

Four Seasons Homes No.4 Limited

Park House Care Home

Inspection report

50 Park Road
Wellingborough
Northamptonshire
NN8 4QE
Tel: 01933 443883
Website: www.fshc.co.uk

Date of inspection visit: 29 April and 5 May 2015
Date of publication: 24/06/2015

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 inspection was unannounced and took place on 29 April and 5 May 2015.

Park House Care Home provides personal and nursing care for up to 42 older people who are physically and mentally frail some of whom may be living with dementia. There were 41 people living at the service when we visited.

The home has 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were looked after by staff who knew how to respond to allegations or incidents of abuse.

People's dependency levels were regularly assessed to enable the appropriate number of staff to be available on duty. The service's recruitment process ensured that staff were suitably employed.

Summary of findings

People received their medicines at the prescribed times.

Staff received appropriate support and training to perform their roles and responsibilities. They were provided with on-going training to update their skills and knowledge.

People's consent to care and treatment was sought in line with current legislation. Where people's liberty was deprived, Deprivation of Liberty Safeguards (DoLS) applications had been submitted and approved by the statutory body.

People were provided with a balanced diet and adequate amounts of food and drinks of their choice. If required people had access to health care facilities.

People were looked after by staff who were caring, compassionate and promoted their privacy and dignity.

People's needs were assessed and regularly reviewed. The service responded to complaints within the agreed timescale.

The service promoted a culture that was open and transparent. Quality assurance systems were in place to obtain feedback, monitor performance and manage 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

People were protected from avoidable harm and abuse by staff who knew how to report concerns.

There were risk management plans in place to promote and protect people's safety.

The service's recruitment process ensured that staff were suitably employed.

People were supported by staff to take their medicines safely.

Good



Is the service effective?

The service was effective

People received care from staff who were knowledgeable to carry out their roles and responsibilities.

Consent to provide care and support to people was sought in line with current legislation.

Staff supported people to eat and drink and to maintain a balanced diet.

Staff supported people to maintain good health and to access health care facilities when required.

Good



Is the service caring?

The service was caring

Positive and caring relationships were developed with people who used the service and staff.

Staff supported people to express their views and be involved in making decisions about their care and support.

People's privacy and dignity were promoted by staff.

Good



Is the service responsive?

The service was responsive

People received care that met their assessed needs.

Complaints and comments made were used to improve on the quality of the care provided.

Good



Is the service well-led?

The culture at the service was open and inclusive.

The leadership at the service was visible which inspired staff to provide a quality service.

The quality assurance system in place at the service was effective.

Good



Park House 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.

This inspection took place on the 29 April and 5 May 2015 and was unannounced.

The inspection was undertaken 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.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are 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. We received the completed document prior to our visit and reviewed the content to help focus our planning and determine what areas we needed to look at during our inspection. We also spoke with the Continuing Care Group (CCG).

During our inspection we observed how the staff interacted with people who used the service. We also observed how people were supported during the mid-day meal and during individual tasks and activities.

We spoke with ten people who used the service, five relatives, six care workers, one senior carer, the cook, deputy manager and the registered manager.

We looked at four people's care records to see if they were up to date. We also looked at the personal files for three staff members as well as other records relating to the management of the service including quality audit records.

Is the service safe?

Our findings

People said they felt safe and protected from harm. One person said, “I am completely safe here.”

Staff told us they had received training in safeguarding adults and the training was updated annually. Staff were able to describe the different types of abuse and how they would respond to allegations or incidents of abuse. They all said that they would report incidents to the registered manager or a senior member of staff. Training records seen evidenced that staff knowledge on safeguarding was regularly updated.

The registered manager told us that safeguarding and how to report whistleblowing concerns were regular agenda items at staff meetings. She said, “I tell the residents if there is anything worrying them they should not hesitate to come to me. I walk the floor twice a day or more and check that they are okay.” We saw evidence that safeguarding incidents were reported to the safeguarding team. The outcome from safeguarding investigations was discussed with staff to minimise the risk of recurrence. In two instances we found that the registered manager had been asked to investigate concerns and report her findings to the local safeguarding team, which had been actioned.

There were risk management plans in place to promote and protect people’s safety. Staff told us people were protected from harm and supported to maintain their safety. For example, we saw there were risk assessments in place for people who were at risk of falls, choking, poor mobility, nutrition and pressure damage, which were regularly reviewed. We observed where people were at risk of falls and pressure damage they were provided with the appropriate equipment to minimise the risk and to promote their safety.

Accidents and incidents were monitored. For example, the registered manager said, if a person had frequent falls arrangements would be made for them to be referred to the falls clinic. If a pattern to falls was identified this would be explored and the appropriate action taken if necessary. We saw evidence that accidents and falls were monitored closely.

There was a system in place to ensure that the premises and equipment was managed appropriately. The registered manager told us that equipment used at the service was regularly serviced. We saw evidence that the hoists,

passenger lift, fire panel, electrical and gas appliances were regularly serviced. On the day of our inspection the fire panel was activated accidentally and staff took the appropriate action and followed the service’s fire safety procedures.

Comments from people and relatives at the service in relation to staffing numbers were variable. People said they sometimes had to wait as the staff were too busy. A relative said, “Don’t get me wrong, the staff are very pleasant but once they have finished the necessary personal care, they are off to the next person.”

Staff told us that the staffing numbers were generally okay and the rota was well managed. A staff member said, “We have enough staff although it would be nice to have more.” The registered manager told us that people’s dependency levels were regularly assessed to enable the appropriate number of staff to be available on duty. She said, “We don’t normally employ agency staff; however, for the first time in five years I have had to use an agency nurse as we had an emergency situation.” We checked the rota and found it reflected the agreed staffing numbers.

Staff told us they had been recruited through a thorough recruitment process. They said they did not commence employment until satisfactory employment checks such as, Disclosure and Barring Service (DBS) certificates and references had been obtained. Staff recruitment records seen confirmed that checks had taken place.

People were supported by staff to take their medicines safely. They said they received their medicines on time. The registered manager told us that staff who administer medicines were provided with training. They also had to complete a competency assessment and their practice was observed to ensure they were competent in the safe handling and administration of medicines. Training records seen confirmed this.

We checked the Medication Administration Record (MAR) sheets and found they had been fully completed. People who had been prescribed medicines to be administered ‘as required’ (PRN); there were protocols in place to guide staff when they should be given. There were suitable arrangements in place for the management and disposal of medicines including controlled medicines. We observed the tea-time medicine round and found that staff administered medicines in line with current best practice guidelines.

Is the service effective?

Our findings

People received care from staff who had the knowledge and skills to carry out their roles and responsibilities. A person said, "Staff here know what they are doing." Another person said, "The girls and men who work here get good training." Staff told us they received the appropriate induction training and support to perform their roles and to meet people's needs.

The registered manager told us that new staff were required to complete four day induction training and work alongside an experienced staff member until they felt confident. We saw evidence that staff had received on-going training in a variety of subjects, which supported them to meet people's individual care needs. These included dementia awareness, manual handling, infection control, safeguarding adults, Mental Capacity, Deprivation of Liberty Safeguards (DoLS), health and safety, care planning, end of life, and fire awareness. All new staff were expected to undertake the care certificate training within twelve weeks of their employment.

Staff told us they received on-going support from the management team as well as regular supervision and an annual appraisal. The registered manager said that all staff were given the opportunity to achieve a recognised national qualification.

There was a system in place to ensure people's consent to care and support was sought in line with the current legislation. Staff told us they obtained people's consent before assisting them with care and support. They had a good understanding of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and described how they supported people to make decisions that were in their best interest.

The registered manager told us that one person was under continuous supervision and DoLS applications had been made and approved by the statutory body. Twenty people had Do Not Attempt Cardiac Pulmonary Resuscitation

(DNACPR) in place. We saw that the forms had been signed by the GP. People and their relatives had been involved in the decision that had been made. We saw evidence that relatives who had been involved in the decision process had been appointed as lasting power of attorney, which meant they were able to make decisions on people's behalf.

People were supported to eat and drink and to maintain a balanced diet. They told us they were provided with a choice of menus and the food was of good quality. They had a choice of cooked breakfast if they wanted one.

The cook told us that people were regularly consulted about the food and their choices were incorporated into the menu. She said, "If residents do not like any of the choices available an alternative is provided." We observed the lunch time activity and found that many people chose to have their lunch in their bedrooms. People were provided with clothes protectors to maintain their dignity. The food was served attractively to stimulate appetite and at the right temperature. Staff provided assistance to people in an unrushed manner and drinks were readily available. People who were at risk of losing weight their food and fluid intake was closely monitored and they were provided with fortified food and milkshakes. Some people were identified as having a preference to have their main meal in the evening and arrangements had been put in place to accommodate their needs.

People were supported to maintain good health and to access healthcare services when required. The registered manager told us that people were registered with a GP who visited the service as and when required. She said that the service had good relationships with the GP practices in the area and they were responsive when called. We saw evidence that people had access to the dentist, optician and chiropodist as well as specialists such as, the tissue viability nurse and the speech and language (SALT) team. If required people were accompanied to hospital appointments by staff or family members.

Is the service caring?

Our findings

Positive and caring relationships were developed with people who used the service. People told us they were happy with the care and support provided. One person said, "All the workers are lovely. There is not a bad one amongst them." Another person commented, "They must enjoy their work and have dedication to it because, as you know, it's not very well paid." A person told us out of earshot of a staff member, "She'll do anything for you. She is wonderful." The particular staff member was praised throughout the day by various people and relatives. A staff member was able to tell us about the people they supported. They told us their names and the names of some of their family members who visited regularly and what they liked.

During our inspection we saw the registered manager walked around the service. People, relatives and staff went to her to ask for help and advice. They were listened to which demonstrated that she treated people with respect and understood their individual needs and preferences.

We observed that staff addressed people by their names. When communicating with them they got down to their level and gave eye contact. They also took time to ensure that people understood what was happening. During an entertainment activity we saw staff provided people with reassurance by touching to show they were aware of their emotional needs.

People were supported by staff to express their views and be involved in making decisions about their care and support. Staff and the registered manager told us where possible they involved people and their relatives in

planning and reviewing their care. They said that people's care plans were reviewed and discussed with them at least monthly. We observed during a handover that staff spoke knowledgeably about people and passed on relevant information about changes to their care needs.

The registered manager told us that relatives advocated on behalf of the majority of the people living at the service; however, if people did not have any relatives they would be supported to access the services of an advocate. We saw there was information displayed in the service on how to access the services of an advocate.

People's privacy and dignity were promoted. A person said, "I have a strip wash the staff respect my privacy by covering me lightly so they could complete the task." Staff spoken with were able to describe how they ensured people's privacy and dignity was respected. A staff member said, "We ensure that the residents receive personal care in the privacy of their bedrooms and make sure bathroom and toilet doors are closed." We observed this happening in practice. We also observed two staff moving a person using a hoist; they gave careful explanations and spent time reassuring the person. We found that the service had policies in place for staff to access, regarding respecting people and treating them with dignity.

The service had some restrictions on visiting. The registered manager told us that the service had an open visiting policy; however, friends and relatives were advised not to visit at meal times. This was because protected meal times were promoted. We were reassured if a relative visited during meal times they were not turned back and were encouraged to have a meal with their family member.

Is the service responsive?

Our findings

People received personalised care that met their needs. They told us they had been involved in how their care was assessed, planned and delivered. A person said, "They know me well and what I need." Another person commented, "The staff meet my needs, the care is exceptional, nothing is too much trouble for them."

Staff told us that people's care plans were developed around them as an individual and their histories and preferences were taken into account. A staff member said, "The care people receive is personalised and specific to their assessed needs." The registered manager said that before anyone was admitted to the service their needs were assessed and the information obtained from the assessment was used to develop the care plan.

We saw in the files we looked at that assessments had been carried out prior to people coming to live at the service. Not all the people we spoke with could remember being involved in the care planning process and said that they left it up to their relatives. One person could remember being involved and said that a lot of discussions were held with the registered manager to make sure she understood everything about them. All the relatives we spoke with said they were very much involved in the initial stages, as well as subsequent stages.

The care plans were personalised and contained information on people's varying level of needs and provided guidance on how people wished to be supported. Giving people choices and promoting their independence were essential factors in how people's care was delivered. We saw that the care plans were reviewed monthly or as and when people's needs changed. Regular reviews were held with a named staff member and family members.

The registered manager told us that the activity person had recently left the service and a new person had been appointed. This was subject to satisfactory references and the appropriate Disclosure and Barring Service (DBS) certificate being obtained. In addition a staff member was allocated five hours weekly to assist with activities. We observed during our inspection a sing a long had taken place by an outside entertainer. We found that the activities provided were varied and included a weekly visit by a hairdresser, board games, quizzes, Pet As Therapy (PAT) dog and arts and crafts. People were also supported to promote their religious beliefs; for example, people were supported to attend church services on a Sunday and a minister visited the service on a regular basis.

People were encouraged to bring in personal possessions from home, including small items of furniture. Some rooms were personalised and contained personal possessions that people treasured, including photographs and ornaments.

People were encouraged to raise concerns or complaints. They told us they would feel comfortable to raise a complaint and were confident if they raised one they would receive a positive response. One person said, "I've never had to complain but I would speak to the manager if I wasn't happy." Relatives were confident that concerns were dealt with appropriately and in a timely manner.

The registered manager said that all concerns and complaints received were dealt with in line with the organisation's procedure and were used to improve on the quality of the care provided. Within the last twelve months the service had received seven complaints. These had been responded to within the agreed timescale and appropriately. We saw the complaints procedure was accessible to people and their relatives and written in an appropriate format.

Is the service well-led?

Our findings

The service promoted a culture that was positive open and inclusive. People and relatives said that the manager was approachable. Staff told us that the registered manager operated an open door policy and was transparent. They said issues were taken seriously and were not left. A staff member said, "I can talk to the manager if there is a problem or I have a concern, they get addressed."

The registered manager said that she encouraged family members to come in and have a chat. She said, "My door is always open." She also said that staff were encouraged to make suggestions which were acted on. Staff spoken with confirmed this and said that the registered manager and deputy manager treated them fairly.

Staff were clear about the process to follow if they had any concerns about the care provided and knew about the whistleblowing procedure. They said they would not hesitate to use it if the need arose.

The service had processes in place to encourage communication with people and their relatives. For example, people and their relatives were asked to provide feedback on the care provision and to make suggestions and these were acted on.

There was a system in place to ensure when mistakes occurred they were investigated by the registered manager. If areas of poor practice were identified these were addressed in a formal manner and discussed at staff meetings, to ensure lessons were learnt and to minimise the risk of recurrence.

The leadership at the service was visible which inspired staff to provide a quality service. Staff told us that the registered manager was supportive and available to them. They also said that the deputy manager was competent and worked with them to deliver a quality service. During our inspection we observed the registered manager and deputy manager interacting with people, relatives and staff in a positive manner.

We saw evidence which confirmed the provider was meeting their registration requirements. For example, the service had a registered manager in post. Statutory notifications were submitted by the provider. This is information relating to events at the service that the provider was required to inform us about by law.

Staff told us they were happy in their roles and worked hard to ensure that people received the care they needed. One staff member said, "We work well as a team." Our observations throughout the inspection demonstrated that staff understood what was expected of them.

There was a quality assurance system in place at the service. The registered manager told us that the service had a system of audits and reviews which were used to obtain feedback, monitor performance and manage risks. These included areas such as medicines, infection control and care plans. Where areas for improvement had been identified we saw there were action plans with timescales in place to address the issues raised.