

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Park House Rest Home

2 Richmond Road, Stockton On Tees, TS18 4DS

Tel: 01642674703

Date of Inspection: 17 January 2014

Date of Publication: February 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓	Met this standard
Cooperating with other providers	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Complaints	✓	Met this standard
Records	✗	Action needed

Details about this location

Registered Provider	Mr & Mrs J Elliott
Registered Manager	Mrs. Margaret Horner
Overview of the service	<p>Park House Rest Home is a family run home that provides care for older people. It is situated within a residential area of Stockton on Tees and is close to local amenities, including a local park and has good transport links into the town centre and the nearby town of Middlesbrough.</p> <p>The home consists of 17 bedrooms, nine of which offer en-suite facilities. There are two communal lounges, one of which is a television lounge and the other a quiet lounge. There is a designated smoking room, a rear courtyard and surrounding gardens with an outdoor seating area. The home has communal bathing facilities which include a wet room and jacuzzi bath tub. On street parking is also available.</p>
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 17 January 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

In this report the name of a registered manager appears who was not in post and not managing the regulatory activities at this location at the time of the inspection. Their name appears because they were still a Registered Manager on our register at the time.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

There was an effective complaints system available.

People were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained.

One relative we spoke with said, "The really lovely thing for me is that when I visit my Mum I enjoy it. I enjoy seeing her in such homely surroundings and I often forget that I am visiting her in a care home!"

We spoke with six people who lived at the home. Everyone spoke very positively about the home. One person told us, "I am very happy, lived here for 23 years so they must be doing something right! They care for me very well." Another person said, "They are great, really they are."

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 01 March 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We looked at the care records of three people (17%). We found that pre admission assessments had been carried out and captured the needs of people who used the service. Risk assessments were in place for things such as skin integrity, falls, moving and handling, and nutrition. Each set of records captured details about people's preferences, likes, dislikes and routines.

There were nutritional screening tools in each of the three sets of care records reviewed. We saw that the home was monitoring the food and fluid intake of one person due to concerns raised following completion and analysis of this screening tool. The provider may find it useful to note that these intake charts did not set desired objectives / goals and did not provide any analysis of the information.

We saw evidence in care records that where people required additional support from health professionals such as GPs, occupational therapists, opticians and others, these had been involved.

We spent a substantial part of the inspection observing groups of people to see how they occupied their time; appeared to feel; and how staff engaged with them.

We found that on the whole, staff and people interacted with each other in a positive way. There were lots of smiles and people who lived at the home appeared to be happy and content. We observed staff communicating with people in a positive way, maintaining eye contact and saw that most staff explained any interventions as they went along. For example, we observed people at lunchtime. Staff queried if people needed any assistance. When assisting individual's staff engaged in conversation with these people, maintained eye contact and were very respectful. People ate their lunch at a pace which was comfortable to each individual. Staff cleared plates away but checked if people were finished first and asked if people would like any more. People were on the whole treated with respect and kept informed about the care and support being delivered to them.

We spoke with six people and one relative about the care they and their family received. One relative told us that that they were very happy with the care that their relative received from the home. They said, "It gives us such peace of mind knowing that they are safe and well cared for when we are not around."

One person who lived at the home told us they really liked it, they said "I am very happy, lived here for 23 years so they must be doing something right! They care for me very well." Another person told us, "It is great, I like it here."

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

We reviewed the care records of three people who used the service. We saw that each file contained information about involvement from a range of agencies including, general practitioners, social workers and involvement from psychiatric services.

Within each of the three sets of records we looked at, we saw that 'Pre-Admission Assessments' were carried out by the home. We looked at this documentation and found that information was shared between local authorities and service providers prior to the person moving into the service.

We saw that the information shared included healthcare information (including details of current medication requirements) and background, and capabilities and risk profiles. We also saw that life history, including family and next of kin information was shared and that the information which detailed their routines, likes / dislikes and preferences were shared.

We saw from records and from discussions with people that a range of professionals were involved in the care of people who used the service. There was evidence of involvement of general practitioners, dentists, chiropodists and opticians. We also saw that where appropriate staff ensured referrals were made to tissue viability nurses, dieticians, specialist consultants, the challenging behaviour service, the local falls team and wheelchair services.

One relative we spoke with told us that they were very happy with the way in which the home responded to their relative's needs. They told us, "They identified a rash and arranged for the GP to make a referral to the dermatologist, they were very quick to react."

This meant that people's health, safety and welfare was protected when more than one provider was involved in their care and support, or when they moved between different services. This was because the provider worked in co-operation with others.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We looked at the recruitment files of five members of staff. We saw that the provider had considered and assessed the qualifications, skills and experience of the staff and assessed if these things would enable them to fulfil the requirements of the post. We found that appropriate evidence of qualifications and training was retained on each of the recruitment files.

We saw that the staff files demonstrated that two references had been sought, and that one of these references was obtained from previous employers. These references had been obtained before the individual commenced employment.

We found evidence that Enhanced Disclosure Barring Service (DBS) checks had been carried out for each of the five members of staff. The staff files showed that checks had been made to ensure that people were suitable to work with vulnerable adults.

There were effective recruitment and selection processes in place. This ensured that people who received care and support from the service were cared for and supported by staff with suitable qualifications and experience.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

The provider had systems in place to consider fully, respond to appropriately and resolve, where possible, any comments and complaints made by people who used the service, or others acting on their behalf.

We found that the home had a complaints policy that clearly defined the procedures for handling and investigating complaints, as well as identifying a key contact for the handling of complaints. The policy stated that all complaints are acknowledged, investigated and a full written response provided with 28 working days. We saw that upon admission people were provided with a 'welcome pack' that contained information about the home, including the complaints policy. This showed that people who used the service understood the likely timescales involved in responding to, and resolving complaints.

The complaints policy also provided details of an independent body where complaints could be referred to if the complainant was not satisfied with the response. This showed that people who used the service were able to find out about the steps they could take if they were not satisfied with the outcome of the investigation.

We found that the service had received no complaints within the last twelve months.

From the six people we spoke with we found that all understood how they could make a complaint. Everyone told us that in the first instance they would speak to one of the carers.

One relative we spoke with said that they were aware of the complaints procedure but went on to add, "I have never had to use it, being honest I would be very surprised if I ever had to."

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was not meeting this standard.

People were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Records maintained were not accurate and up to date. This meant that people who used the service were not always protected from the risks of unsafe or inappropriate care and treatment.

During our inspection we looked at the care records of three people who used the service. We found that there was a lot of information contained within care records detailing the delivery of care. We saw that care assessments were reviewed on a regular basis but that where these assessments identified changes to people's care needs, care plans were not updated to reflect these changes. For example we saw in one person's care records that an assessment had been carried out and identified that this person was asthmatic but the care plan had not been amended to reflect this change of needs.

We saw that nutritional screening tools were not being completed accurately and that they contained gaps. For example, we saw that BMI (Body Mass Index) was not being completed. This is required to ensure that the overall screening calculation is correct.

We spoke with the manager of the home about this. They informed us that the home were in the process of changing the care record documentation and that they were aware that some of the records required action to be taken to bring them up to date. We saw evidence that the care records were being transitioned from an old format to a new one.

This meant that the home had failed to develop and maintain accurate records which protected people from the risks of unsafe or inappropriate care and treatment.

We found that records relating to the persons employed by the service and those relating to the management of the regulated activity were stored securely and could be located promptly with issue.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records
	How the regulation was not being met: The registered person must ensure that service users are protected against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information about them by means of the maintenance of - (a) an accurate record in respect of each service user which shall include appropriate information and documents in relation to the care and treatment provided to each service user. Regulation 20(1)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 01 March 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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