

Ringdane Limited

South Park Care Home

Inspection report

Gale Lane
Acomb
York
North Yorkshire
YO24 3HX

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

South Park Care Home provides accommodation, nursing and personal care for up to 80 people across two separate wings. One of the wings specialises in providing care to people living with dementia. At the time of the inspection, there were 70 people living in the home.

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

Staff kept people safe from risk of abuse and avoidable harm. There were systems in place to respond quickly to accidents and incidents and lessons were learnt when things went wrong. People told us they received their medicines as prescribed.

People's needs were thoroughly assessed, and staff made prompt referrals to external agencies when people's needs changed. They applied their knowledge and skills to achieve good outcomes for people.

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 home was warm and welcoming. People benefited from a range of facilities, including a mock pub, café and cinema room.

Staff were kind and compassionate and demonstrated a genuine desire to provide high-quality, person-centred care. People and relatives were united in their positive feedback about the caring nature of staff.

There was a robust governance framework in place and clear lines of accountability.

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 4 April October 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

South Park Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector 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.

Service and service type

South Park Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had applied to have a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and nine relatives about their experience of the care provided. We spoke with eight members of staff including the regional manager, deputy manager, care assistants, activities coordinators and domestic staff.

We reviewed a range of records. This included four people's care records and multiple medication records. A variety of records relating to the management of the service, including quality assurance processes and accident and incident records were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as safe. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from risk of neglect, abuse and ill-treatment. One person told us, "Yes, very safe. [Staff are] all are very kind, very nice. [They] all listen to me. You only have to ask, and they do it for you."
- There were effective safeguarding systems in place to address any concerns. Staff knew when and how report concerns and they were confident the registered manager would promptly address any issues.
- The service had good links with the local authority and the manager understood their responsibilities to report concerns.

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

- People were protected from avoidable harm. Information about risks were consistently and reliably communicated to staff.
- People had access to the equipment and support they needed to move safely around the home. Equipment was regularly serviced and well maintained.
- The manager monitored and regularly reviewed incidents and acted to prevent reoccurrence.

Staffing and recruitment

- There were enough, appropriately skilled and competent staff to keep people safe. One person told us, "You never wait long if you ring the bell. In fact, I don't think I've ever had to ring my bell. Staff always seem to be around when I need them."
- The manager regularly reviewed staffing levels to meet people's changing needs.

Using medicines safely

- Medicines were safely managed, and people received their medicines as prescribed.
- Staff followed clear guidance for the administration of 'as and when required' medicines, such as paracetamol.
- Staff kept accurate medicines records.

Preventing and controlling infection

- Staff followed good infection control and prevention processes. They had access to and used personal protective equipment to limit the spread of infection. A relative told us, "Its lovely here, very clean. Everybody you speak with says it's clean."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Care and support was planned and delivered following a thorough assessments of people's needs and preferences. This was regularly reviewed and updated to ensure people continued to receive the right care and support.
- Staff applied their learning effectively and followed best practice which led to good outcomes for people.

Staff support: induction, training, skills and experience

- Staff were well-trained and well-supported. People and relatives told us staff were competent in their roles. One person told us, "I'm sure staff are trained; they know what they are doing."
- Staff completed a thorough induction before the started working at the home. They continued to undertake additional training to meet people's needs.

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

- Staff supported people to maintain good health and well-being. They involved people and the relatives in discussions about their health. The deputy manager told us staff were currently engaged in a drive to promote good oral health amongst people using the service.
- There were clear systems and processes for referring people to external services to ensure people continued to receive the right care and support. One person told us, "It's easy to see a doctor. The home makes an appointment and he comes."

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

- People had enough to eat and drink throughout the day. They were given choice and those with complex needs received the support they needed.
- Snacks were freely available for people in communal areas.

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

- People lived in a warm, homely environment. They had access to cinema room, café and mock pub as well as spacious communal areas where they could sit together and socialise or spend time with family and friends.
- The provider had made appropriate adaptations within premises to better support people living with dementia. There was a circular route for people to walk freely around the home and points of interest.
- The home benefitted from an enclosed garden and central courtyard. A relative told us, "The home suits [Name] needs. Personally, I think it's nice here, it's lovely. We walked around the garden ten times today. We

always have to stop and talk to the guinea pig and rabbit when we are outside."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- Staff had a good understanding of MCA and DoLS and were confident about using the Act. They followed the correct procedures in assessing people's capacity and best interest decisions were always made in accordance with legislation and people's wishes.
- Restrictions were regularly reviewed and only imposed as an absolute last resort.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff were kind and compassionate and they respected people's individual choices. Relatives told us, "All staff are kind and caring" and "Yes, very kind, [Name] talks to them and they listen."
- People had equal access to care and support. One person told us, "No discrimination here. Everyone is treated 'even Stevens'."

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

- Staff had time to spend with people to provide person-centred care. They knew people well and understood when they needed the support of their families and others to make decisions about their care. Relatives told us, "I am my husband's advocate" and "I'm wife's Advocate."

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their independence. They recognised what people could do for themselves and offered support when it was needed. One person told us, "I dress myself; [Staff] help me bath."
- Staff supported people discreetly and compassionately when offering personal care.
- Staff respected people's right to privacy and confidentiality. Care records were stored securely.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff involved people and their relatives in developing care and support plans. They asked people for their views and used this information to support them in a way they preferred. One person told us, "Staff know me well, nothing is too much trouble for them."
- Staff supported people to maintain relationships that mattered to them and protected people from social isolation; friends and relatives were free to visit people at any time. We spoke with one relative who regularly brought their family member's pet dog to visit.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Reasonable adjustments were made where appropriate to meet the information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard. Staff shared this information with other health professionals to ensure people received continuity of care.

Improving care quality in response to complaints or concerns

- The provider welcomed and acted on feedback received by the home. The provider utilised technology to gather live feedback from people, relatives, staff and visiting professionals.
- Complaints investigations were thorough, lessons were learnt, and improvements were made where possible.

End of life care and support

- Staff supported people to have a pain free, dignified death. They were aware of good practice and guidance in end of life care and knew to respect people's religious beliefs and preferences.
- Care and support plans clearly documented people's wishes for end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People received high-quality, person centred care in a calm and welcoming environment. A staff member told us, "It's the little things that make a difference for people. We try to remember those little things, so we can make people's lives better." One relative told us, "I could not ask for a better home to care for [Name]."
- Staff were clear about their roles and responsibilities. They worked together to make sure people experienced good healthcare outcomes and a good quality of life.
- There was a strong governance framework in place, with clear lines of accountability and processes to drive quality. Managers gave open and honest feedback to staff and this led to improvements in care.

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; Continuous learning and improving care

- The provider and managers worked in a transparent way. They consulted with people and their families when things went wrong and made improvements where they were able. Learning was shared with staff to ensure improvements were sustained.
- Quality assurance arrangements highlighted potential concerns and alerted the right managers to take action.

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

- The service worked effectively with all partner agencies such as the NHS and local authority to coordinate the care and support people needed.
- There were good links with the local community. Children from a school and brownies group visited the home and engaged in activities with people.