

Mr Paul and Mrs Gloria Crabtree

Park House Residential Home

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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 30 April 2018 and was unannounced. This meant no-one at the service knew we were planning to visit.

At our last inspection we rated the service good with one breach of regulation of the Health and Social Care Act 2008 (Regulated Activities) 2014; regulation 17, Good Governance. This was because people living at the service had not been protected against the risks of inappropriate or unsafe care or treatment because the registered provider did not have effective systems to monitor the quality of service provision. At this inspection we found the registered provider was no longer in breach of regulations. The evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Park House Residential Home 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. Park House Residential Home is a care home providing accommodation and personal care up to 20 older people. There were 13 people living at Park House Residential Home at the time of this inspection.

There was a registered manager employed at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People spoken with were very positive about their experience of living at Park House Residential Home. They told us they were happy, felt safe and were respected.

Staff recruitment procedures were in place. The registered provider ensured pre-employment checks were carried out prior to new staff commencing employment to make sure they were safe to employ. We have made a recommendation about the completion of a risk assessment for one staff member employed at the service, to ensure they were of good character and promote people's safety at the home.

Staff had the necessary skills and understanding to support people to evacuate safely in the event of a fire. We found the service's fire risk assessment was five years old and therefore recommended the registered provider review the risk assessment, so that changes in legislation and guidance can be taken into account. After the inspection, we received confirmation from the registered provider that the fire risk assessment was to be reviewed by an external company specialising in fire safety.

People's care records contained detailed information and reflected the care and support being given. We found some care reviews had been missed in records we checked. After the inspection, the registered

provider submitted an action plan to the CQC to review everyone's care records.

The registered provider had a complaints procedure and kept a record of any concerns received. We have made a recommendation about recording completed actions once a complaint is received, to evidence when they have followed their complaints procedure.

There were systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to. We have made a recommendation about the completion of infection control audits.

We found systems were in place to make sure people received their medicines safely so their health needs were met. Medicine protocols were in place to guide staff when to administer medicines prescribed on an 'as and when' basis to meet people's health needs.

Staff were provided with relevant training, which gave them the skills they needed to undertake their role. Staff knew people well and positive, caring relationships had been developed. People were encouraged to express their views and they were involved in decisions about their care. People's privacy and dignity was respected and promoted. Staff understood how to support people in a sensitive way.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the registered provider's policies and systems supported this practice.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Staff understood people's preferences and support needs. People's care plans contained a range of information to ensure the care delivered was person-centred. We identified missing reviews of care records, although this had no identified impact, people were put at a risk of not receiving person-centred care.

People living at the home were confident in reporting concerns to the manager and felt they would be listened to. We have made a recommendation about recording completed actions once a complaint is received, to evidence that the complaints procedure had been followed.

There was a range of activities available at Park House. People were supported to maintain their hobbies and interests.

Is the service well-led?

Good ●

The service was Well-Led.

Audits were carried out regularly, which identified required improvements. We made a recommendation about the completion of infection control audits to promote people's safety and wellbeing.

Staff were clear about their roles and responsibilities.

The service promoted a positive and open culture, where staff and people living at the home had confidence in the registered

manager.

Park House Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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 30 April and was unannounced. The inspection team consisted of two adult social care inspectors.

Prior to the inspection, we gathered information from a number of sources. We reviewed the information we held about the service, which included correspondence we had received and notifications submitted to us by the service. A notification should be sent to CQC every time a significant incident has taken place. For example, where a person who uses the service experiences a serious injury.

We gathered information from the local authority's contracts team who also undertake periodic visits to the home. This information was reviewed and used to assist with our inspection.

We asked the provider to complete 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. The PIR was completed and returned as requested. This information was considered as part of our inspection.

During the inspection, we spoke with four people who used the service and two visiting relatives. We spoke with two visiting health and social care professionals. We spoke with the registered manager, the deputy manager, one senior carer, the cook and a kitchen assistant.

We spent time observing daily life in the home including the care and support being offered to people.

We looked at documentation relating to the people who lived at the service, staff and the management of the service. This included two people's care records, three staff records, and the systems in place for the management of medicines and quality assurance.

Is the service safe?

Our findings

People who used the service told us they felt safe.

All staff spoken with confirmed they had been provided with safeguarding vulnerable adults training. Staff were trained in how to recognise and respond to abuse and understood their responsibility to report any concerns to the management team. We saw policies on safeguarding vulnerable adults and whistleblowing were available so staff had access to important information. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. Staff knew about whistle blowing procedures. This meant staff had an understanding of their responsibilities to protect people from harm.

We looked at three staff files and found safe procedures for recruiting staff were followed. This included obtaining references from their previous employment and a satisfactory Disclosure and Baring Check (DBS). The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. We saw on one staff member's file the DBS checks showed a relevant conviction. Although there had been no concerns with this staff member's employment record whilst at Park House Residential Home, a risk assessment should have been in place to identify any potential risks had been considered. We asked the registered provider to undertake a risk assessment for this staff member retrospectively, which we saw evidence of after the inspection.

We saw the home was clean and suitable for its intended purposes. We saw in the 2017 relative survey feedback was positive and all seven respondents felt the service was clean and tidy. We saw evidence of key safety checks taking place to help keep the building in a safe condition, such as checks of the gas, electric, water and fire systems. We saw the fire risk assessment in place, but it was over five years old. It is good practice to review the fire risk assessment after five years, so that changes in legislation and guidance can be taken into account. We discussed this concern with the registered manager who told us after the inspection they had arranged for this to be renewed by an external company who specialise in fire safety. We saw evidence of regular fire drills and weekly fire alarm tests. We saw personal emergency evacuation plans (PEEPs) for everyone who lived at the service. PEEPs are a support plan for people who may need help and assistance to leave a building in the event of an emergency. This shows there were systems in place to mitigate against the risk of a fire.

Medicines were safely managed and people received their medicines as prescribed. The service had a medicines management policy so staff had clear guidance on their responsibilities in relation to supporting people with medicines. Staff confirmed they had received the appropriate medicines management training, which was refreshed at regular intervals. We saw medication administration records (MAR) were used to record when people had been supported with this task and we checked to ensure there was an accurate record kept. We saw evidence that the management team regularly checked these records.

We looked at ten people's care plans and saw each plan contained risk assessments, which identified the risk and the actions required of staff to minimise and mitigate the risk. The risk assessments covered all aspects of a person's activity and were individual to reflect the person's needs. We found risk assessments

had been regularly reviewed and updated as needed to make sure they were relevant to the individual and promoted their safety and independence.

We looked at records relating to accidents and incidents and found there were some months where a large number of accidents had occurred. For example in March 2017, 3 falls were recorded on the falls audit. We saw that the registered manager had analysed this and looked for trends, patterns and actions they could take to minimise falls. One action was making a referral to the community physiotherapist regarding the increased number of falls when mobilising with a frame.

We checked to see if enough staff were provided. Staff told us, and our observations confirmed there were enough staff deployed to ensure people's support needs were met. We observed activity in the home and saw there were staff available to assist people when they needed it.

The service had a policy and procedure in relation to supporting people who used the service with their personal finances. We saw that financial transaction records had been completed in line with the registered provider's policy. This helped to keep people safe from financial abuse.

Is the service effective?

Our findings

People's care needs were assessed in a range of areas to help ensure effective outcomes. People living at the home said staff were competent and had the right skills to care for them. One person living at the service told us; "You couldn't get anywhere better to stop, which isn't your own home." Without exception, people spoken with told us staff provided effective care to meet their needs. We saw that people living at the service had their own key worker. A key worker is usually a care staff member, and it is their function to take a greater social interest in the people they support and provide a point of contact to discuss their care. For example, we saw people's key workers helped maintain communication with their GP for appointments and health checks.

The care records checked showed people were provided with support from a range of health professionals to maintain their health. These included district nurses, GPs and dentists. We observed health professionals visiting people during the inspection. This showed the registered provider was working in partnership with other agencies so people received effective care and their health needs were met.

Staff received regular supervision, appraisal and observations of their care and support practice. This helped ensure effective care. Staff told us they felt well supported by the management team. One staff member told us; "[Registered manager] brings people in to shadow more experienced staff and how they do things" and "[Registered manager] is in every day, we can always ring her at home."

In the three staff records we checked we found staff had received appropriate training to support them to carry out their roles effectively and this was renewed regularly. We saw evidence that training was tailored to the needs of the service in delivering care for people whose behaviour could be challenging. The registered manager told us all care staff employed were enrolled on either a level two or level three diploma in health and social care. This helped ensure staff had the skills to meet people's needs.

We saw that some staff members were designated 'champions' at the service. For example, we saw champions of infection control, dementia, medicines and privacy and dignity. The role of champion is allocated to staff who have an interest or knowledge of their chosen area and can support other staff by giving information or advice. The registered manager told us that champions are supported in their roles by being offered relevant training and the opportunity to attend meetings to discuss good practice.

People who lived at the service spoke positively about the meal options available. One person told us; "The food is excellent, you get a proper dinner at dinner time, which is all home-cooked." Other comments included; "When it is your birthday they host a party and a three-course dinner" and "The food is as good as The Ritz [a popularised luxury hotel chain]." We saw people chatting during lunch with staff and their friends. We heard music playing quietly in the background, which people appeared to enjoy and contributed to the relaxed and sociable atmosphere.

Staff were aware of, and respected, people's food and drink preferences. We found a varied and nutritious diet was provided to support people's health. We saw people were regularly offered drinks and snacks. We

looked at menus and found they incorporated fresh fruit and vegetables. We saw that meal options were displayed and people were told their meal options to help them decide. We found that the kitchen was clean and food was stored appropriately. We saw stocks of fresh food and use by dates were clearly displayed. People's care records highlighted any special diets or nutritional needs people required.

We saw evidence that people were consulted about how they wanted to receive their care and where possible, consent was obtained for care and treatment as part of the registered provider's admission process. We saw people were asked consent before care and support interventions were provided.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of this inspection, the registered manager told us two people living at the home had a standard authorisation in place. We saw the registered provider had a robust system in place to monitor existing standard authorisations and pending requests. This demonstrated that the registered provider was working to the principles of the MCA.

The service had adapted the premises to meet people's individual needs. There was suitable amount of communal space where people could spend time. We saw the service was personalised and decorated in a way that made it look more homely. The layout helped to promote choice, privacy and dignity as there were large reception rooms where people could go for privacy, for example during family visits. We saw people's bedrooms were personalised to their individual needs.

Is the service caring?

Our findings

We saw positive interactions between people living at the home and staff. People spoken with were very complimentary about the staff team. One person told us; "Staff are brilliant, very hard working, nothing is too much trouble." Another person told us; "Staff are lovely, they will do anything for you."

Staff told us they enjoyed working at the home and said the staff worked well together as a team. One staff member told us, "I have worked in care for 28 years and this best service I've worked in. It's like a home from home." Another staff member told us; "We are like a big happy family."

People were clear that their privacy was respected. Staff respected people's privacy by knocking on doors or asking for permission before they entered their bedroom. Staff understood the need to respect people's confidentiality and not to discuss personal information in public or disclose information to people who did not need to know. Any information needed to be passed on about people was done so in a discreet fashion, for example, during staff handovers. This helped to ensure only people who had a need to know were aware of people's personal information.

We observed staff providing support to people and found that staff were able to meet people's needs and did so in a caring manner. For example, we observed the care team consistently communicated at eye level when people were seated. We also observed staff chatting with people who used the service in a friendly and familiar way. This demonstrated that staff were caring and committed to meeting people's needs.

We looked at the services 'Statement of Purpose', which sets out their aims and values. This was clearly displayed in the entrance hall. We observed staff interactions encompassed the service's aims and values, such as being respectful and honest.

We found the service supported people to express their views and be actively involved in making decisions about their care, treatment and support. For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service were displayed in communal areas of the home. There was a range of information and leaflets available in the reception area including complaints policy and a welcome leaflet.

Is the service responsive?

Our findings

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The people we spoke with told us the standard of care they received was good. We looked at copies of two people's assessments and care plans. They gave a clear picture of people's needs and how best to support them. There were documents in place regarding the person's life history, preferences and activities they enjoyed so staff could support people to meet their wishes and aspirations. We saw evidence of monthly reviews of people's care and support plans, information was updated or added to, to ensure it was still correct and relevant. However, in both care plans we checked there was a period of up to three months where no reviews had taken place. We also saw no audit system in place to monitor the quality of care records, which was detrimental as regular checks of care records would have identified reviews were not taking place monthly, which was required by the registered provider's policies and procedures. Although we found no impact on the quality of care provided in that time this meant people's care and support was placed at risk of not being person-centred. After the inspection we received assurances from the registered provider they would review everyone's care plans to ensure they were up to date, and thereafter continue to review at the frequency as dictated in the registered provider's policies and procedures.

The registered provider had a complaints procedure and the registered manager kept a record of any concerns received. We found the registered manager did not keep a log of follow up actions taken, which meant we unable to verify whether they had adhered to their complaints procedure. The registered manager assured us there were no open complaints and in all previous complaints they had followed process. We recommend the registered provider include a provision in their complaints log for completed actions to evidence when they have followed procedure. People we spoke with felt listened to and told us they never had any reason to complain.

The service worked responsively with external health and social care professionals. We saw the service promoted people's mental health by working collaboratively with mental health professionals and providing person centred support. One person told us; "I suffer from [mental health condition], but [staff] help me. [Staff] are all friendly." When we spoke with health professionals they told us staff met people's needs well and made appropriate referrals for their intervention.

We found the service supported people to participate in person centred activities and provided regular opportunities for social engagement. We saw some people were able to bring their cat to live at the service, which was assessed on an individual basis. We saw approximately three cats living at the service, and the arrangements for looking after the cats was well managed. People spoke positively about having cats around the home as it made the service feel more homely and supported their mental well-being. We saw the service had converted a room into a hair salon, which was being used during this inspection. An external hair stylist visited the service once a week to cut, wash and style peoples hair. The service held chair mobility classes twice per week to support people's physical health.

The service had a strong commitment to supporting people who used the service and their relatives, before

and after death. Some people had end of life care plans in place. We saw people's next of kin and other significant people had been involved as appropriate. These plans clearly stated how people wanted to be supported during the end stages of their life. Do Not Attempt Resuscitation (DNAR) forms were included and were reviewed as and when required by the person's doctor and a family relative as appropriate.

Is the service well-led?

Our findings

We checked progress the registered manager had made following our inspection on 12 January 2016, when we found breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance. This was because people living at the service had not been protected against the risks of inappropriate or unsafe care or treatment because the registered provider did not have effective systems to monitor the quality of service provision. At this inspection, we found improvements had been made.

We saw monthly checks and audits had been undertaken to monitor service delivery. Those seen included audits of the environment, mobility equipment housekeeping, medicines, accidents and incidents and infection control. We saw audits were being carried out regularly and any issues were acted on. For example, we saw an audit of the medicines storage identified that staff were not recording fridge temperatures daily, which is required to ensure medicines are stored under optimal conditions. The registered manager issued a memo to all staff reminding them to record fridge temperatures daily. This showed monitoring systems were established and action was taken to mitigate risks. We found infection control audits were not being consistently completed, which we feedback to the registered manager. Due to the unique nature of the service, such as pets being allowed to live and roam freely in the home, as well as it being highly personalised in communal spaces which would make ordinary cleaning routines difficult, the service will be exposed to an increased risk of infections spreading. Positive risk taking is encouraged, providing adequate systems to monitor the quality of service provision are in place and completed at the appropriate frequency. We therefore recommend that infection control audits are completed without fail.

People we spoke with thought the service at Park House Residential Home was well-led. Staff told us they felt well-supported, valued and confident about bringing any issues to the attention of the management team, as these would be resolved quickly and effectively.

We saw the registered manager was visible and fully accessible on the day of our inspection. This meant that people living at the service and staff had a clear and accessible support structure should they need to escalate any concerns.

We saw an inclusive culture in the home. All staff said they were part of a team and enjoyed their jobs. We saw evidence that regular staff meetings took place, which looked at what issues staff were experiencing in their roles and what support they needed to do their jobs well. This demonstrated that the management team listened to staff and supported them.

We saw the service held a residents meeting on 3 March 2017, which discussed what people would like to see changed or improved. We saw only one concern raised at this meeting about a broken lamp in a person's bedroom. The lamp was replaced same day. We saw the service carried out a satisfaction survey in September 2017 with people's relatives. We saw from the registered provider's analysis that the results were all positive. We recommend the registered provider starts publishing the results of their satisfaction surveys, meetings and any follow up actions taken so that important information is communicated and people and

their relatives are more actively involved in what is happening at the service

The home had policies and procedures in place, which covered all aspects of the service. The policies and procedures seen had been updated and reviewed when practice guidance and legislation changed. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme. This meant staff were kept up to date with current legislation and guidance.