

Park House Care (UK) Ltd

Park House

Inspection report

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14 September 2016

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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?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 13 September 2016 and was unannounced. The inspection continued on 14 September 2016 and was announced. Day one was carried out by a single inspector. A specialist advisor in elderly nursing and dementia care was present on day two.

Park House provides accommodation and personal care to up to 20 older adults with dementia and learning disabilities. The accommodation was split over two floors with a management office being situated on the second floor. There were six bedrooms on the ground floor and 14 on the first floor. A passenger lift supported people up and down the stairs. 19 bedrooms were ensuite and one was not. There were two bathrooms which both had assisted baths and one level access shower room. The home had a kitchen and a multipurpose room. There was a communal living area and a separate dining room for people to come together.

The service did not have a registered manager in place. 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. A new manager had been recently recruited and was in the process of applying for their registration. The new manager had an interview arranged for the following week with a registration inspector.

Staff had a good knowledge of people's support needs and received regular e-learning training as well as some training specific to their roles for example, end of life, nutrition and dementia. Staff told us however that they had not received any training around learning disability and felt that this would support them to deliver an even better service to some people who lived at Park House. Staff were aware of the Mental Capacity Act however training records showed that they had not received training in this.

We have made a recommendation about staff training on the subject of learning disabilities.

Park House was not always responsive to people's communication needs. We observed on several occasions staff relying on verbal communication to interact with everyone who lived at the home however we found that some people's care files reflected that their communication needs included; visual prompts, pictures and facial expressions.

There was a system in place for recording complaints which captured the detail and evidenced steps taken to address them. We noted that there were no recorded complaints for the past 12 months. We checked with the management and asked if this was correct. We were told about feedback received from a family and actions which the service had taken to address this but it had not been recorded as a complaint.

People and staff told us that the service was safe. Staff were able to tell us how they would report and recognise signs of abuse and told us they had received safeguarding training. We reviewed the training

records which confirmed this.

Care plans were in place which detailed the care and support people needed to remain safe whilst having control and making choices about how they lived their lives. Risk assessments were completed, regularly reviewed and up to date.

Medicines were managed safely, securely stored, correctly recorded and only administered by staff that were trained to give medicines. Medicine Administration Records reviewed showed no gaps. This told us that people were receiving their medicines as prescribed.

Staff told us they received regular supervisions which were carried out by management. We reviewed records which confirmed this. A staff member told us, "I receive regular supervisions and find them useful".

The service completed capacity assessments and recorded best interest decisions. This ensured that people were not at risk of decisions being made which may not be in their best interest.

People were supported to maintain healthy balanced diets. Food was home cooked using fresh ingredients and people said that they enjoyed it. Food options reflected people's likes, dislikes and dietary requirements.

People were supported to access healthcare appointments as and when required and staff followed GP and District Nurses advice when supporting people with ongoing care needs.

People told us that staff were caring. We observed positive interactions between staff and people throughout the inspection. This showed us that people felt comfortable with staff supporting them.

Staff treated people in a dignified manner. Staff had a good understanding of people's likes, dislikes, interests and communication needs. Information was available to people. This meant that people were supported by staff who knew them well.

People had their care and support needs assessed before using the service and care packages reflected needs identified. We saw that these were regularly reviewed by the service with people, families and health professionals when available.

People, staff and relatives were encouraged to feedback. We reviewed the findings from quality feedback questionnaires which had been sent to people and family. We noted that it contained mainly positive feedback.

Staff had a good understanding of their roles and responsibilities. Information was shared with staff so that they had a good understanding of what was expected from them.

People and staff felt that the service was well led. The manager and others in the management team all encouraged an open working environment.

The service understood its reporting responsibilities to CQC and other regulatory bodies and provided information in a timely way.

Quality monitoring audits were completed by the management team. The deputy manager reviewed incident reports and analysed them to identify trends and/or learning which was then shared. This showed

that there were good monitoring systems in place to ensure safe quality care and support was provided to people.

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. There were sufficient staff available to meet people's assessed care and support needs.

People were at a reduced risk of harm because staff had completed safeguarding adults training and were able to tell us how they would recognise and report abuse.

People were at a reduced risk of harm because risk assessments and personal emergency evacuation plans were in place and up to date.

People were at a reduced risk of harm because medicines were managed safely, securely stored, correctly recorded and only administered by staff that were trained to give medicines.

Is the service effective?

Good ●

The service was mainly effective. People's choices were respected and staff understood the requirements of the Mental Capacity Act 2005. However staff had not received training in this.

Staff received training, practical supervisions and appraisals to give them the skills and support to carry out their roles.

Capacity assessments were completed and best interest decisions were recorded. This meant people were not at risk of decisions being made that were not in their best interest.

People were supported to access health care services and attend hospital as and when necessary.

Is the service caring?

Good ●

The service was caring. Staff knew people well. People were supported by staff that spent time with them.

People were supported by staff that used person centred approaches to deliver the care and support they provided.

Staff had a good understanding of people they cared for and supported them in decisions about how they liked to live their

lives.

People were supported by staff that were empathetic and respected each person's privacy and dignity.

Is the service responsive?

The service was not always responsive to people's communication needs. Staff relied on verbal communication and did not use additional aids which were reflected in their care files.

A complaints procedure and system was in place however it was not actively completed.

People and their families were aware of the complaints procedure and felt able to raise concerns with staff.

Care file's, guidelines and risk assessments were up to date and regularly reviewed.

People were supported by staff that recognised and responded to their changing needs.

People were supported to take part in activities which were linked with their own interests and hobbies.

Requires Improvement



Is the service well-led?

The service was well led. The management team promoted and encouraged an open working environment.

Park House was led by a management team who were approachable and respected by the people, relatives and staff.

Regular quality audits and spot checks were carried out to make sure the service was safe and delivered high quality care and support to people.

Good



Park House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 13 September and was unannounced. The inspection continued on 14 September 2016 and was announced. The inspection was carried out by a single inspector on the first day. The inspector was joined by a specialist advisor in elderly, nursing and dementia care on the second day.

This service was last inspected in January 2014 and was found to be compliant in all areas. Before the inspection we reviewed all the information we held about the service. This included notifications the home had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive.

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 spoke with six people who used the service and five relatives and friends.

We spoke with the manager and deputy manager and met with five staff. We reviewed five people's care files, policies, risk assessments, quality audits and the 2016 quality survey results. We visited three people in their rooms. We observed staff interactions with people and observed a meal time in the dining room. We looked at two staff files, the recruitment process, staff and resident meeting notes, menu's, incident reporting, training, supervision and appraisal records.

Is the service safe?

Our findings

People, relatives, friends and staff told us they felt the service was safe. A person said, "I feel safe, if I need to be somewhere I'd rather be here". Another person told us, "I am safe and accept being at Park House. Things are done for our own good". A family friend said, "We believe our friend is safe here, they are looked after by staff who know their risks". A relative told us that they felt comfortable when she left Park House in the knowledge that their loved one was safe.

A staff member fed back to us that they felt the home was safe and gave us some examples of how they supported people to be safe. For example, regular checks were in place which included, pressure charts and air flow mattresses, risk assessments and medicines.

People were protected from avoidable harm. Staff were able to tell us how they would recognise signs of potential and actual abuse and who they would report it to. Staff told us they had received safeguarding training and training records confirmed this. We reviewed the homes safeguarding policy which was up to date, comprehensive and included reference to the new Care Act principles.

People's care files identified people's individual risks and detailed guidance staff needed to follow to ensure risks were managed and people were kept safe. We noted that one person had developed a pressure sore. We saw that the service reviewed the person's risk assessments which included a falls, Malnutrition Universal Screening Tool (MUST) and waterlow and provided new guidance for staff to follow. Check sheets and body maps were completed. In addition to this there was district nurse (DN) input, a falls mat and air flow mattress in place. This demonstrated that the service ensured safe systems and practice were in place to minimise and manage risks to people.

We observed people walking around the service, accessing their bedrooms and different rooms freely. People had equipment when required to assist them walk independently such as walking frames, sticks and wheelchairs. We also saw that there were enough staff to provide support to people when needed. This showed us that people's freedom was supported and respected.

People had Personal Emergency Evacuation Plans which were up to date and formed part of their care plan. These plans detailed how people should be supported in the event of a fire. The service had a business contingency plan in place which gave guidance and contact details to staff on what to do in the event of an emergency. For example, adverse weather conditions, utilities failure and water leaks. The deputy manager told us that they had arrangements for temporary accommodation with the local village hall and public house and food from the local chip shop should they ever need it.

There were enough staff to support people. One person told us, "Yes there are enough staff to support me". Another person said, "I think there are enough staff. Staff often pop into my room for a chat". A relative said, "There's always a lot of staff who are available if we need them. We never have to hunt them down!". A staff member told us, "In general there are enough staff. We are all kept very busy and work well together". The deputy manager told us that they had recently introduced additional staff hours in the morning. We

reviewed the last two weeks and following two weeks rota which confirmed that shifts were covered and reflected the numbers given by the home. We were told that Park House did not use agency staff because they wanted to maintain consistency within the home.

Recruitment was carried out safely. We reviewed two staff files, all of which had identification photos in them. Details about recruitment which included application forms, employment history, job offers and contracts were on file. The system in place included evaluation of potential staff through interviews, references from previous employment and checks from the Disclosure and Barring service (DBS).

Medicines were stored, recorded and managed safely. The senior staff showed us how they had implemented a system of colour highlighting drug times to reflect the colours of the blister packs. Medicines were signed as given on the Medicine Administration Records (MAR) and were absent from the pharmacy packaging which indicated they had been given as prescribed. We reviewed people's MAR sheets which were completed correctly and showed no gaps. Staff were required to complete medicine training as well as undergo a competency test by management before administering medicines. There was a comprehensive up to date medicines policy in place. We saw that weekly audits took place and were up to date. Actions were clearly identified and outcomes logged on completion. This demonstrated that people received medicines safely.

Is the service effective?

Our findings

Staff told us that they were expected to complete regular online training which covered a variety of topics. We found that each staff member had an e-learning plan which they logged onto regularly. These plans list mandatory training set by the management for example, safeguarding, nutrition and end of life. A staff member told us, "I'm offered enough training. I have learnt a lot from online training which I have put into practice". Staff told us that they had not received any training around learning disability and felt that this would support them to deliver an even better service to some people who lived at Park House. We discussed this with the deputy and manager who told us that they were finding it difficult to find a provider who delivered learning disability training.

We recommend that the service finds out more about training for staff, based on current best practice, in relation to the specialist needs of people with learning disabilities.

Staff told us that they had not received training in the Mental Capacity Act 2015. We reviewed the homes training record which confirmed this. We discussed it with the deputy manager who told us they now completed a new monthly training audit. They said that during the last audit it had been identified that the services list of mandatory online training had not included MCA and that this was an oversight by Park House. This demonstrated that although staff had not received training in this the new audit tool was working. We were shown that this training is now listed in each staff member's e-learning plan.

The deputy manager told us that practical training days are delivered in areas such as first aid and fire. They went on to say that they are now bringing in an external trainer to deliver assisting and moving training. We were told that currently the deputy manager (who has received train the trainer training) delivers it but feels it would be more effective for staff to receive this from an external provider.

The 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.

Staff had some awareness of the Mental Capacity Act and worked within the principles of this. A staff member told us, "The MCA is in place to protect people in making decisions or to ensure that any decision made on their behalf is in the person's best interest". Another staff member said, "We always assume people have capacity until it is assessed otherwise".

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 registered and service manager told us that Deprivation of Liberty Safeguards (DOLs) applications had been sent to the local authority and that they were awaiting outcomes.

We found that Park House had a comprehensive policy in place, capacity assessments were carried out and

where necessary best interest decisions were made and recorded appropriately. Care files evidenced that people with capacity had consented to their care by signing their plans whilst those who did not had been assessed and agreement made by key people involved in their care via a best interest meeting. This told us that people's consent to care was always sought in line with legislation.

Staff files held induction records which included the new Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. Staff told us that new staff receive shadow shifts with experienced staff before working on their own. We spoke to a new staff member who was completing their third shift since starting at the home. This staff member confirmed that they had shadowed experienced staff for a few days and covered areas such as people's support and nutritional needs, fire procedure and exits. They told us that they had been shown where people's care files were and had started their care certificate.

We reviewed staff files which evidenced that regular supervisions and appraisals took place and were carried out by the management team. A staff member mentioned that they found supervisions very useful and confirmed that they took place regularly.

People, relatives and staff told us that the food was good. Meals were home cooked using fresh ingredients and people's likes and dislikes were recorded. People were given a menu choice of two lunch and two teatime options each day and were told that alternative meals could be requested should someone want one. The menu ran over four weeks and was reviewed each season. The manager told us that people were involved in menu planning but could not show us any evidence of this. The manager said that they will look at a system to record people's feedback on food and menu planning. The home was in the process of producing a pictorial menu which will support people more in making their food choices. People's dietary requirements were clearly reflected and food and fluid intake recorded as appropriate. This demonstrated that the service was supporting people to eat and drink enough whilst maintaining a healthy balanced diet.

We observed lunch time during both days of the inspection and saw that many of the people who lived at Park House used the dining room. There was a busy but relaxed atmosphere in the room and staff continued to pop in and out to make sure people were enjoying their meal and offer any support if necessary. We noted that people were having discussions about the weather and their meal with each other. People told us they liked to sit at the table and that they have the choice too. We observed two senior staff sitting down to eat their lunch and talking to people who appeared comfortable in their company.

People were supported to maintain good health and have access to healthcare services. Appointments were recorded in people's care files and communicated between the team. We saw that community professionals like GP's and DN's visited the home and that people were supported to appointments. A DN was visiting one person and that another person had returned from hospital. This demonstrated that people were supported to maintain good health and have access to healthcare services.

People had access to advocacy services but we were told by the management that currently no one receives this service. We were informed that information is readily available should someone request this service.

Is the service caring?

Our findings

We observed staff being respectful in their interactions with people. Throughout the inspection the atmosphere in Park House was relaxed and homely. We observed on several occasions staff speaking softly to people with respect which made people appear comfortable in their company. A person told us, "All the staff are caring here". Another person said, "Staff take care of me and are very kind. They keep my room nice and always talk to me".

A staff member said, "I'm caring, I talk softly, get down to people's level and listen to them". Another staff member told us, "I treat people the way I would want to be treated myself". A relative said, "It is like an extended home, staff not only care for the people's physical needs but also their psychological needs too". Another relative said, "Staff are lovely and really care about the people here which is so reassuring for us". A family friend told us, "Staff are very nice, friendly, helpful and caring".

We observed a staff member come into a person's room to give them their lunch. The staff member got down to the person's level and explained what the food was. The person was made comfortable and given their meal. This demonstrated that staff were considerate to people and their needs.

People were regularly given opportunities to be involved in making decisions about their care. Staff told us that they provided people with information which supported them to make choices and decisions in relation to their care and treatment. For example, clothing, nutrition, activities and personal care. A relative told us, "I would rate the home 9/10. There is always room for improvement however staff are caring, there is a comfortable, homely feel here and I am delighted with the service my loved one receives". A staff member told us, "I feel that Park House is a person centred service, we all care about the people and each other".

We saw that there were clear personal care guidelines in place for staff to follow which ensured that care delivered was consistent and respected people's preferences. Care files held person centred care plans with pen profiles of people, recorded important people involved in their care, how to support them, people's likes and dislikes and medical conditions.

People's privacy and dignity was respected by staff. Rooms had privacy signs on them which were used when meetings were taking place or personal care was being delivered. Staff were polite and treated people in a dignified manner throughout the course of our visit. We asked staff how they respected people's privacy and dignity. One staff member said, "I keep information confidential by locking files away. I knock on doors and wait for an answer before entering". A relative told us, "Staff both respect and promote my family members privacy and dignity".

Is the service responsive?

Our findings

Park House was not always responsive to people's communication needs. We observed on several occasions staff relying on verbal communication to interact with everyone who lived at the home however we found that some people's care files reflected that their communication needs included; visual prompts, pictures and facial expressions. A staff member told us that one person has a signing handbook but they were not sure where this was kept. The care coordinator showed us this book which was locked in a filing draw with the person's care file. We discussed the use of hospital passports. On day two of the inspection we saw that the care coordinator was discussing the use of these with the manager. This demonstrated a responsive approach to feedback and an effective response to improving systems in place for people with a learning disability.

We discussed communication and accessible information with the management who told us they were in the process of putting together a collection of picture prompt cards for staff to use with people to aid communication and interactions.

People and relatives told us they felt able to raise concerns and said that they would discuss them with staff or management. We reviewed the complaints system and saw that it captured complaints and reflected the steps taken to resolve them. We noted that there were no recorded complaints for the past 12 months. We checked with the management and asked if this was correct. We were told that the service had not received complaints however we were informed that a relative had raised concerns about a family member's room being hot due to it facing the sun. The management said that they had responded to this by putting solar film on the windows which reflects the sun's rays and makes the room cooler. This demonstrated a positive response to feedback and the deputy manager told us that they would record it in the system and review to record concerns, complaints and feedback going forward.

People, staff and relatives all told us that they felt the service was responsive to people and their changing health needs. One family friend told us, "X is a lot healthier now since living at Park House. They came in very underweight but is now so much better". People told us that if they needed support whilst in their room all they had to do was call their bell. During discussions with a person we tested their sensor mat and saw that staff responded immediately by knocking on the door and seeing if the person was ok. This showed us that staff responded efficiently to people's immediate needs.

We found that activities were regularly taking place by activity coordinators employed by the home and found a list of various activities arranged for September. We were told that each month they distributed a monthly activities calendar. Activities on this calendar included baking, manicures, church services, autumn crafts, harvest festival and quiz's. People were actively taking part in the activities and enjoying them. One person said, "I enjoy participating in the different things that happen here. It's an opportunity for me to be involved". Another person told us, "I do knitting and crochet, these are important hobbies to me". Another person said, "I love the music here and they play it a lot". Staff told us that activities were decided with input from people and we saw people's likes and interests were reflected in their care files. One person told us, "The chef asked me what cake I liked and then made me a birthday cake which was lovely". This

demonstrated that staff knew people's preferences and that people were supported to take part in activities they had an interest in.

Care plans were regularly reviewed by the care coordinator. Changes in people's needs were reflected in their care files and people, families and others involved in their care were involved and updated. For example, one person had a waterloo assessment dated 6 August 2016, to assess the risk of them developing skin damage. The person was reassessed on the 6 September 2016 when a pressure area was identified. The persons care plan provided sufficient level of detail regarding their reviewed health care needs which enabled staff to provide appropriate care for them. The care coordinator told us, "If changes occur in relation to people's needs it is recorded on handover sheets and passed onto staff. Communication appears to be effective". Staff confirmed that communication and updates regarding people's changing needs was effective. This demonstrated that people received appropriate care which was responsive to their changing health care needs.

Meetings for people took place monthly. These provided an opportunity for people to come together and feedback to the service whilst also being kept up to date with changes and developments to do with their home. For example, in the previous month's meeting people fed back that they liked the new monthly activities schedule and that it was meeting their preferences. People were informed of staff that were leaving and new staff who would be starting to work at Park House.

Satisfaction surveys were sent to people and families annually. We were told that the last one took place in July 2016 and that results were still being collated. We saw that so far the service had received responses from nine family members all of which were generally positive. Some comments included; "A good professional environment", "A fantastic team, very caring and professional" and "Staff are excellent in their care".

We reviewed results and actions from last year's survey and saw that a common theme fed back was about people's lack of understanding in terms of complaints. In response to this the service had reissued their complaints procedure to people and families and created a feedback leaflet asking people to let Park House know their views. This demonstrated that the service had an open approach when it came to learning and development from people's experiences and feedback.

Is the service well-led?

Our findings

The service did not have a registered manager in place. 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. The manager told us that they had completed their registration application and that a registered manager interview had been arranged with the registration team the following week.

The manager told us that as they were fairly new to the role they had been looking at current systems and processes with a view to review them and work with the deputy and staff to improve the way Park House worked. The manager told us how they had been listening to ideas from the staff and what had been implemented as a result. For example, staff felt one room which was not really used could be turned into a useful one. The manager has now put a TV, table, chairs and arm chairs into the room so that it can be used as a meeting room, private room for people and relatives or a relaxation room. Activity staff fed back that they felt a table in the communal living area would be useful for people to do activities on, we saw that this was now in place. This demonstrated that the management promoted an open, person centred culture and that staff felt listened to.

People, staff and relatives all told us that Park House was well led. A staff member said, "The management is good and flexible. I find the general culture here to be open, empowering and positive which is important to me". A relative told us, "I often see the manager floating about and they are welcoming". A family friend mentioned that the management were very approachable and felt the home was led well by the senior staff and managers.

We reviewed staff meeting notes and identified that they summarised topics which had been discussed such as the upcoming CQC inspection, staff room, the role of senior staff and coordinators. We found that there were no clear action plans which came from these meetings meaning that there was no evidence of development from these or ownership. We discussed this with the deputy manager who said that they will review the template and ensure that actions are clearly identified and reviewed each meeting.

We found that the management all had good knowledge and were open to learning and further developing the service. They were all responsive throughout the inspection and supported us with questions we had and gathering the evidence we required.

The service had made statutory notifications to CQC as required. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.

We saw that Park House carried out quality monitoring regularly. These audits covered areas such as medicines, environment, documents and health and safety. Actions and comments were logged and followed up by the management team. We were told that information from incident reports was recorded.

This data was then analysed to look for trends and learning which could then be shared. The management told us that they had started to do spot checks on practice and rooms to ensure a quality service was being delivered. We reviewed one which had been completed in August and found that an action identified was linked to a carpet odour. Resolution was for the carpet to be shampooed twice daily. This demonstrated that the service had systems in place to monitor and deliver high quality care.