

Christchurch Court Limited Park House

Inspection report

28 St Andrews Road
Bedford
Bedfordshire
MK40 2LW

Tel: 01234261993

Date of inspection visit:
08 March 2016

Date of publication:
18 April 2016

Ratings

Overall rating for this service	Good ●
---------------------------------	--------

Is the service safe?	Requires Improvement ●
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

This inspection took place on 8 March 2016. It was unannounced.

Park House is a specialist service for people who require rehabilitation, care and support, as a consequence of an acquired brain injury or a neurological condition. A multidisciplinary team provides extensive support to the service including psychology, speech and language therapy and occupational therapy input. The service can accommodate up to 12 people on a long or short term residential basis. It can also provide transitional support to people in their own homes, or as part of an agreed day care package. During this inspection no one was receiving a home care package but one person was attending the service five days a week for day care.

Only seven people were living at the service. However, this was because the provider had taken the decision to reduce admissions, pending plans to extend the service to include two additional bedrooms, a therapy room, gym and to install a passenger lift.

A registered manager was 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.

Risks were managed so that people's freedom, choice and control were not restricted more than necessary. However, we did identify some anomalies in terms of how often records and assessments had been reviewed or updated; meaning that we could not be clear if the information was still current and / or met each person's individual assessed needs.

People felt safe living at the service. Staff had been trained to recognise signs of potential abuse and keep people safe.

There were sufficient numbers of suitable staff and the provider carried out robust checks on new staff to make sure they were suitable to work at the service.

Systems were in place to ensure people's daily medicines were managed in a safe way and that they got their medication when they needed it.

People received effective care from staff who had the right skills and knowledge to meet their needs.

We found that the service worked to the Mental Capacity Act 2005 key principles, which meant that people's consent was sought in line with legislation and guidance.

People had enough to eat and drink. Support was provided to those who needed help with eating and

drinking, in a discreet and helpful manner.

People's healthcare needs were met. A multidisciplinary team provided regular additional support to the service including psychology, speech and language and occupational therapy input.

Staff were motivated and provided care and support in a caring and meaningful way. They treated people with kindness and compassion and respected their privacy and dignity at all times.

People's social needs were provided for and they were given opportunities to participate in meaningful activities.

People were given opportunities to be involved in making decisions about their care and support.

People received personalised care that was responsive to their needs. Staff encouraged people to be as independent as possible.

People were supported to raise concerns about the service and these were responded to appropriately.

There were effective management and leadership arrangements in place.

Systems were also in place to monitor the quality of the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

Risks were managed so that people's freedom, choice and control were not restricted more than necessary. However, we did identify some anomalies in terms of how often records and assessments had been reviewed or updated.

Staff understood how to protect people from avoidable harm and abuse.

There were sufficient numbers of suitable staff and the provider carried out robust checks on new staff to make sure they were suitable to work at the service.

Systems were in place to ensure people's daily medicines were managed in a safe way and that they got their medication when they needed it.

Is the service effective?

Good 

The service was effective.

Staff had the right skills and training to meet people's needs.

The service acted in line with legislation and guidance in terms of seeking people's consent and assessing their capacity to make decisions about their care and support.

People were supported to have sufficient to eat and drink.

People were also supported to maintain good health and have access to relevant healthcare services.

Is the service caring?

Good 

The service was caring.

Staff were motivated and treated people with kindness and compassion.

Staff listened to people and supported them to make their own

decisions as far as possible.

People's privacy and dignity was respected and promoted.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that was responsive to their needs.

Systems were in place to enable people to raise concerns or make a complaint, if they needed to.

Is the service well-led?

Good ●

The service was well-led.

We found that the service promoted a positive culture that was person centred, inclusive and empowering.

There was a registered manager in post who provided effective leadership for the service.

There were systems in place to support the service to deliver good quality care.

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.

The inspection was unannounced and was carried out on 8 March 2016 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.

We checked the information we held about the service and the provider, such as notifications. A notification is information about important events which the provider is required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. In addition, we asked for feedback from the local authority who has a quality monitoring and commissioning role with the service.

During the inspection we used different methods to help us understand the experiences of people using the service. We spoke with four people living in the home and observed the care being provided to a number of people during key points of the day including lunch time and when medication was being administered. We also spoke with the registered manager, deputy manager and three care members of staff. After the inspection, a relative took the time to contact us to provide feedback about their experience of the service too.

We then looked at care records for two people, as well as other records relating to the running of the service - such as staff records, medication records, audits and meeting minutes; so that we could corroborate our findings and ensure the care being provided to people was appropriate for them.

Is the service safe?

Our findings

Staff spoke to us about how risks to people were assessed to ensure their safety and protect them from harm. They described the processes used to manage identifiable risks to individuals such as malnutrition, moving and handling, falls and skin integrity. We observed staff on a number of occasions supporting people as they moved about the home. They demonstrated safe techniques and supported people in a reassuring manner. We saw that people had individual risk assessments in place to assess the level of risk to them. In general the assessments were clear and had been reviewed on a regular basis; to ensure the care being provided was still appropriate for each person. However, we did identify some anomalies in terms of how often assessments had been reviewed or updated. There was no indication that anyone had received unsafe care as a result, and the registered manager told us that everyone's risk assessments would be reviewed as a part of her plan to implement an improved care plan system by April 2016. We were able to see that this had already begun.

People told us that they felt safe living at the service. One person said: "Yes I feel very safe, no threats here at all." Another person told us: "Yes I am very happy and have no worries at all." Staff were fully aware of how to raise concerns. One member of staff told us: "I know the whistleblowing policy and would report anything immediately to the manager. We have had training and I would have no problem at all doing this." We saw that safeguarding was also discussed with people during in-house meetings. Recent meeting minutes we read recorded people's responses to how safe they felt living at the service. One person had stated: 'Your care makes me safe'.

Staff told us they had been trained to recognise signs of potential abuse and were clear about their responsibilities in regard to keeping people safe. Clear information was on display about safeguarding, and who to contact in the event of suspected abuse. Records we looked at confirmed that staff had received training in safeguarding and that the service followed locally agreed safeguarding protocols.

We found that the service had made changes in response to findings from safeguarding concerns, accidents and incidents; to ensure people's safety. For example, the registered manager told us that following some medication errors in the past, staff no longer took responsibility for managing a shift and administering medication. Instead, the two roles were shared between two staff. Records showed that there had been a reduction in errors following the implementation of this approach.

The management team spoke to us about the arrangements for making sure the premises was managed in a way that ensured people's safety. Records showed that systems were in place to ensure the building and equipment was safe and fit for purpose, and that regular checks were carried out. Clear information was also available regarding fire safety and the arrangements to follow in the event of a fire. We were also shown a 'grab bag' containing important information, contact numbers and equipment that would enable staff to make appropriate arrangements in response to emergencies or untoward events.

People told us there were sufficient numbers of staff to keep them safe. Staff we spoke with were also content with staffing levels in the home. The registered manager told us that agency staff had been used

regularly, to ensure staffing levels did not fall below planned levels during a period of staff change. However, she confirmed that this had now stabilised due to the recruitment of new staff and a change in working hours. She told us that when agency staff were needed, she tried to book the same members of agency staff, to ensure consistency of care for people using the service. In addition, the registered manager told us the service had a good team of bank staff who they could call on to cover staff absence. We spoke with a bank member of staff who confirmed they had worked regularly at the home.

Rotas demonstrated that staffing was planned in advance. We saw that agency staff had been used, but this had reduced in recent months. On the day of our inspection we observed there to be sufficient staff on duty to meet people's needs. The planned numbers of care staff were on duty, supplemented with additional support from the registered manager, deputy manager, catering, activity, domestic and maintenance staff. Records also showed that a multidisciplinary team provided regular additional support to the service including psychology, speech and language and occupational therapy input.

The registered manager described the processes in place to ensure that safe recruitment practices were being followed; to ensure new staff were suitable to work with people living in the home. We were told that new staff did not take up employment until the appropriate checks such as, proof of identity, references and a satisfactory Disclosure and Barring Service [DBS] certificate had been obtained. We looked at a sample of staff records and found that all legally required checks had been carried out. Proformas were also in place for agency staff working in the home, which contained information about their checks and training. Systems were in place to ensure people's daily medicines were managed so that they received them safely. People told us they received their medication when they needed it. One person told us: "I get my medication and I am given pain relief when needed."

The deputy manager told us that once trained, staff undertook annual medication training refreshers, to ensure they had the right skills to be able to administer people's medication. During lunch time, we observed that people were given their medication as prescribed. The member of staff administering medication wore a red tabard to inform people not to disturb them; to minimise the risk of errors. The staff member confirmed they had received training to be able to administer medication. They demonstrated a good awareness of safe processes in terms of medication storage, administration and about the purpose of the medication prescribed for people. They were also clear about what to do in the event of an error, including calling for support from a relevant health professional and reporting the error to a senior manager. Staff told us that people were able to administer their own medication if they were assessed as safe to do so. They explained that one person was currently working towards further independence using prompt cards, which they showed to staff to demonstrate that they knew when their medication was due. Once they had demonstrated the ability to do this consistently over an agreed period of time, the next step would be to manage their own medication from a pill organiser box. This showed that the service supported people, through achievable steps, to take their own medicines safely.

We saw that medication was stored securely with appropriate facilities for controlled drugs and temperature sensitive medication. Clear records were being maintained to record when medication was administered to people, with an additional safety check system; to minimise the risk of someone being forgotten.

Is the service effective?

Our findings

People confirmed they received effective care from staff with the right skills and knowledge. One person told us: "Staff are exemplary, they have the right skills." Another person added: "Staff are very good...they all do their best for me, staff are skilled and support me very well." Staff told us that they received the right training to carry out their roles, including induction training when they first commenced their roles. The registered manager said that new staff received a full five day induction before working with people using the service.

A training matrix had been developed which provided information to enable the registered manager to review staff training and see when updates / refresher training was due. This confirmed that staff had received training that was relevant to their roles such as induction, safeguarding, acquired brain injury awareness, moving and handling, nutrition, the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). From speaking with staff and observations throughout the inspection, we found staff to have the right knowledge and skills to meet people's needs.

Records showed that staff meetings were being held on a regular basis; to enable the registered manager to meet with staff as a group, and to discuss good practice and potential areas for staff development. Staff also confirmed that they received supervision from a line manager, which provided them with additional support in carrying out their roles and responsibilities. Records we looked at supported this.

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. The application procedures for this in care homes and hospitals are 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 were being met. We found that appropriate systems were in place to assess people's capacity and staff demonstrated a good understanding of the processes to be followed and when to implement these. They were clear that a person's capacity to make decisions was time and task specific. They also recognised that different people could provide consent in different ways. We saw evidence of DoLS applications and best interest decision meetings taking place as required.

People confirmed that staff asked permission before providing care and support. One person told us: "[The staff] always ask consent and knock on my door." Throughout the inspection we observed that staff sought consent from people before undertaking any activity. They demonstrated a good understanding of people's needs and encouraged them to make their own choices and decisions, as far as possible. For example, Staff were observed giving people choices such as what to wear, eat and drink. Records showed that people had been asked more formally for their consent in areas such as medication and personal care.

People told us they had enough to eat and drink and that they enjoyed the food provided. One person said: "The food is spectacular here." Another person told us: "We have a good choice of food and drinks." Menu options, supported by pictorial symbols were in place around the home to help people in understanding the options available to them. Staff explained that some people, as part of their programme towards greater independence, would prepare their own meals. We saw that a kitchenette had been provided for those people who wanted to do this. We spoke with one person who confirmed they had made their own breakfast, and had done so at a time that suited them.

Records showed that people's nutritional needs had been assessed, with any specific requirements such as soft options or assistance with eating outlined. Throughout the day a choice of food and drinks were readily available. During lunch time we saw that people were given time to eat and drink and the pace was not rushed. Assistance was provided in a discreet and helpful manner to people who required help with eating and drinking. People were encouraged to retain their independence as far as possible, for example, through the use of specialist eating aids.

People confirmed they were supported to maintain good health and have access to relevant healthcare services. Staff told us they felt well supported by external healthcare professionals, who they called upon when they required more specialist support. Records demonstrated that referrals were made to relevant health services when people's needs changed, and a log of visits to and from external health care professionals was being maintained in people's care records. We also saw that staff monitored people's weight on a regular basis, to help them in identify changes in each person's health.

Is the service caring?

Our findings

People confirmed that they were treated with kindness and compassion. They spoke positively about the care and support they received. One person told us: "Staff always respond and listen; they respect my dignity and are very caring. They support my independence." Another person said: "I think it's superb here and staff will go out of their way to help you... If I feel down staff will help me the best way they can." After the inspection a relative provided written feedback and told us: 'We feel that he is well cared for, listened to, and treated with respect and are altogether happy with the treatment he is getting. We would also like to add that when he has been assessed by an outsider for any reason they too have been struck by how caring the staff are at Park House.'

We observed many positive interactions between staff and the people using the service throughout the inspection. Staff demonstrated a good understanding of the needs of the people they were supporting and their approach was personalised. It was clear that staff were knowledgeable about the people they were supporting and knew how best to engage them. At lunch time, staff sat and ate with people; creating an opportunity for some positive social interactions. We heard lively but respectful conversations being exchanged. When one person wanted to go outside for a cigarette, a member of staff ensured they had appropriate clothing for the cold weather, including an additional blanket. We noted that a heater had been installed inside the smoking shelter within the garden too.

People confirmed they felt involved in making decisions about their care and day to day routines and records we looked at supported this. We observed that staff listened to people and provided information in a way that was appropriate for each person. We also heard them taking the time to check people were okay with the support and care provided, and they understood what was happening. The deputy manager told us that advocacy arrangements were in place for three people using the service who did not have family support to help them to express their views. She said they hoped to extend this support to everyone using the service; to provide them with the opportunity to speak to someone independent of the service on a regular basis.

Everyone told us that their privacy and dignity was respected. We saw staff knocking on people's doors before entering their rooms, demonstrating respect for people's private space. Staff communicated with people with respect too, using a gentle tone of voice and offering reassurance when this was needed. We noted the building had been designed to a high standard, which provided people with comfortable and dignified surroundings. We saw that rooms had been personalised, ensuring that people felt at home for the duration of their stay.

Information that had been developed for people using the service and prospective users, confirmed that visitors were able to visit without restriction. Records confirmed that this happened.

Is the service responsive?

Our findings

People were able to contribute to the assessment and planning of their care. Staff told us that before people used the service, they were asked for information about their needs. This information was then used to develop a care plan that reflected how each person wanted to receive their care and support. We reviewed care records and found that people had been asked for information prior to moving in. Care plans we looked at had been reviewed; to ensure the care and support being provided to people was still appropriate for them. Clear guidelines had been developed using photographs, to support staff with meeting people's individual needs in a consistent way. For example, the position someone needed to be in to eat safely or when lying down; to minimise the risk of developing a pressure ulcer. Daily records were being maintained to demonstrate the care provided to people. These were detailed and personalised.

People confirmed they received personalised care that was responsive to their needs. We spoke with one person who had moved bedrooms, because they had found the stairs an issue. Records showed they had raised this with staff during a meeting, and the management team had then made arrangements for the person to move. This demonstrated the service took into account people's feedback and individual needs. The registered manager also explained that planned changes were due to take place to provide better access throughout the building for people with restricted mobility, through the provision of a passenger lift.

People received care that was centred on them. One person spoke to us about their desire to move onto more independent living. They showed us copies of letters they had been given, which contained information about their daily living arrangements and the next steps towards further independence. There was evidence from speaking with staff, and records, that people were well supported to move onto more independent living when they were ready. A small number of bedsits were available within the building; to support people in achieving this goal. We saw a card from the family of someone who had moved on from the service since the last inspection. They had written to express their thanks to the staff team and had written: 'You've all been great'.

People talked to us about their hobbies and social interests. One person told us: "I go to art and music venues." Another person said: "I am supported to keep my hobbies going, I like to draw and paint." A third person added: "Staff try to get to me to the coffee shop every day." We learnt from speaking with staff that this was an important part of the person's routine. The deputy manager told us that since the last inspection, Wi-Fi (wireless networking technology) had been provided and was accessible to everyone living at the service. This enabled people to access the internet and social media; to support them in maintaining relationships with people that matter and avoid social isolation. We also saw that a laptop was available for people using the service, if they did not have access to one of their own.

The deputy manager talked to us about one person who was on a three month holiday with their family at the time of the inspection. Records we looked at supported this. She told us the trip had involved lots of planning with the person and their family, but that it was going well and they were keeping in touch with the person through telephone calls and emails.

An activity coordinator was in post and we saw a list of planned activities for that week on display. Records showed that the activity coordinator met with people on a weekly basis, to plan the following week's activities and seek their feedback on activities that had taken place. During the inspection we observed activities taking place and people were encouraged to participate in activities that were meaningful for them, for example preparing food and drink or playing a musical instrument. We also saw photographs of people and staff smiling, as they participated in some of the activities that had recently been provided at the service.

Everyone we spoke with told us they knew how to make a complaint or raise a concern. One person told us: "I know how to complain and I am sure they would help me." Another person added: "If I had to complain, staff have explained things to me so I understand things, but they always respond." People told us they felt the staff team were approachable and that they would feel comfortable speaking with a member of staff if the need arose. Staff were clear that they would report any complaints they received to a senior member of staff.

We saw information had been developed for people outlining the process they should follow if they had any concerns. We spoke with the deputy manager who showed us that a record of complaints and compliments was being maintained. We saw that people using the service had raised some concerns, but it was evident from the tone and content of their letters that they felt comfortable approaching the management team and openly expressing how they felt. We saw that people's concerns were taken seriously, and they were kept updated on the actions taken in response. This showed that people were listened to and action was taken in response to their experiences, concerns and complaints.

Is the service well-led?

Our findings

People told us there were opportunities for them to be involved in developing the service, which included attending meetings and completing satisfaction surveys. We read some of the most recent meeting minutes and noted that they were well attended and people clearly felt comfortable expressing themselves and putting ideas forward. On a less formal basis we also saw that people were regularly asked for their feedback following meals and activities. Surveys had also been used to gain feedback from people, and there was evidence that actions had been taken in response to suggested areas for improvement. The registered manager told us a 'friends and family evening' was planned for the end of March 2016, to enable staff to talk with people and their families about the future of the service, in terms of plans to expand the facilities and therapeutic support already provided.

We saw lots of useful information around the home for people, staff and visitors regarding the staff employed, the complaints process, safeguarding arrangements, activities, internal quality monitoring systems and advocacy support. A newsletter had also been developed for people and their families. The most recent newsletter provided people with updates about the service, staffing and activities. Information had also been developed for prospective users of the service, setting out what they could expect from the service. This contained lots of easy to understand information about the facilities provided. This demonstrated an open and transparent approach in terms of how information was provided to and communicated with people.

The service demonstrated good management and leadership. Everyone we talked with spoke positively about the management of the home. Since the last inspection in January 2014, there had been a change in registered manager. People and staff told us they found the current registered manager approachable and supportive. One person told us: "I think it's a very well managed home, the manager is approachable at all times. It's a brilliant care home and staff do care!" Another person said: "[The] staff are great here and management are caring and approachable, they all try their best." Staff also spoke of feeling well-led. One member of staff told us the registered manager enabled people and supported staff through training, rather than chastisement, when things went wrong. Another staff member told us: "They are very open to all our ideas which is really nice."

We observed people using the service approaching the registered manager and deputy manager during the inspection. It was evident that they felt comfortable in doing so and that interactions were warm and friendly. This approach was same for all members of staff, irrespective of their role. This demonstrated a consistent approach and showed staff understood what was expected of them. We noted that the registered manager based herself in a meeting room on the ground floor, rather than her office which was situated on the first floor. She told us this helped her to have greater oversight of what was happening at the service, and also to ensure she was accessible to everyone. She said there were plans to create a ground floor office as part of the plans to extend the existing service.

We found the management team to be open, organised and knowledgeable about the service - they responded positively to our findings and feedback. We noted them to be much focused on people and

finding solutions to meet their needs. All the staff we spoke with spoke enthusiastically about their roles and knew what was expected of them; to ensure people received support in the way they needed it. We observed staff working cohesively together throughout the inspection and noted the way they communicated with one another to be respectful and friendly.

Systems were in place to ensure legally notifiable incidents were reported to us, the Care Quality Commission (CQC). Our records showed that this was happening as required.

The registered manager talked to us about the monitoring systems in place to check the quality of service provided. Records showed that internal audits and monitoring checks took place on a regular basis; to ensure the service was providing safe, good quality care. We noted that audits had been developed to correspond with the Care Quality Commission's (CQC) five key questions which we focus on when inspecting services - is a service safe, effective, caring, responsive to people's needs and well-led? Areas where checks took place regularly included medication, safeguarding, complaints, training, supervisions, staffing, care plans and the environment. Clear action plans were in place where areas for improvement had been identified.

We also saw that the service had been approved as part of the Headway Approved Provider scheme. This is an accreditation scheme open to residential care settings, specialising in acquired brain injury (ABI).