Park House Care (UK) Ltd

Park House

Inspection report

Martinstown
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12 March 2019

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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:
Park House is a residential care home registered to provide accommodation and personal care for up to 20 older people. People at the home were living with dementia. The home does not provide nursing care. At the time of the inspection there were 20 people living in the home.

Rating at last inspection:
At our last inspection we rated the home Good (published 25 October 2016). We rated the key question: Is the service responsive? Requires Improvement at that time as we had some concerns about how people's communication needs were being met.
At this inspection we found the shortfalls in the responsive key question had been addressed and the rating for that area of the service had improved.

Why we inspected:
This inspection was a scheduled inspection based on the previous rating.

People's experience of using this service:
People were happy living at Park House. People felt safe and well cared for. Staff demonstrated a good understanding of the risks people faced in their day to day lives and the practical ways they could support them to minimise those risks to keep them safe. People received their medicines on time, at the correct dose and had regular medicines reviews.

People's desired outcomes were known, and staff worked with people, relatives and relevant professionals to help achieve and review these. Staff had received the necessary induction, competency checks and ongoing training to help them meet people's specific needs. People were encouraged and supported to retain their independence, develop new interests and live their lives as they wanted to live them. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's individual communication needs were known, respected and met.

People were supported to maintain contact with those important to them including family and other people living at the home. Relatives felt welcomed and involved. Staff understood the importance of these contacts for people's health and well-being. Staff and people were observed enjoying meaningful, compassionate and mutually beneficial interactions. Staff knew people well and what made them individuals.

The registered manager was respected by the staff and promoted and open and transparent culture. Management and staff understood their roles and responsibilities. Staff felt supported and valued. Annual feedback surveys were undertaken and analysed to ensure that people, relatives and staff could express their views and contribute to development at the home.

Quality and safety checks by the registered manager and other senior management helped ensure people were safe and protected from harm. This also ensured that practice standards were maintained and improved. Audits helped identify areas for improvement with learning from these shared with staff.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Follow up:
We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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?

Good

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our Well-Led findings below.

Park House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection was carried out by one adult social care 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. The expert by experience's area of expertise was older people with dementia.

Service and service type:
The service is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at on this inspection.

The service had 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 was a planned inspection and was unannounced. The inspection took place on 11th and 12th March 2019.

What we did:
Before the inspection, we reviewed the Provider Information Return (PIR) from the service. 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 also spoke with the local authority quality improvement team to obtain their views about the service. We used all this information to plan our inspection.

We spoke with eight people and three relatives. We also spoke with the registered manager, deputy

manager, senior care lead, three care staff, the catering manager, activity coordinator and a domestic assistant. We spoke with one health care professional and an external trainer during the inspection.

We looked around the service and observed care practices throughout the inspection. We reviewed a range of records including four care plans, four staff files, staffing rotas, training records and other information about the management of the service. This included accidents and incidents information, eight Medicine Administration Records (MAR), temperature records, equipment checks and quality assurance audits.

Good

Is the service safe?

Our findings

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

Good; People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

• Staff had been trained in safeguarding and knew how to protect people from abuse. Staff were aware of the signs and symptoms of abuse and how to report their concerns both internally and externally.

• There were effective systems and processes in place for reviewing and investigating safeguarding incidents. There were no open safeguarding alerts at the time of the inspection.

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

• People's individual risks were assessed, and care plans created to help reduce these risks. These were done with involvement from people, their relatives, staff familiar to them and relevant professionals. One person said, "I feel very safe and well looked after as staff support me to use my zimmer frame correctly as my mobility is quite slow and I have pressure mat near my chair during the day, or near my bed at night."

• When required people were supported to transfer safely using appropriate moving and assisting methods.

• We observed staff responding in a timely way when people requested support via their calls bells or when they activated a pressure monitor. During the inspection we accidentally stood on a person's pressure mat. Staff responded in less than two minutes. One person told us, "Staff are so good; whatever time I want to do things such as needing the bathroom, getting to the dining room or going to bed, staff will always come and safely help me to do these things."

• General environmental risk assessments had been completed to help ensure the safety of the home and equipment. These assessments included: fire systems, passenger lift, water safety and electrical appliances.

• Risks to people from fire had been minimised. The home conducted fire drills and mock evacuations to ensure staff and people knew what to do in the event of a fire. People had Personal Emergency Evacuation Plans (PEEP) which guided staff on how to help people to safety in an emergency.

• Staff recorded accidents and incidents appropriately. The registered manager reviewed all incidents and accidents to investigate what had happened, determine the root cause, identify potential trends and develop an action plan to help reduce the risk of a re-occurrence.

Staffing and recruitment

• There were enough staff to meet people's needs. Staff, people and observations told us that rotas had been arranged to support meaningful interactions rather than task focused care. One person said, "There are enough carers on." A relative stated, "During the period my [relative] has been a resident here for two years, staffing levels have always been good. When there is sickness or holidays the home employs more staff for sufficient cover." Park House does not use agency staff and has not done so for over ten years. They use their own bank support team on these occasions.

• The home had a recruitment procedure to minimise the risk of unsuitable staff and agency workers being recruited. Before starting work, checks were undertaken to ensure prospective staff were of good character. This included checks with the Disclosure and Barring Service (DBS) and three employment references. Staff confirmed they had not been permitted to support people until the necessary clearances had been received.

Using medicines safely

• People received their medicines on time and as prescribed from staff who had received the relevant training and competency checks. Where people were prescribed medicines that they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.

• Medicines were stored safely including those requiring additional security.

• Medicines Administration Records (MAR) were complete and legible. These were regularly audited by the management to ensure that errors were identified and resolved quickly.

• Staff had liaised with a GP to secure liquid medicines for a person who had developed difficulties with swallowing their prescribed tablets.

Preventing and controlling infection

• The home was visibly clean and odour free. There was an infection control policy and cleaning schedule to ensure that risks to people and staff from infection were minimised. Housekeeping staff told us they received a good supply of Personal Protective Equipment (PPE) such as gloves and aprons and felt they would be listened to if they raised concerns about infection control.

Good

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

Good; 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; Supporting people to live healthier lives, access healthcare services and support

• People had pre-admission assessments that supported their move to the home. On moving in, staff worked with the person, their family and relevant professionals to develop a personalised care plan that identified achievable outcomes.

Staff support: induction, training, skills and experience

• People were supported by staff that had received an induction and shadowing opportunities with more experienced staff. Induction training included courses in values and expectations, effective communication and record keeping. All new staff are required to complete the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. The management reviewed staff members' progress during their induction to ensure they were on track and were developing the skills to meet people's needs with confidence.

• Ongoing training was provided to staff which included courses delivered by external professionals; four staff received first aid training on day two of the inspection. The external trainer said, "Staff are receptive and they engage." Staff had a dedicated training room at the home. Training in 2019 had included basic first aid, dementia, medication, safeguarding and sensory loss. Training since the previous inspection had covered food hygiene, falls prevention, stroke awareness and Parkinson's Disease.

• The registered manager told us that on average the current staff team had been at the home for approximately five years. This meant that people were supported by experienced staff who had got to know them and the home environment well. Two people told us they felt care staff were, "Very good at their job, were "Well trained," and their health needs were being met on a daily basis.

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

• People were supported to maintain a well-balanced diet and remain as independent as possible with their meals. People's dietary needs and preferences were known and supported, for example where they had been assessed as needing a safe swallow plan or had an intolerance to certain foods. One person told us, "I'm not a big breakfast person and they know that."

• Adapted crockery was provided where people needed this. Where people required support from staff to eat

and drink this was provided in a sensitive way that helped maintain the person's dignity. This included aprons placed over people's clothes for protection. We observed a person being supported to eat by a staff member who gave them gentle encouragement and praise.

• Staff took covered meals to people who had chosen to eat in their rooms. This ensured people had food that was warm and enjoyable to eat.

• People were asked what they would like for their meals each morning. This was done verbally and, where required, using picture cards. One person had their own mini whiteboard next to them which staff used to write their meal choices on and communicate with them during meals. This was the person's preferred means of communication. If people changed their mind staff offered them alternatives. The menu was also displayed on a large whiteboard in the main dining room.

• Four out six people spoke about the "excellent" quality of the food, choice and portion sizes provided at the home. One person said, "I enjoy the meals at this home as it's all home cooked; just like true home cooking and the choice of meals is lovely. I really look forward to meal times."

Staff working with other agencies to provide consistent, effective, timely care

• The service understood the importance and benefits to people of timely referral to health and social care professionals to help maintain people's health and well-being. A relative told us that their family member had been unwell recently but was slowly getting better, "Due to the staff focusing on [their family member's] needs."

• Health professionals spoke positively about how staff worked alongside them to keep people well. A health professional who visits the home frequently said, "They (staff) always contact us in good time. They are knowledgeable about people, notice the changes and raise with us. The staff follow up on our advice. They are often one step ahead of us. They (staff) learn from previous situations and apply the learning in future situations. Half of our job is done." A senior staff member said, "I always encourage the staff to support visits from [health professionals], to listen and learn from them."

• Information such as people's preferred name, communication needs and known allergies was recorded ready to be shared with other agencies if people needed to access other services such as hospitals.

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

• The home was in good decorative order and, where possible given the Grade II listing of the main building, adapted to meet the needs of people living there. Carpets were clean, well maintained and of a pattern that did not pose a challenge for people living with dementia.

• People's art work was displayed around the home and photos of them enjoying activities in the home and community were available to help them recall what they had enjoyed doing.

• The management had consulted people when looking to purchase new chairs for the communal lounge and in discussions about changing the use of particular rooms in the house.

• Signage throughout the building indicated where bathrooms, toilets, dining area, lounge area were. The signs were white, A4 sized with black writing and arrows with bright yellow and black illustrations that were dementia friendly. Clocks and calendars around the home, including in people's rooms, were set to the

correct time, day and month which helped people who lived there with memory problems.

• The second floor of the home was accessible via stairs or lift. Since the previous inspection decorative stair gates had been added to help ensure people's safety when walking around the home. The home had an enclosed level-access front garden, planted with mature trees, shrubs and flower beds. People could enjoy the views of the garden and surrounding countryside from the covered veranda. This outside space had been used for garden parties.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

• People's mental capacity and ability to consent to living at the home had been checked as part of the pre-admission assessment process. Staff were able to tell us when and who they would involve if a person lacked capacity to make complex decisions.

• The home had applied to the local authority for each person that required DoLS. Two people's DoLS had been authorised without conditions. There was evidence the management had sent reminder emails to the local authority in relation to the applications awaiting assessment.

• People were living with dementia which affected their capacity to make some decisions about their care and support. Where people had been assessed as lacking capacity mental capacity assessment and best interest decision paperwork was in place. These had been completed for areas of people's lives including: support with personal care, support with medicines, and the use of bed rails.

• Staff understood the principles of the MCA and how to apply this when supporting people. Staff were observed asking for people's consent before supporting them and provided them with information that helped them to make meaningful choices.

• The service held a list of people who had representatives with the legal authority to make decisions on their behalf should they lack capacity. The list detailed the scope of the authority these representatives had for example for decisions around property and finance and/or health and welfare.

Good

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

Good; 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

• People were treated with kindness and compassion. People and their relatives stated that they or, their family members, were well cared for in the home. A relative said, "My [family member] receives a high level of professional support and all staff members are kind, caring and thoughtful to [family member's] needs." Another relative told us, "The staff go above and beyond. [Family member's] chocolates had all melted. Staff replaced them all." People's comments included: "I have been treated so well, I love it here. I have nothing to say against it", "I like the home and I feel the staff are very supportive, kind and caring. I can't fault it in any way" and "The staff have become part of my life, like a family."

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

• People were given time and the appropriate communication aids to help them express their needs and choices. For example, a health professional said that when staff accompanied her to visit a person with speech difficulties the staff were patient and gave the person the time they required to verbalise their needs and views about available treatment options.

• People who were able to said they were happy with the care they received at the home and felt involved by staff. People had been able to personalise their rooms and bring in furniture and other items of sentimental value such as photos and ornaments which made them feel settled and at home. One person had told staff that they did not like the layout of their room and wanted their bed in the alcove. Staff had removed the skirting board to place the person's bed in the position that they preferred.

• People's cultural and spiritual needs were acknowledged and respected. One person told us, "I do like the Minister coming in who will sit and chat with me during the week."

• Staff encouraged people to receive visitors in a way that reflected their own wishes and cultural norms, including time spent in privacy. Staff told us that a person liked to spend the majority of the time in their room. This reflected their care plan which noted this gave [name] 'a sense of peace.' A relative commented, "We are made to feel very welcome. We can visit anytime."

Respecting and promoting people's privacy, dignity and independence

• Staff treated people with respect. We observed staff knocking on people's doors before entering their rooms. All staff waited for the person to respond and invite them into their room, before greeting them with

their preferred name. When people did not want to be disturbed or were being supported with personal care, we observed that use was made of privacy notices on the handles to people's rooms.

• Staff understood how important it was for people to maintain their independence. One person told us, "I'm alright on my own – they support that. I can be myself here." A relative said, [Family member] can choose how [family member] lives here."

Good

Is the service responsive?

Our findings

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

Good; People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

• People received personalised care. Their needs, abilities, life history, and preferences were documented, known and supported by staff. A relative told us, "My [family member's] care is indeed person-centred and has been for the past two years." People's care needs were regularly reviewed. We saw evidence that people's relatives had been involved in these reviews. A person who had capacity and was at risk of pressure damage to their skin had chosen the extent to which they would follow the advice given by the tissue viability nurse. This person's right to make this decision was respected by staff.

• The service identified people's individual information and communication needs by assessing them. Staff understood the Accessible Information Standard (AIS). The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others, including professionals.

• Since the previous inspection the management had developed a collection of picture prompt cards that were used by staff when interacting and communicating with people living with dementia or sensory impairments. Due to their sensory impairment one person's preferred means of communication was a mini whiteboard. We observed staff using this when interacting with the person at lunchtime.

• Staff had worked with people to make a 'residents current and past' tree display with photos that acted as a reminder to people of the community of people that had lived and were living at the home. In addition to this, a staff team photo board had been created which helped people understand who the staff were and their job roles.

• People had the opportunity to participate in a range of activities both in the home and the local community. This included, singing for the brain sessions, creating poems and songs, visits from a local pantomime group, one to one time and organised trips. The activities programme was widely promoted around the home. The management were planning to introduce a pictorial version of the programme to ensure that people with a cognitive or sensory impairment were well informed about upcoming activities. The activities coordinator was enthusiastic and was observed engaging with people in a way that provided meaningful, fun stimulation. One person told us, "I like joining in with the activities. I enjoy the cooking activities and everything else."

• People had choice and control over how they spent their time. For example, people were given the option

to participate in group activities or to spend time doing something else. One person told us, "Activities are not for me. I love my books, I love to read. I am reading Lynda La Plante at the moment. I prefer my own company." Two people told us they chose to spend their time in their rooms even though they were aware of activities on offer as staff ensured they knew what was happening each day. Another person explained how staff support their preferences, "I get to go to bed when I want to at 6pm, when I am tired, and I get up at 7am and all the staff respect and support me with this routine."

Improving care quality in response to complaints or concerns

• The home had an up to date complaints policy which was available in two different formats; one of them easy read to make it more accessible to people with cognitive and sensory impairments. The management logged, tracked and resolved complaints in line with this policy. People told us that if they were unhappy with anything and had to make a complaint they would speak to the registered manager or deputy manager.

End of life care and support

• Staff had received training in end of life care although at the time of our inspection there were no people at the home requiring this type of care. Some people had been prescribed anticipatory medicines by their GP which were available for staff to administer should the person develop end of life care needs and need to feel more comfortable.

• Relatives had complimented the staff on the care they had provided to family members at this time. Two cards we reviewed stated, 'To all staff (heroes) – for all your kindness and care you gave to [family member] thank you so much to all of you for the patience and care you show every day' and, '[Family member] was very comfortable until the end which was peaceful.'

• The management had made concerted efforts to ask people about their future wishes, but most had declined to engage in this process as they did not want to discuss death and dying. This was periodically revisited with people but their decision to decline was always respected.

Good

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

Good; The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

• The management of the home completed regular checks which helped ensure that people were safe and that the service met their needs. Monthly audits included areas such as: care plans, medicines, training and kitchen files.

• People and their relatives were happy with the home and how it was run with some telling us it was like "Being in a big family." Staff and management had created a home with a happy atmosphere.

• The registered manager understood the requirements of Duty of Candour. They told us it is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

• The management and staff were clear about their roles and responsibilities.

• Staff told us they felt praised and valued. This was confirmed in documents we viewed. For example, two staff member's supervision records noted, '[Name] is much appreciated by the team and is good at boosting team morale' and, '[Name] is a great asset to the team and has a wealth of knowledge…a great mentor to any newer staff.'

• The registered manager was committed to ensuring the service people received was safe and of a consistently high quality. Regular team meetings were held with staff telling us that they could raise anything which was then followed up. The registered manager said these meetings were important to "Keep all staff on the same page."

• Staff were supported to pursue career aspirations and personal development. For example, one staff member told us they had recently completed their level five diploma in health and social care after the registered manager had encouraged them to start this qualification.

• The registered manager had ensured that all required notifications had been sent to external agencies such as the local authority safeguarding team and the CQC. This is a legal requirement.

• The registered manager told us they felt supported by the owner who regularly visited the home. The registered manager said they kept their skills up to date by attending local learning networks, a national dementia event and reading care industry publications.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

• Peoples, relatives, staff and health professionals' views about the service were actively encouraged and obtained via the home's annual survey. Feedback was analysed to determine what the service was doing well and where they could possibly improve. People's feedback from the August 2018 survey included: 'It's nice here sweetheart', 'Always polite and help given when needed' and, 'The manager is friendly, and you can have a laugh with them.' A relative had fed back, 'My main communication is via emails. Prompt replies.'

• Staff completed quarterly personal performance reviews where they were encouraged to voice how they felt about their roles. One staff member had expressed, 'I feel I can discuss matters when necessary and not wait for a supervision' before adding, 'I'm very happy with my job role and the team I work with.'

• The management identified and supported staff who had additional learning needs linked to health conditions. For example, records showed that a staff member had been given extra time to complete care records and a quiet area for them to do this.

Working in partnership with others

• The home worked in partnership with other agencies to provide good care and treatment to people. The management and staff worked closely with local district nursing teams, GPs and a Community Mental Health Team to meet and review people's needs.