

# Tyringham Care 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 providing personal and nursing care to 35 people aged 65 and over. At the time of the inspection the service was providing care for 23 people.

Park House accommodates people in one adapted building. Since the last inspection a new area of the home has been built to provide care for people living with dementia.

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

The service had a positive ethos and an open culture. The registered manager was approachable, understood the needs of people, and listened to staff. Systems to monitor the quality of the service were in place, they were used to develop the service and drive improvement.

People's safety was promoted by staff who followed guidance on how to reduce potential risk. People were protected from the risk of harm and received their prescribed medicines safely. People were supported by sufficient numbers of staff who were safely recruited.

Assessments of individual care needs took place alongside people, so their expectations and preferences were recorded. Assessments included consideration of people's cultural and diversity needs

People were supported to have maximum choice and control of their life 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.

People were supported by staff who had the necessary skills and knowledge. Staff were supported through ongoing training and supervision to enable them to provide good quality care. Staff promoted people's physical and mental health by liaising with health and social care professionals when required.

People spoke positively about the support they received and told us staff were caring and kind. Staff treated people with respect and maintained their dignity.

People and family members were involved in the development of care plans, which enabled staff to provide the care and support each person had agreed was appropriate to them.

Information was provided to people in an accessible format to enable them to make decisions about their care and support. People knew how to raise a concern or make a complaint, and the provider had systems in place to respond to any complaints received.

The registered manager and staff team were aware of their roles and responsibilities. The registered manager worked with key stakeholders to facilitate good quality care for people.

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

The last rating for this service was good (published 14 August 2017).

#### Why we inspected

This was a planned unannounced 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?

The service was safe.  
Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.  
Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.  
Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.  
Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.  
Details are in our well-led findings below.

Good ●

# 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

This inspection was carried out by two inspectors.

#### Service and service type

Park House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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. The registered manager was also the provider for the service. This means they 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 the inspection

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 reviewed information we had received about the service since the last inspection. We sought feedback from commissioners and professionals who work with the service including Healthwatch Milton Keynes. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We took all this information into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with two visiting professionals, eight members of staff which included care workers, senior care workers, the cook and registered manager. The service provides care for people living with dementia. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the oversight and management of the service, training records and 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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had a safeguarding procedure in place and staff received safeguarding training. The registered manager had appropriately reported safeguarding concerns and had carried out safeguarding investigations as and when required.

Staffing and recruitment

- Staffing numbers met the current needs of people using the service. One person told us they had spoken with the registered manager when staff had not responded quickly enough to their requests for assistance. They confirmed the registered manager fully addressed their concern with the staff and there had not been any repeats. During the inspection we observed staff responded promptly to people's requests for assistance.
- All staff underwent checks through the Disclosure and Barring Service (DBS), which included a criminal record check. The registered manager ensured that references were obtained from previous employers and others to check the applicant's suitability to work at the service.

Assessing risk, safety monitoring and management

- People's risks were assessed at regular intervals or as their needs changed.
- Staff knew how to report incidents and accidents. The registered manager reviewed all accident and incident reports. An electronic monitoring management system had recently been introduced. It was anticipated this system would enable closer tracking of accidents and incidents to identify themes and trends. This meant timely action could be taken to mitigate the risks of repeat incidents.
- Guidance was available for staff to follow to minimise identified risks, for example, risks of falls, not receiving sufficient nutrition and hydration and risks of skin pressure damage.
- Staff were aware of the individual risks to people's health and welfare. Requests for professional advice and support had been made in a timely way to promote people's safety.
- Staff received training in safe moving and handling and used mobility equipment in a safe way.
- Fire safety and health and safety checks were carried out on the premises and equipment. Evacuation plans were in place to ensure people and staff knew how to leave the premises safely in an emergency.

Using medicines safely

- Medicines were administered by trained staff that knew how people preferred to take their medicines. One person said, "Staff always bring my medication first thing in the morning and last thing at night. They put the tablets in my hand and watch me take them and won't leave until they know I have taken them."
- Staff told us, and records showed they received accredited medicines handling training. One member of

staff said, "I completed a distance learning medication course through [name of pharmacy] and a City and Guilds medicines course." Another staff member said they had completed a safe handling of medicines distance learning course through Milton Keynes College.

- Medicines were stored securely, and the medicine administration records were accurate and regularly checked for any staff signature gaps or errors.

#### Preventing and controlling infection

- The service had recently experienced an infectious illness outbreak. The registered manager had notified Public Health England (PHE) and followed their advice and guidance to prevent the spread of infection.
- Staff followed infection control procedures, such as regular hand washing. They used personal protective equipment (PPE), such as disposable gloves and aprons when providing personal care and handling food.
- The local authority had awarded a five-star rating (very good) for food hygiene practices, to the kitchen area in the service where meals were prepared.
- The service was observed to be clean, tidy and well-maintained.

#### Learning lessons when things go wrong

- Systems were in place to ensure staff were informed of changes required to their practice when a need for improvement was identified. For example, in response to feedback received from people using the service the machines in the laundry were not used after 9pm.
- Staff knew how to report accidents and incidents. The registered manager reviewed these to identify themes, trends, learning and actions required to reduce risk to people.

# 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 Good. At this inspection this key question has remained the same. 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

- People's needs were assessed before moving into the service. This ensured staff had the required skills to meet people's assessed needs.
- Assessment documentation showed all aspects of a person's care and social needs were considered including the characteristics identified under the Equality Act such as race, sexuality, religion and cultural needs.
- The provider worked in line with good practice guidance when assessing people's risks, needs and planning their care. This ensured assessments were consistent and reliable and were reviewed regularly.

Staff support: induction, training, skills and experience

- Staff received training to meet their roles and responsibilities. All new staff completed an induction training programme and worked alongside experienced staff to gain practical experience before being signed off as competent to deliver care to people using the service.
- Staff completed ongoing training to ensure their skills remained up to date and were encouraged to complete nationally recognised qualifications in health and social care. Staff received regular one to one supervision, and ongoing support from the registered manager and the senior staff team. Staff confirmed the registered manager and senior staff team were very supportive.

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

- People said the meals were tasty and nutritious. Comments included, "The cook makes a good beef and chicken casserole," and, "The meals are very good, the meat is good quality it comes from the local butchers." The cook took pride in the meal provision and said, "All the meals are freshly prepared at the home, and we always try to use local produce." People told us they could have alternative meals if they did not want or like the meal on the menu. One person said, "If I don't fancy what is on the menu the chef will always make something different. I asked for tomatoes on toast, they gave me two thick slices of toast with tomatoes, I enjoyed it." Another person said, "The food is good here, I like to know what I am eating in advance."
- Staff knew about people's dietary needs and preferences and people on special diets had information and guidance within their care plans for staff to follow.

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

- Staff followed the advice from healthcare professionals such as the GP and district nursing staff in response to any deterioration in people's health or sudden signs of illness. A visiting healthcare professional

confirmed communication with the staff team was good, they said the staff followed their advice and kept them informed of changes in people's health as and when required.

- People had access to holistic therapies. We spoke with a visiting holistic therapist who described the healing therapies they provided.. We saw people welcomed the therapist and said they looked forward to their visits.

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

- A new dementia care wing had been added to the building and was in the final stages of completion. This area was a spacious modern addition to the home, which benefited from natural sunlight from the large patio doors and glass atrium. All bedrooms in this area had patio doors which opened out onto a courtyard style sensory garden. This area also had a spa bath with mood lighting and sound system, and a fixed bath hoist chair to enable access to the bathing facility. There was also a shower over the sink to help with hair washing.

- Some areas within the new wing required completion and further consideration to better meet the needs of the people who would live there. For example, colour contrasting handrails in corridors, raised flower beds at a suitable height and without protruding sharp corners, appropriate safety measures on a new fire door to ensure people were not exiting when it was unsafe or without staff knowledge. The registered manager took on board our observations and said they would have all these areas attended to as soon as possible.

- Within the existing part of the home two lounges had been knocked into one. This created a more spacious communal area for people to socialise and join in group activities.

- People's bedrooms were personalised with keepsakes, family photographs, and small items of personal furniture.

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).

- The service continued to work within the principles of the MCA, and conditions on authorisations to deprive a person of their liberty were being met.

- People we spoke with confirmed staff sought their consent. Staff demonstrated they understood the principles of the MCA, sought consent and supported people to make decisions about their day to day care. Staff presented information to people in a way they could easily understand to support them make choices and decisions.

- People's ability to make individual decisions was recorded in their care plans and there was evidence of mental capacity assessments and their outcomes.

# 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 Good. At this inspection this key question has 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; Supporting people to express their views and be involved in making decisions about their care

- People had positive trusting relationships with staff and treated people with care and compassion. One person said, "I like the atmosphere, it's like a family home, run by a family." Another person said, "I find the staff are all lovely, we get on well and I am very well cared for living here." Another said, "It's quite a nice place, no children around, I am a bit of a loner."
- Staff spoke to people in a kind manner, gave gentle, positive encouragement and involved people in making decisions about their care. For example, where and how they wished to spend time, which staff they preferred to provide personal care and choice of food, drink and activities. A relative said, "I know [relative] is being cared for with love, the care here is exceptional."
- The staff knew about people's individual likes, dislikes and daily routines and the type of activities people enjoyed doing. We observed people and staff engaged in meaningful conversation with each other.
- When a person became anxious the staff provided support in a consistent and dignified manner. We observed staff calmly offered gentle reassurance to the person allowing them time and space to vent their emotions within a safe, supportive environment.

Respecting and promoting people's privacy, dignity and independence

- People were supported and encouraged to maintain their independence. For example, some people used adapted cutlery to enable them to eat and drink independently for as long as they were able.
- Staff respected people's privacy, they knocked on people's doors and waited to be invited in before entering. Staff sensitively offered people that were immobile, the opportunity to use the lavatory and feedback confirmed all personal care was provided with dignity.

# 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 Good. At this inspection this key question has 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; 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

- The registered manager had implemented an electronic care planning system. At the time of the inspection information from handwritten documentation was in the process of being transferred onto the electronic system. It was anticipated once completed the system would enhance the ability of staff to access and record the 'real time' daily care and support people received.
- The care plans had been developed in conjunction with people using the service and, where appropriate, their relatives. The care plans had sections entitled 'About me' and 'This is me'.
- Specific details had been obtained regarding people's social, cultural and medical history, healthcare needs, hobbies, interests and previous occupations. This information helped staff to provide individualised 'person centred' care and support to people. For example, one person said it was important to them to have their coffee served in a beaker with a lid, and how they worried about their family and forgets when they have visited, they said they liked to talk to staff about their family, as this made them feel less anxious.
- Staff showed an interest in people's backgrounds, previous occupations and interests. People were supported to follow their interests and join in social activities. We observed people and staff were engaged in natural conversations, talking about current affairs, the news, reminiscing about past events and discussing current events. We saw one person was supported by a member of staff to read a letter they had received from a relative. The person said, "I look forward to getting letters from [Relative], it's nice to keep in touch. Another person told us they enjoyed gardening. They said, "I was unable to bring my plant pots with me from [home]. [Registered manager] suggested I might like to go to visit a local garden centre and get some more. I would like to have some plants in pots on the patio area outside my room once the building (new extension) work is finished."
- Staff told us some people kept in touch with family and friends who lived long distances away through video internet calls.

### 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.

- People who found verbal communication difficult were supported to make choices through using pictorial information. For example, when choosing activities and meals from the menu. One person who was hard of hearing and chose not to wear their hearing aids used a notepad to communicate their needs and choices with the staff.

#### Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. People and relatives told us they knew how to make a complaint if needed. They said they were confident any concerns they brought to the attention of the registered manager would be taken seriously and fully addressed.
- The registered manager worked closely with people using the service and relatives and had an open-door policy. This meant any concerns brought to their attention were dealt with immediately.

#### End of life care and support

- Staff received training on providing end of life care. Discussions took place with people and their families to consider their end of life preferences. This ensured people were supported at the end of their life to have a comfortable, dignified and pain-free death.

# 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 Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives told us they found the service was managed well. One relative said, "The home was recommended to us by a friend, the caring ethos really does come from the top and also from the heart." Comments from surveys carried out with people and relatives included, "The communication with families is excellent, above all we value the quality of human relationships." And, "We are very impressed on how staff go the extra mile and can see the difference this makes." Also, "All the staff are fabulous, warm and caring. You give us the confidence [relative] is loved and well cared for."
- People told us they knew the management staff well and felt confident in their abilities to manage their care and support effectively.
- All staff provided positive feedback about their experiences working at the service and the support they received. One member of staff said, "[Registered manager] is very supportive, the staff work well as a team, the communication is good."
- Staff received safeguarding training that also included whistleblowing procedures. This ensured staff knew how to raise safeguarding concerns with the Local Authority and/or the Care Quality Commission (CQC) if needed.
- People using the service, relatives and staff were confident the registered manager listened to and considered their ideas and views to continuously drive improvement.
- Quality assurance systems helped identify and highlight areas where the service was performing well and the areas for further development. This meant people received quality care which continually met their needs.

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

- The registered manager understood their role and regulatory responsibilities. Notifiable events were submitted when required to CQC. The rating from the previous inspection was displayed within the service and on their website as legally required.
- The registered manager promoted a supportive culture within the service. Staff fully understood their roles and responsibilities and were committed to working to the values of the service in providing good quality care.
- Established systems were in place to continually review all aspects of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; The service has links with the local community

- The registered manager was open and honest in sharing information when necessary with CQC, commissioners and public health bodies.
- People's views were regularly sought about the quality of the service. The most recent survey in 2019 showed the majority of responses to questions were positive. People and their relatives were invited to attend regular care review meetings.
- Staff were able to contribute to the service development, through attending regular staff team meetings and completing staff surveys. Records showed during team meetings staff discussed people's care needs, health and safety issues and gave feedback on new initiatives. For example, discussions had taken place around the new electronic care records programme that had been introduced and how new software was being developed due to feedback received from staff using the system.

Continuous learning and improving care; Working in partnership with others

- The registered manager regularly checked areas within the service for quality and was focussed on continuous improvement.