

# HC-One Beamish Limited

# Park House

## Inspection report

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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 in Guisborough. It is a purpose built building which provides care and support for up to 56 people over three floors. At the time of the inspection 55 people were using the service.

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

People, relatives and professionals were extremely positive about their experiences in this home. Comments included, "The home is beautiful and staff are wonderful. [Person] is well looked after." And, "I love the home. Staff are always helpful. There is always someone available to talk to. On every floor staff know the patients. It's just fab and nothing is hard work. There is always something going on [for people]. It's welcoming and comfortable."

The care which people received kept them safe from harm. Professionals were involved when people needed extra support to keep them well. Comments included, "There is good two-way communication for advice and informal discussions. Staff are happy to ask questions. They have always done what they need to do to reduce risk before they contact us. The right steps have been followed and recommendations have been completed."

People were encouraged to take positive risks, which led to them being as independent as they could be. Staff were responsive to risk and staff continually monitored them. Resources to manage risk were in place. There were always enough staff on duty and they were supported in their roles.

People received very good person-centred care from staff who knew their needs well. The care which people received led to positive outcomes for them and they were able to lead fulfilled lives. Comments included, "I get looked after. Staff are brilliant. They are so friendly. It's like a hotel." And, "The girls [staff] can't do enough for you."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Leadership was effective. Continued improvements had taken place since the last inspection and staff worked together to embed these changes. Feedback from everyone involved in the service was used to drive improvement. Checks in place to monitor the quality of the service demonstrated the service was very good.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection (and update)

The last rating for this service was requires improvement (published 20 December 2018) and there were two breaches of regulation relating to medicines and quality assurance. The provider completed an action plan

after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

One inspector carried out this inspection.

#### Service and service type

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

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from Redcar and Cleveland local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with seven people who used the service and 14 relatives about their experience of the care provided. We also spoke with four health professionals. We spoke with nine members of staff including the area manager, registered manager, deputy manager, a senior care worker, three care workers, a well-being co-ordinator and a housekeeper.

We reviewed a range of records. This included nine people's care records. We looked at three staff files in relation to recruitment and induction. We reviewed the supervision, appraisal and training matrixes for all staff and looked at three of these records in detail. We also reviewed a variety of records relating to the management of the service, including policies and procedures.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection medicines were not safely managed. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were safely managed. Feedback from professionals had been used to make improvements.
- People received their medicines when they needed them. Checks of medicines had been carried out regularly and found staff had been following the right processes to safely support people.
- Records to support medicines were accurate and up to date. Medicine rooms and equipment to dispense medicines were clean.

### Systems and processes to safeguard people from the risk of abuse

- Good practices were in place to safeguard people from abuse. Staff had acted quickly to protect people. Safeguarding incidents had been fully investigated.
- People and relatives said the service was safe. Comments included, "I feel safe living here." And, "We are absolutely over the moon [with the home]. I feel happy to walk away and have no worries."

### Assessing risk, safety monitoring and management

- Risks to people were well managed. The right action had been taken to minimise any risk of harm. People were supported to take positive risks. One person said, "I wish I'd moved in a long time along. I get well looked after. The girls [staff] have kept me right."
- Records to show how people who displayed behaviours which challenge needed to be improved. Additional training for staff had been organised to increase their skills in managing behaviours which challenge and in the effective use of record keeping to effectively monitor behaviours.
- The safety of the building had been maintained. Planned fire drills had taken place.

### Staffing and recruitment

- Good staff were recruited who displayed the values of the home. Records were in place to show the right checks had been completed during the recruitment process.
- There were always enough staff on duty. People said staff responded quickly when they needed them. Staff always had enough time to provide care to people or to sit and talk.

### Preventing and controlling infection

- Staff followed good procedures to manage the risks of infection. The home was clean and tidy. They

understood their roles in minimising the risk of cross infection. Staff had access to the equipment they needed.

#### Learning lessons when things go wrong

- Accidents and incidents were analysed. Information was used to review the care which people received and to make improvements in the home where needed.
- All staff were confident about raising concerns. They said they would be listened to and their concerns would be addressed.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Detailed pre-admission assessments had been completed. These had been used to determine if the home could manage people's needs safely. Care was continually reviewed, and changes put in place where needed.
- A positive culture was in place to support equality. Staff encouraged people to have control over their care and make the right decisions for them, based on their needs and wishes.

Staff support: induction, training, skills and experience

- Staff were highly skilled in providing effective support for people. This had led to positive experiences of care for people. Comments included, "From the day I walked in I knew this was the place for [person]. I liked the way we were treated. Staff do better than me to understand [person's] dementia."
- Staff continually learned how to support people. For example, staff had recently learned about a neurological condition from a person they were supporting. Comments included, "Staff understand my condition. They give me the right support."
- Staff were proactive in trying new approaches. This flexibility ensured people's care needs were continually met. Staff were positive about the support they received to carry out their roles.

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

- Staff supported people with their dietary intake. A relative said, "[Person] is a picky eater and staff manage it well and work around them." Changes in appetite and weight were reviewed. People were positive about dining experiences.
- Where people ate a diet against advice from professionals, records were in place to support this. Staff said they respected people's decisions but remained vigilant in managing any potential risk.
- People were complimentary about the food provided. Comments included, "Food is great. I can't wait for Christmas day lunch, the Sunday roast are great."

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

- Timely referrals for support had been completed. Staff were responsive to people's changing needs. Relatives said staff kept them update and they valued this. It had helped to develop relationships between them.
- Health professionals were extremely positive about the service. Comments included, "I think they do most things well. We know when they call us, they need us."

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

- The design and decoration of the home supported people to live as independently as they were able to. The spacious design of the service gave people freedom of movement. There were lots of areas for people to spend time together or to have privacy for meetings or visits from family.
- Dementia friendly signage was in place throughout the service. This supported people to navigate their environment.

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

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

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

- Staff understood the principles of MCA. People were continually asked to consent to their own care. Records demonstrated where people could consent to care and where they may need support.
- Records for MCA assessments and best interests' decisions were in place when they were not needed. This was a procedural issue within the home.

We recommend the provider reviews the processes in place for MCA records.

# Is the service caring?

## Our findings

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

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

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

- Staff knew people very well and provided excellent care. Comments included, "Staff are all amazing. [Person] settled in really quickly. [Person's] confidence has gone up. They are treated well." And, "The home is wonderful, I'm really well looked after."
- People were valued and were an important part of the home. Staff made sure people had everything they needed. Staff made time for people and listened to what they had to say. Positive relationships had developed as a result.

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

- People were encouraged to make their own decisions. Supported was available for them if they needed assistance. Advocates had been arranged for people who needed independent support.
- Care was continually reviewed. People and their relatives were encouraged to be part of this. This led people to be involved in their own care.

Respecting and promoting people's privacy, dignity and independence

- Care was dignified. Staff demonstrated kindness and compassion to people. Nothing was too much trouble. Comments included, "If something needs to be done staff get on with it." And, "All staff are good, and I can talk to any of them. We have good relationships."
- People were supported to be as independent as they could be. Staff said, "We promote independence, encourage rather than do. We prompt residents to try and have a go."
- Relatives were included into people's care. They were kept updated about their loved ones and were actively encouraged to be a central part of the home. For example, they were able to visit at any time, could stay for meals and be involved in activities.

# Is the service responsive?

## Our findings

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

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

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received very good individualised care. This supported people to live fulfilled lives. Comments included, "I'm over the moon with the care. [Person] has really come on. [Person] is a lot happier and looks really well. We do really love this home. It's like a hotel. [Person] can do anything they want."
- Care records supported the delivery of care. They were regularly reviewed and had been updated. They were used to support new staff to get to know people.

Meeting people's communication needs

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

- Communication needs were identified within care records. Staff knew people really well and communicated effectively with this. Staff followed the AIS.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Good activities were in place at the home which were suitable for people's different needs and interests. People had access to a cinema room which they said they enjoyed. Comments included, "Very good activities. They [staff] positively encourage people." And, "There is always something on for mum. Party on Friday, brownies last night. The activities are typical, all year round. They do keep them occupied."
- The service had good links with the community. People from the home had been invited to local schools to watch performances. Local choirs had recently visited the home. People spoke warmly about these visits.

Improving care quality in response to complaints or concerns

- Everyone knew how to raise a concern and complaint. Good systems were in place to deal with complaints.

End of life care and support

- Staff had good knowledge of people and were able to care for people in the way they wished. Discussions had taken place with people and relatives about preferences and needs of care. Records supported staff to do this.
- Some people were receiving end of life and palliative care. Staff had sourced the right support for people. Communication with relatives had been maintained. A relative who had experienced end of life care at the

home said, "Staff were wonderful, very caring and they knew what they were doing."

# Is the service well-led?

## Our findings

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

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection quality assurance systems to deliver a safe service were not effective. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Quality assurance checks were effective. They had led to positive changes taking place at the home.
- All staff had a good understanding of risk. Staff were open and honest. Their skills had been developed and the safety of the service had improved.
- Key information, such as areas of risk were under continual review. These led to an increase in performance at the home. Overall, the quality of care had improved.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People received good outcomes in their health and well-being. Staff worked together to achieve this. They maintained the ethos of the home and were continually supported by the management team.
- Leaders had the right skills and knowledge. People, relatives and professionals had confidence in staff. All of whom held the service in high regard. Comments included, "Carers on all levels are great, you get to know them all, they move around." And, "I'm always welcomed, even by the bosses."
- A registered manager was in post. Comments about them included, "Registered] manager is always approachable. I can speak with her and she always acts upon it." And, "They have been very supportive. The door is always open. I cannot ask for a better manager. She been there 150 million %."

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

- The home had strong links with the local community. Visits to and from community groups and organisations had led to people having positive experiences.
- Information was shared with people and staff. Feedback was sought from them and led to changes, such as menus and activities.
- Feedback from professionals was used to drive improvement. Information was shared when needed. The

home was open and transparent. Good relationships had been developed. Comments included, "The home is excellent. The welcome you get. Staff are always chatty and polite. Nothing is too much bother."