

Park House (Weston-Super-Mare) Limited

Park House Residential

Home

Inspection report

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Date of inspection visit:
26 September 2019

Date of publication:
04 November 2019

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

About the service

Park House is a residential care home providing personal care to 27 people aged 65 and over at the time of the inspection. The service can support up to 30 people. The inspection took place on 26 September 2019.

The service was housed in an older building over three floors.

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

People told us they were happy with the care they received. It was evident that people were settled and had built good relationships with staff. Relatives told us they were happy with the care given at the home and staff communicated well with them. People were encouraged to maintain their independence as far as possible.

People felt safe and there were enough staff to meet people's needs. Risks were assessed, and measures put in place to manage them safely. Procedures were in place to recruit staff safely. People were supported with their medicines safely.

We found that staff knew people well and understood the ways in which they liked to be supported. We did however make a recommendation to review care planning and ensure that it included person centred details. End of life care planning was basic and needed further development to ensure plans were fully person centred. The key question of 'was the service responsive?' was rated as required improvement.

Staff were positive about their training and support and felt able to discuss any concern or issues with the registered managers. People were supported nutritionally and were able to see the GP when needed. We made a recommendation in relation to the environment of the home to ensure all hazards were managed safely.

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.

The home was well led with two registered managers in place. There was a positive culture within the home and staff were positive about working there. The registered managers were aware of their responsibilities in line with their registration. There were systems in place to monitor the quality of the service provided.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (28 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Park House on our website at www.cqc.org.uk.

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 not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Park House Residential Home

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

The inspection was carried out by one Inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 two managers 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 the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also looked at all

other information available to us including notifications. Notifications are information about specific incidents or events that the service are required to tell us about by law.

During the inspection

We spoke with 10 people who used the service and six relatives about their experience of the care provided. We spoke with six members of staff including the provider, registered manager and care staff.

We reviewed a range of records. This included three people's care records. We reviewed audits, complaints and other records relating to the running of the service.

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 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

- Staff were trained in safeguarding adults and felt confident about raising any issues or concerns.
- People told us they felt safe. One person commented "I feel safe living here, in your bedroom you have an emergency bell. If you are not well, or if anything goes wrong you can press the bell and someone comes quite quickly."

Assessing risk, safety monitoring and management

- There were risk assessments in place to guide staff in providing safe care and support. These covered areas such as risk of falls, risk of pressure damage to the skin and risk of malnutrition.
- The provider used an electronic care planning and risk assessing system. We noted for one person that the system had identified a person as being at a high risk of falls. A later risk assessment completed by staff, identified the person as being at low risk of falls. We highlighted this with the registered manager who told us they would address this straight away. It is important that people's care files contain consistent information to ensure the person gets care that meets their needs.
- Where risks were identified, measures were in place to manage the risk. For example, one person was identified as at risk of pressure damage to the skin, the risk assessment identified that they had a specialised mattress in place to help reduce the risk.
- There were systems in place to check fire safety and equipment was checked regularly. Fire drills took place to ensure staff and people knew what to do in the event of an emergency.
- People had individual evacuation plans in place in the event of an emergency.

Staffing and recruitment

- Staff fed back that in general staffing levels worked well and enabled them to meet people's needs safely.
- Staff told us that they were able to take people out of the home when they wished to, for example to the local shops.
- Agency staff weren't used and so people received continuity of care from staff who knew them well.
- Safe recruitment processes were in place to ensure that those providing support were safe and suitable to do so. References were sought from previous employers and a Disclosure and Barring Service (DBS) carried out. A DBS check highlights anyone who is barred from working with vulnerable adults and identifies any convictions they have. We noted that files didn't contain photo ID of the person concerned. We discussed this with the registered manager who told us they saw them at the time of applying for the DBS but didn't keep them on file. Keeping photo ID is a requirement of legislation and the registered manager told us they would ensure this was done in the future.

Using medicines safely

- People's medicines were stored in secure cupboards in their own rooms. Medicines were delivered in their original packaging from the pharmacy, in line with NICE guidelines.
- Medicine administration was recorded on a MAR chart (Medicine Administration Record). We checked a sample of these and they were completed accurately.
- There was suitable storage in place for medicines requiring additional security and when these were administered, two signatures were obtained. The registered manager told us that with these medicines requiring additional security, they would transport the medicines back to the pharmacy directly. They had no risk assessment in place in relation to this but told us they would implement one.

Preventing and controlling infection

- The registered manager told us that two domestic staff were on duty during the day to ensure the home remained clean.
- Communal areas of the home appeared clean and fresh. However, there was some odour in one specific area. The registered manager told us they were looking at replacing the flooring in this part of the house.
- One bathroom area was dated and had carpet laid. The registered manager told us this was shortly due to be adapted in to a wet room.

Learning lessons when things go wrong

- Incidents and accidents were recorded, and these were each viewed by the registered manager. Tools were used to help identify any themes or trends. For example, a tool was used to map the times and locations of falls. The registered manager told us they were able to refer people to the falls team if they experienced a high number of falls.
- Staff told us they were given opportunity to reflect on and discuss any issues or concerns. For example, if a particular shift had not gone well, staff were encouraged to reflect on what they could do differently next time to achieve better outcomes.

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 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 prior to coming to live at the home. One relative told us "Mum was in hospital, (name of the registered manager) came out and did an assessment before Mum moved. Mum could bring in whatever she wanted from home if she wanted."
- Assessments took account of a range of people's needs, including mobility, communication and personal care needs.

Staff support: induction, training, skills and experience

- Staff were positive about their training and support and felt. When talking about the support they received one member of staff told us "amazing – can't fault it".
- People told us "The staff are well trained, I think and they seem to know what they are doing." And "I think the staff are marvellous, they are very good - Staff always listen to you."
- Training was delivered through a mixture of face to face training for topics such as the Mental Capacity Act 2005 and Safeguarding. Refresher training for some topics was delivered via DVD.

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

- "We get two meals each day, there is if you don't want something you can ask for something else. You are asked what you want, the day before so there is always a good choice." Another person told us "I like the food, it is pretty good. They show you the menu the day before, or in the morning so you can choose."
- People were supported nutritionally in accordance with their needs. There were snack and drinks available throughout the home for people to help themselves to if they wished.
- The midday meal was held in a calm atmosphere and people had the support they needed. People were able to eat their meals in their room if they preferred to. A relative commented "They are quite flexible, Dad isn't very sociable, but he has his tea in his room because that is Dad's choice."
- People's weight was monitored, and risk assessed so that action could be taken if there was a risk of malnutrition.

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

- People had access to their GP and other healthcare professionals as needed. A GP visited the home regularly. One person told us "If you aren't very well, you can see the doctor – so I do feel safe."
- Staff also told us they had good working relationships with the district nurses.
- The provider took part in a project aimed at reducing the number of falls experienced by older people by

personalising their mobility equipment to make them more recognisable to the individual concerned. The registered manager told us the project had been successful nationally in reducing falls.

- The provider was also taking part in a project to ensure good hydration amongst people in the home.

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

- The service was housed in an older building requiring regular maintenance. The registered manager told us about the areas of the home that had been decorated and areas that were due to be decorated.
- Windows had restrictors in place to ensure they were safe.
- In one of the bathrooms we saw a bath panel that was broken, this was highlighted to the registered manager who told us they would replace it straight away.
- One person's room had a balcony outside the window and we noticed that a ladder belonging to the home was being stored there. This wasn't respectful to the person who lived in that room and posed a hazard if the person wasn't to use the balcony area. We highlighted this to the registered manager.
- We also noted that in the outside patio area there was a shelving unit with old tools placed on it, one of which was rusty. There wasn't anybody using the area at the time, however this wasn't a safe way to store these items.

We recommend the provider reviews the premises to ensure that all potential hazards are managed safely.

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).

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 had the appropriate legal authority and were being met.

- Nobody at the time of our inspection had a DoLS authorisation in place.
- There was clear information in people's files about their mental capacity and whether they were able to make decisions independently.
- The registered manager described a good example of allowing people to make decisions for themselves and supporting them to do so safely. One person for example liked to go out on their scooter. The service recognised this was the person's choice and offered support to allow them to do this safely by explaining the associated risks and offering staff to go with the person.

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 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

- People were positive about the care they received. They told us "I feel staff listen to me and are there to help you out if you need them.", "I like living here , everyone is very friendly and kind. All the girls really look after you." And "I am very comfortable here, I wouldn't want to go anywhere else. I do as I like really as if I was in my own home. Staff treat me wonderfully, they are all very helpful and kind. I only have to ask for something and it will be done".
- We observed that people were treated well by staff. Staff spoke with people in a kind and respectful way.
- At the midday meal we saw how a person received caring support. The member of staff was respectful and attentive and supported the person at their own pace.

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

- People and their relatives were given opportunity to express their views about the service. Comments included, "Yes, we've filled in a survey". Relatives told us they attended relative forums and it was evident people's concerns were listened to. One relative told us "I also said something about the menu (at the meeting), offering a choice of a meat and vegetarian options which was addressed."
- Comments were mixed about people's involvement in their care planning. One relative told us "There was an initial care plan before moving in, though there hasn't been a care plan review since." Another person said "Nobody has asked me if I am happy with my care, no, I don't think so. I haven't seen my care plan".

Respecting and promoting people's privacy, dignity and independence

- Staff were aware of supporting people to be independent. Staff described for example how they encouraged people to carry out the aspects of their own care they were able to do.
- Information was included in people's care plans about what aspects of their support they were independent in.

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 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

- The service used an electronic planning system. This used information entered by staff to help generate care plans. We found that using this system, care plans were quite generic and lacked details that were unique to each individual. We discussed this with the registered manager who agreed that this was the case and told us they would look at ways to make plans individualised for each individual.
- Staff were able to tell us about the individual ways in which people liked to be supported, although this level of detail was not evident in the person's care plan. For example, one member of staff told us about a particular way in which a person liked to wear their wrist watch, demonstrating they understood the needs of that person well.
- Care planning covered a range of people's needs, including communication, mobility and any health needs the person had.

We recommend that the provider reviews their care planning to ensure it fully reflects the individual ways in which people like to be supported.

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.

- Information was recorded in people's files about their communication, including any sensory impairments they had. The registered manager told us they would be able to produce information in various formats according to people's needs.

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 service had access to its own minibus that was able to take small groups of people out. The registered manager told us that people were able to choose where they would like to go, such as to local parks and garden centres.
- There was entertainment taking place in the home for people to take part in if they chose to. We noticed how the home was decorated in the theme of the rugby world cup that was taking place at the time of our inspection. We heard staff talking to people who were interested about the latest scores from the games being played.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place and we could see from the records available that complaints were taken seriously, and a response provided. Apologies were given where appropriate to do so. There was an open and transparent approach evident in how complaints were managed.
- Action was taken as a result of complaints in order to improve the care that people received. For example, after one complaint, the registered manager introduced a new check list to ensure that all necessary care tasks were completed.

End of life care and support

- There was some evidence of end of life planning. This included basic details about the person's wishes. However, the plans lacked person centred details that truly reflected how people wanted their end of life to be. We discussed this with the registered manager and talked about the kind of information that would be useful to have in an end of life plan. We also discussed accreditations such as the Gold Standards Framework which would support the home in providing good end of life care. The registered manager told us this is something they would consider 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 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

- Although we found that care planning needed to be reviewed, overall people were happy with their care and there was a positive culture within the service. One relative told us "I live 1000km away, my mind is completely at rest when she is here. I feel it is very homely and I think all of the staff are really, really caring people." Another person told us "I am warm and I am snug here, I can just rest and relax." And "Mum was in another home before this, but I think this is exceptional."
- Staff spoke positively about working at the service and told us they worked well as a team

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. Continuous learning and improving care

- There was a culture of openness and transparency at the service. When an aspect of the service had not gone to plan, this was acknowledged. Staff were involved in discussion and reflection to learn from the incident and make improvement.
- We saw evidence that the service was transparent and apologies to people and families if the service had not made mistakes.

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

- There was a system of audits and checks in place to ensure the service was safe and operating as it should. This included catering/dining audits, medicines audits and health and safety checks. We saw that these audits identified areas for improvement and actions were dated to show when they were completed.
- The registered managers were aware of legal requirement of their role. We saw for example that the rating from the last inspection was on display. Notifications were made to CQC in line with legal requirements.
- There were two registered managers at the service, one of whom as also the owner of the home. The plan for the future was for the owner to step back from the registered manager role.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Working in partnership with others

- Surveys were used to gather people's opinions and views. We viewed a recent relative's survey which produced positive comments about the home. One relative commented "we are very happy with her care" and another said "very pleased with all the dedicated, caring and attentive staff"
- People were encouraged to be independent and engage in their local community. People were able to

attend church and other clubs as they wished.