

M P L Care Homes Limited

Park House

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We inspected this service on the 12 December 2014 and this inspection was unannounced. Park House provides support and care for up to five people who may have mental health difficulties.

There was 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.

People received care that was personalised to them and met their needs and aspirations. The atmosphere in the service was friendly and welcoming.

People felt safe, were treated with kindness, compassion and respect by the staff. People were supported to maintain their health and well-being and encouraged to attend appointments with other healthcare professionals.

Staff listened to people and acted on what they said. Staff knew how to recognise and respond to abuse correctly. People were protected from the risk of abuse because the provider had taken reasonable steps to identify the

Summary of findings

possibility of abuse and prevent abuse from happening. Staff understood how to minimise risks and provide people with safe care. Appropriate arrangements were in place to provide people with their medication safely.

People were supported by sufficient numbers of staff with the knowledge and skills to meet their needs. Staff respected people's privacy and dignity and interacted with people in a caring and respectful manner.

Staff supported people to meet their individual needs and aspirations. People's independence and maintenance of their health and well-being was promoted.

People were supported by the manager and staff to make decisions about how they led their lives and wanted to be supported. People voiced their opinions and had their care needs provided for in the way they wanted. Where they lacked capacity, appropriate actions had been taken to ensure decisions were made in the person's best interests.

People were provided with a variety of meals and supported to eat and drink sufficiently. People enjoyed the food and people were encouraged to be as independent as possible but where additional support was needed this was provided in a caring, respectful manner.

People were encouraged to pursue their hobbies and interests and participated in a variety of personalised, meaningful activities. People knew how to make a complaint and any concerns were acted on promptly and appropriately.

There was an open and transparent culture in the service. The manager and provider planned, assessed and monitored the quality of care consistently. Systems were in place that encouraged feedback from people who used the service, relatives, and visiting professionals and this was used to make continual improvements to the service.

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.

People felt the service was safe and secure.

Staff understood their responsibilities to protect people from harm and report any concerns about people's welfare.

There were sufficient numbers of staff, with the right competencies, skills and experience to meet people's needs. Staff understood how to minimise risks and provide people with safe care. Systems were in place to provide people with their medicines safely.

Good



Is the service effective?

The service was effective.

Staff were trained and supported to meet people's individual needs. The Deprivation of Liberty Safeguards (DoLS) were understood by staff and appropriately implemented.

People were supported to maintain good health and had access to ongoing healthcare support.

People were provided with enough to eat and drink. People's nutritional needs were assessed and they were supported to maintain a balanced diet.

Good



Is the service caring?

The service was caring.

People had their privacy and dignity respected and were supported to maintain their independence. Staff were compassionate, attentive and respectful in their interactions with people.

Wherever possible, people were involved in making decisions about their care and their families were appropriately involved. Staff respected and took account of people's individual needs and preferences.

Good



Is the service responsive?

The service was responsive.

People's choices, views and preferences were respected and taken into account when staff provided care and support.

People's wellbeing and social inclusion was assessed, planned and delivered to ensure their social needs were being met.

There was a complaints system in place to show that concerns were investigated, responded to and used to improve the quality of the service.

Good



Is the service well-led?

The service was well-led.

There was an open and transparent culture at the service.

Good



Summary of findings

Staff were encouraged and supported by the manager and were clear on their roles and responsibilities.

People's feedback was valued and acted on. Systems were in place to monitor the quality and safety of the service provided and used to plan on-going improvements.

Park House

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.

This unannounced inspection took place 12 December 2014 and was carried out by an inspector.

We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from other stakeholders, for example the local authority and members of the public.

We spoke with four people who used the service, three members of care staff, the registered manager and the provider. We also spoke with four health and social care professionals about their views of the care provided.

People were able to communicate with us in different ways. Where people could not communicate verbally we used observations, spoke with staff, reviewed care records and other information to help us assess how their care needs were being met.

We observed two people's care and reviewed their care records. This included their care plans, risk assessments and medication charts. We looked at records relating to the management of the service including two staff recruitment and training files and systems in place for assessing and monitoring the quality of the service. For example, health and safety records, internal audits and information about complaints.

Is the service safe?

Our findings

People told us they felt safe and secure. One person said, “I feel safe here. We have a very strong front door.”

People were safe because systems were in place to reduce the risk of harm and potential abuse. Staff knew how to recognise and report any suspicions of abuse. They had received up to date safeguarding training and were aware of the provider’s safeguarding adults and whistle blowing procedures and their responsibilities to ensure that people were protected from abuse. Staff were able to identify the different types of abuse and explained the procedures to follow if they witnessed or had an allegation of abuse reported to them. This included contacting the manager or in their absence raising a safeguarding with the local authority and notifying CQC.

People were protected from risks and their freedom was supported and respected. People had individual risk assessments which covered identified risks such as nutrition and moving and handling with clear instructions for staff on how to meet people’s needs safely. Staff told us that the risk assessments were regularly updated and reflected people’s current situation. For example, people were being supported to move in a safe manner which was in line with the risk assessments. The care plans we observed confirmed this.

People were encouraged to maintain their independence and assist in the kitchen making meals. We saw that risks assessments had been carried out to minimise any potential risk and enable people to develop their life skills in a safe environment.

People told us that there was enough staff available to meet their needs. One person said, “There are enough people. Someone is always around.” Another person told

us how the presence of staff during the day and night reassured them. They said, “I feel safer as they are here close by. I don’t sleep so good and get up and sometimes I need help. They [Staff] are quick to come when I call.” We saw that staff were attentive to people’s needs and requests for assistance were responded to promptly.

Staffing levels at the service promoted consistency and good practice. People’s needs had been assessed and staffing hours were allocated to meet their requirements. The manager advised us that the staffing levels were flexible and could be increased to accommodate people’s changing needs. For example, if they needed extra care or support to attend appointments or activities. Our discussions with staff and people who used the service confirmed this.

People had their health and welfare needs met by staff who had been recruited safely. Staff told us the manager or provider had interviewed them and carried out the relevant checks before they started working at the service. Records we looked at confirmed this.

People told us they received their medication as prescribed and intended. We saw that the provider had suitable arrangements in place for the management of medicines. Medicines were stored safely for the protection of people who used the service. Records showed when medicines were received into the service, when they were given to people and when they were disposed of. We observed a member of staff appropriately administering medication to people. They spoke to people before giving them their medication and explained what they were taking. Medication was provided to people as prescribed, for example with food. Staff recorded that people had taken their medicines on Medicine Administration Records (MAR’s).

Is the service effective?

Our findings

People explained how their individual needs were met and that staff asked for their consent before any care or treatment was provided. One person said, “They talk to you first and check what you need help with.”

We saw people were asked for their consent and the staff acted in accordance with their wishes. For example, one person did not want to have their medication but when the staff member returned to the person at a later time they agreed. This showed that people’s consent was sought and assistance was not provided until the person had agreed to it.

People benefited from a staff team that were skilled to meet their needs effectively. Staff told us that they were provided with core training, refresher updates and had also received specific training to meet people’s care needs. This included supporting people with mental health and challenging behaviours. People had different levels of dependency for staff to help and support them and the training they had reflected this. We saw a member of staff support a person who was distressed in a consistent and calm manner. They demonstrated their understanding of the person’s needs and the best way to interact with them in a reassuring manner that settled them.

Staff told us they felt supported and were provided with opportunities to talk through any issues and learn about best practice, in regular team meetings and supervisions with their manager. Through discussion and shared experiences staff were supported with their on-going learning and development. For example, staff learnt how mental health problems impacted on people in different ways, how best to approach someone when they were distressed, how to recognise the potential triggers for changes in behaviour and how to support people appropriately. People benefitted from staff who understood how to meet their needs.

Staff understood the Mental Capacity Act 2005 (MCA) and were able to speak about their responsibilities relating to this. The Deprivation of Liberty Safeguards (DoLS) were

being correctly followed, with staff completing referrals to the local authority in accordance with new guidance to ensure that any restrictions on people, for their safety, were lawful. Staff recognised potential restrictions in practice and that these were appropriately managed. For example, Staff understood that they needed to respect people’s decisions if they had the capacity to make those decisions.

Where people did not have the capacity to consent to care and treatment an assessment had been carried out. People’s relatives, health and social care professionals and staff had been involved in making decisions in the best interests of the person and this was recorded in their care plans.

People were complimentary about the food. They told us they had plenty to eat and drink, their personal preferences were taken into account and there was choice of options at meal times. One person told us everyone contributed to the planning of the weekly menu and chose something they wanted to eat and make on a certain day. They said, “We all pick something we like and help to make it”. We saw there was an availability of snacks, refreshments and fruit throughout the day. One person told us they enjoyed getting some of the shopping and went out most days to get items like milk. Staff made sure people who required support and assistance to eat their meal or to have a drink, were helped sensitively and respectfully.

Arrangements were in place that supported people to eat and drink sufficiently and to maintain a balanced diet. This included staff awareness of how to meet people’s individual dietary needs. For example, supporting people to lose weight as part of a healthier diet and lifestyle.

People had access to healthcare services and received ongoing healthcare support where required. One person said, “I go to the doctor and dentist whenever I need to.” Care records seen reflected that people, or relatives on their behalf, had been involved in determining people’s care needs. This included attending reviews with other health care professionals such as social workers and psychiatrists.

Is the service caring?

Our findings

People told us that the staff were caring, kind and treated them with respect. One person said, "I like it here. It is safe and nice. This is my home." Another person talking about the staff said, "There is always someone here who will help you. They are always nice to me."

The atmosphere within the service was welcoming, relaxed and calm. Staff demonstrated warmth, empathy and kindness for the people they supported. For example staff made eye contact and listened to what the people were saying, and showed genuine interest in their lives. People were at ease with each other, staff knew them well, their routines, likes and dislikes.

People had developed friendships and were supportive and caring of each other. For example during lunch we saw some of the people discussing the evening meal and the arrangements for who was due to make it. Two of the people offered to help the person whose turn it was if they didn't want to do it as they were not feeling very well.

People were involved in making decisions about their care and in the development of their care plans. One person told us "They [staff] listen to me and how I like things. If I don't like something I tell them [staff] and it's sorted out. Doesn't happen much, everything is good."

People told us how the staff respected their choices, encouraged them to maintain their independence and knew their preferences for how they liked things done. For

example, staff took time to explain different options to people around daily living tasks such as what they wanted to wear, eat and drink and where they wanted to spend their time. Staff listened to people's decisions and acted on what they said.

People said the staff were caring and talked about different situations where they felt listened to and knew that their feelings and views mattered. For example, one person told us how staff provided reassurance and made them feel comfortable when they went to the dentist something they didn't like to do. They said, "I know I have to go. Don't want to do but need my teeth fixed. They [staff] come with me and make me feel better."

People's privacy and dignity and were respected. People's healthcare needs were discussed in private and not publicly and where people required assistance with personal care staff made sure their bedroom door was closed.

People's care plans included information about people's diverse needs and how these needs were met. This included how they communicated, mobilised and their spiritual needs. Staff told us the care plans provided them with guidance and prompts to ensure that people were treated with respect at all times. One member of staff told us how the care records had helped them get to know the people they care for they said "The records contain information about their life history and experience. What and who matters to them. What upsets them and how best to manage this and support them."

Is the service responsive?

Our findings

People told us that they were satisfied with the care and support they received and were happy living in the service. They said that their care needs were met in a timely manner and that staff were available to support them when they needed assistance. We saw that staff were attentive to people, checking on them in the communal areas and bedrooms. Requests for assistance were answered promptly and help given immediately.

Staff explained how they approached providing care for people with varying degrees of mental health needs, for example, when they were not always able to express themselves verbally. Staff had learnt and shared with each other the best ways to recognise how people's behaviours and mannerisms indicated their mood, what they wanted to do and choices they wanted to make. For example, we saw how a member of staff helped someone who was anxious become settled. The staff member listened to the person, asked them if they would like to go outside and suggested an activity they knew they liked to do. The person agreed and we saw they smiled and laughed with the staff member and appeared comfortable in their company.

People were involved in arrangements about their care and their decisions were listened to and respected. One person said, "I have no complaints. I do what I want and am happy here. The staff listen to me." People's care plans included information about the care and support provided to people. This included support with their personal care needs, nutrition and mobility.

One person told us how they had a care review with their family and a senior member of staff. They said, "They [management team] asked if I was happy with the arrangements in place. I told them I was."

People talked about and we saw a variety of examples where they had been enabled to pursue their own individual interests. One person commented, "I like it here. I come and go when I want. I sometimes want to stay in my room. And I do. My family come and see me and we go out sometimes. It is very good here." People told us they participated in group activities too. They told us if they did not want to be part of something on offer the staff respected their wishes. Our observations and discussions with people confirmed they were encouraged to pursue their hobbies and interests and regularly went out to the local amenities. There were pictures throughout the service of people engaged in different things they enjoyed. For example arts and crafts, cooking and arts and crafts.

People's feedback was valued and acted on. For example, people planned and chose the weekly menu and agreed who was to prepare the meal with support from staff. People told us they knew how to make a complaint but had not done so as the staff and management team acted quickly when they raised any issues. For example, one person told us how the manager had taken their comments seriously and acted immediately to resolve a potential problem. The matter was settled and they were satisfied with the way their concern had been handled.

The provider's complaints policy and procedure was made freely available in the service and contained details of relevant external agencies and the contact details for advocacy services to support people if required. Staff were able to explain the importance of listening to people's concerns and complaints and described how they would support people in raising issues. We saw that where concerns had been raised the manager shared any learning and made changes to limit any reoccurrence whether for the person who raised the concern or others.

Is the service well-led?

Our findings

People were valued, respected and included because the manager and staff were approachable, listened too and valued their opinions.

People and staff were comfortable and at ease with the manager and the provider. It was clear from our observations and discussions that there was an open and supportive culture in the service.

Systems were in place to identify report and act on concerns about people. The management team notified us of events of suspected or potential abuse and informed us of actions taken to address these issues. This included raising safeguarding alerts to the local authority who were responsible for investigating safeguarding concerns.

People benefitted because the manager encouraged staff to learn and develop new skills and ideas. For example several staff told us how they had been supported to undertake professional qualifications and if they were interested in further training the manager would support them. Meeting minutes showed that staff feedback was acted on and used to improve the service. For example, suggestions on changing the times when to carry out domestic duties to not take away from spending time with people had been implemented.

People, relatives and visitors had expressed their views about the service through meetings and through individual reviews of their care. A satisfaction survey also provided people with an opportunity to comment on the way the service was run. We saw that action plans to address issues raised were in place and either completed or in progress. For example, people contributed towards decisions that

affected their daily life such as menu choices, different places they wanted to go and activities they were interested in. This showed us that people's views and experiences were taken into account and acted on

People received safe quality care as staff understood how to report accidents, incidents and any safeguarding concerns. Staff followed the provider's policy and written procedures and liaised with relevant agencies where required. Actions were taken to learn from incidents, for example, when accidents had occurred risk assessments were reviewed to reduce the risks from happening again. Incidents were monitored and analysed to check if there were any potential patterns or other considerations (for example medication) which might be a factor. Attention was given to how things could be done differently and improved, including what the impact would be to people.

A range of audits to assess the quality of the service were regularly carried out. These audits included medication processes and health and safety checks. Environmental risk assessments were in place for the building and these were up to date. Information and identified trends from these audits were analysed by the manager and contributed towards a programme of improvement. With actions identified to ensure people were protected and safe. For example, the health and safety audits showed some minor shortfalls which were promptly addressed by additional communications in team meetings and handovers.

People from the local community including health and social care professionals were complimentary about the care provided, the management and the staff team at the service. They told us people experienced safe, effective and compassionate care.