. Nobody told us they did not feel they were given enough food and drink. We heard one man in another lounge ask for cheese and biscuits, which was not on the menu and they were given

Is the service effective?

to him. We also saw staff offering people who used the service a packet of crisps with their afternoon drink. One person who used the service finished her meal and said, "You can see all gone, all empty plates."

We looked at the supplies of food. There was a good selection of fresh, frozen, dried and tinned foods available.

The kitchen had been inspected by the environmental health department and given a five star very good rating. This meant the cook followed safe practices in the storing and serving of food and undertook the necessary checks such as food, fridge and freezer temperatures.

New staff were given an induction prior to working with people who used the service. One member of staff we spoke with had worked at the service for one week and said her induction was being completed. This induction included familiarising themselves with the building and key policies and procedures. She told us she was being shadowed until she felt confident to work on her own and had commenced on care staff training. She had completed health and safety training and also told us she had completed training such as safeguarding during her previous employment. The staff member said, "I think it is a good home and the staff really friendly."

We looked at the training matrix and some staff training records. We saw that staff (mostly 100%) had completed training in health and safety, moving and handling, safeguarding, how to safely respond to challenging behaviour, first aid, food hygiene, fire safety, infection

control, the Mental Capacity Act and DoL'S. Nearly all staff had completed a NVQ2 and 11 staff NVQ three in health and care. Other staff were taking the new diploma in care level three. Staff told us they were regularly offered training and training updates.

The new manager had commenced regular supervision of staff. Staff told us they had received formal supervision and signed their agreement to it. Staff told us the registered manager was supportive.

We conducted a tour of the building during the inspection. The home was warm, clean and did not contain any offensive odours. We visited the communal areas, bathrooms, toilets and seven bedrooms.

Communal areas were decorated and furnished in a homely fashion. People tended to sit in specific places and from their conversations had made friends with each other. We saw that people were allowed to go to their own rooms if they wished and had their own key to lock their doors if they wished.

Bathrooms and toilets had devices fitted, which enabled people with poor mobility to use them.

Bedrooms we visited had been personalised to people's tastes and contained sufficient furniture to enable people to remain in their rooms in comfort.

There was an area where people could sit outside when the weather was good and also a lift to access both floors.

Is the service caring?

Our findings

Family and visitors told us, “I find Park House as good as when the previous manager was here”, “Staff are very friendly and always approachable” and “Staff are interested, friendly, empathise with the resident’s and are enthusiastic. I cannot fault the staff and the care of my mum.” A community physiotherapist said, “Staff have a positive approach, are keen, enthusiastic and helpful.” All the people who used the service thought staff were kind.

The three staff we spoke with were aware of the need to keep care private and confidential. This meant staff were aware of issues around protecting people’s dignity.

We observed staff during the day. Staff were polite and friendly. Staff had time to talk to people and knew them well. On one occasion a member of staff saw someone

make a facial expression. She asked what was wrong and immediately went to get some sugar to put in this person’s tea. This showed staff were observant and responded to people’s needs.

Plans of care contained a lot of detail around people’s likes and dislikes, choices and preferred routines. This enabled staff to treat people as individuals.

Arrangements were in place for the manager or a senior member of staff to visit and assess people’s personal and health care needs before they were admitted to the home. The person and their representatives were involved in the pre-admission assessment and provided information about the person’s abilities and preferences. Information was also obtained from other health and social care professionals such as the person’s social worker. We saw in plans of care that social services had provided their assessment to support the placement. This process helped to ensure that people’s individual needs could be met at the home.

Is the service responsive?

Our findings

There were some activities provided at the home. This included playing cards, bingo, exercise sessions, skittles, bowls, quizzes and arts and crafts. A person brought dogs into the home for people to pat. The service also had several volunteers who came into the home to sit and have one to one talks with people about their past lives. We saw one person doing some embroidery and two people being taken out for a walk by staff. We also saw family members coming into the home and also taking people out. We saw from resident's meetings that people had been asked what they wanted to do and the relatively new manager was looking at how to stimulate people who used the service. The previous day there had been a wine and sherry tasting. A further plan was to involve people in gardening, growing herbs and encouraging wildlife into the garden such as birds. There were also plans to improve the garden areas.

We observed staff responding to what people wanted, for example at mealtimes. Staff we spoke with understood how they were able to offer people choices.

The manager held regular recorded meetings with people who used the service. We saw that from the last meeting menus and activities had been discussed. The registered manager and provider were planning to improve activities from the meeting.

We saw that people's care records were kept under review and updated when necessary to reflect people's changing needs.

There was a complaints procedure for people to voice their concerns. The complaints procedure told people how to complain, who to complain to and the timescales the service would respond to any concerns. This procedure included the contact details of the Care Quality Commission. We had not received any concerns since the last inspection or any from the local authority and Healthwatch.

We also noted a document called a family and visitor information pack. This gave family members information such as support groups for bereavement, social services contact details, the seven stages of dementia, information on terminal illness, end of life care, management of pain, advance decisions and a form for people to complete if they wished, eating and weight loss, continence and possible changes in people's behaviour. People get advice on what they should look for in a care home and the right to choose where they want to go. There were details of funeral directors and how to contact them. Whilst the document gave some details of this care home such as staff there was a list and photographs of many other local homes for people to make a choice.

Is the service well-led?

Our findings

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The providers came into the home during the inspection to support the registered manager. We saw that they were open to the registered manager's suggestions and spoke of their ideas to improve the service. This included more ambitious activities and upgrading the garden area.

We looked at the last staff meeting records. Meetings were held regularly and topics covered the general running of the home, staff training, care plans, routines and procedures, the new care certificate (which the service intend to sign up to), a new memo board, time sheets, team working, the use of the communication book and fire marshal training. The registered manager also spoke of her future wishes and the direction she wished to take the home. The staff we spoke with told us, "I would recommend this home to anybody, I'd be happy to put my family here, the atmosphere is lovely and the manager is supportive" and "The new changes the manager has introduced are better for everybody."

We saw from looking at records that the manager conducted regular audits, for example for the environment, including infection control, medication, care plans, cleaning rotas, fire prevention, business continuity, policies and procedures, training, medication, the kitchen, quality assurance, the décor, activities and risk assessments.

Policies and procedures we looked at included the medicines administration policy, whistle blowing policy, safeguarding vulnerable adults, health and safety, confidentiality, infection control, fire safety, privacy and dignity, worship and attendance, smoking and alcohol, visiting rights of families (unrestricted), review of care, activities, medicines administration, use of telephones, meals, quality monitoring, pets and bereavement. The policies were reviewed yearly to ensure they were up to date and provided staff with the correct information.

Staff told us they attended a staff handover meeting each day and had to sign the communication book to show management they were aware of any changes.

We saw that the manager and other senior staff looked at incidents and accidents which were kept in a file. The manager looked at the incidents and ways of reducing or minimising any risks.

People were encouraged to complete quality assurance questionnaires. We saw that the results were positive and the answers gave the registered manager and provider the opportunity to improve the service.