Park Riding LLP

Park Riding

Inspection report

66 Greenfield Road
Holmfirth
West Yorkshire
HD9 2LA

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13 July 2018

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

At the last inspection on 23 November 2015 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going 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.

The inspection of Park Riding took place on 13 July 2018 and was unannounced. Park Riding is a family owned residential care home situated close to the town centre of Holmfirth in West Yorkshire. It provides personal care and accommodation for up to 16 people. On the day of our visit 15 people were using the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The consent of the relevant person was usually recorded. However decision specific mental capacity assessments and best interest decisions had not been recorded for a small number of people whose health had deteriorated, and they may now lack the mental capacity to make their own decisions. We made a recommendation about this. The registered manager sent us evidence this was being rectified following our inspection.

People told us they felt safe. Risk assessments were individual to people's needs and minimised risk whilst promoting people's independence. Robust emergency plans were in place in the event of a fire or the need to evacuate the building.

Incidents and accidents were analysed and action taken to prevent future risks.

Staff had a good understanding of how to safeguard adults from abuse and sufficient staff were on duty to provide a good level of interaction.

Safe recruitment and selection processes were in place. A system was in place to ensure medicines were managed in a safe way for people.

Staff told us they felt supported and records showed they had received role specific training and regular supervision and appraisal to fulfil their role effectively.

People's individual nutritional needs were met and people were supported to access a range of health professionals to maintain their health and well-being.

The service worked in partnership with community professionals and used good practice guidance to ensure staff had the information they needed to provide good quality care.

Staff were caring and supported people in a way that maintained their dignity and privacy. Observation of the staff and the management team showed they knew people well and could anticipate their needs. People were supported to be as independent as possible throughout their daily lives.

Individual needs were assessed and met through the development of detailed personalised care plans which considered people's equality and diversity needs and preferences. People had access to social and leisure activities.

Systems were in place to ensure complaints were encouraged, explored and responded to.

Everyone told us the home was well led. The registered manager had an effective system of governance in place to monitor and improve the quality and safety of the service.

People who used the service and their relatives were asked for their views about the service and these were acted on.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service has deteriorated to Requires Improvement.	**Requires Improvement**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Park Riding

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 checked whether the provider is 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 13 July 2018 and was unannounced. The inspection was conducted by one adult social care inspector.

Prior to our inspection we reviewed all the information we held about the service. This included information from notifications received from the registered provider, feedback from the local authority safeguarding team and commissioners. Before the inspection, the provider completed 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. We used this information to help plan the inspection.

Some people who used the service communicated using nonverbal, as well as verbal communication methods. As we were not familiar with their way of communicating we used a number of different methods to help us understand people's experiences. We spent time observing the support people received. We spoke with two people who used the service and two of their relatives. We spoke with one visiting community professional, two senior care assistants, the deputy manager and the registered manager. We looked around the building, including some people's bedrooms.

During our inspection we spent time looking at three people's care and support records. We also looked at two records relating to staff supervision, recruitment and training, incident records, management information and a selection of audits.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe. One person said, "Yes I'm safe. There are no problems."

The relatives we spoke with told us they felt their relative was safe at Park Riding. One said, "It is very safe. I think there are enough staff."

Staff we spoke with understood their role in protecting people from abuse and knew how to raise concerns, to ensure people's rights were protected. This showed the registered provider had a system in place to safeguard the people they supported.

Systems were in place to manage and reduce risks to people. Risk assessments were person centred and contained clear directions for staff to ensure risk was managed well. The records we saw included risk assessments in areas such as moving and handling, using the stair lift, nutrition, skin integrity, falls, mobility, finances, medicines, oral care and additional person specific assessments. For example for a specific health condition.

We found one care plan was detailed regarding the potential risk posed by one person's specific behaviour; however a risk assessment may have been beneficial in ensuring the risk reduction methods were clearly recorded. When we spoke with members of staff they were aware of how to manage the risk and told us how they used the least restrictive alternative. The registered manager told us they would complete this immediately.

Fire safety measures were in place, and people had personal emergency evacuation plans. Regular practice fire drills were held and people and staff were aware of the procedures to follow.

Staff and people told us there were enough staff. We found there were appropriate staffing levels on the day of our inspection which meant people received sufficient support. We looked at two staff files and found safe recruitment practices had been followed.

Staff had been trained and assessed as competent to manage people's medicines safely. Medicines were stored and administered in line with good practice. Medicines counts were completed daily by staff and full medicines audits took place every month, with any action being followed up. This meant people were protected against the risks associated with medicines because the registered provider had appropriate arrangements in place.

People who used the service, staff and visitors were protected against the risks of unsafe or unsuitable premises. The homes electrical wiring certificate was not available during our inspection. The registered provider sent this following our inspection. The home was clean and odour-free and there was a good supply of personal protective equipment, which staff used to prevent the spread of infections.

Staff told us they recorded and reported all incidents and people's individual care records were updated as

necessary. Staff were aware of any escalating concerns and took appropriate action. The registered manager demonstrated action they had taken in response to patterns of falls or other incidents, which demonstrated learning from incidents in order to reduce future risks.

Requires Improvement

Is the service effective?

Our findings

People told us the staff team knew how to support them. The relatives we spoke with told us the staff were very good and their relative received the support they needed.

Physical, mental health and social needs had been assessed and care plans included guidance and information to provide direction for staff and ensure care was provided in line with current good practice guidance. Technology, such as a door alarm and sensor mats were used to promote independence.

Staff were provided with training, supervision, appraisal and observations of their practice to ensure they were able to meet people's needs effectively. The staff we spoke with told us they had received a good induction and training to support them in their role.

We looked at the training records for two members of staff and saw training included infection prevention and control, emergency first aid, food hygiene, moving and handling, dementia care, palliative care and safeguarding adults. This demonstrated people were supported by suitably qualified staff with the knowledge and skills to fulfil their role.

One person said, "I look forward to my meals. I have no complaints." One relative said, "The food is excellent." Meals were planned around the tastes and preferences of people who used the service. A choice of meals and drinks was offered, as well as snacks and drinks throughout the day. The service ensured people's nutritional needs were monitored and action taken if required.

The service had good relationships with community health services and we saw the advice of professionals was included in people's care plans and used to achieve best practice and help people to achieve good outcomes.

One person said, "Any problems they get a doctor. They don't hang about." Records showed people had access to external health professionals and we saw this had included GP's, psychiatrists, community nurses, chiropodists, dentists, the falls team and physiotherapists. People had an up to date hospital passport in their care records to share information when going into hospital.

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). Three people were subject to DoLS authorisations with no conditions attached.

We checked whether the service was working within the principles of the MCA. The staff members we spoke with had an understanding of the Mental Capacity Act and it was clear from observations and records people's autonomy, choices and human rights were promoted.

We found people had consented to their care plans when they were able to do so. We found mental capacity assessments had not been completed for a small number of people whose conditions had deteriorated in recent months, and they may now lack the capacity to make certain decisions; For example, to consent to medication. We recommend the registered manager consults best practice guidance in relation to the MCA.

The registered manager told us they would complete mental capacity assessments and best interest decisions with people and their representatives to rectify this. Following our inspection they sent evidence of this.

People's individual needs were met by the adaptation, design and decoration of the service. An accessible flat garden area with seating was available. A stair lift was available to support people with mobility difficulties and hand rails and other adaptations were in place to promote independence. This meant the design and layout of the building was conducive to providing a homely but safe and practical environment for people who used the service.

Good

Is the service caring?

Our findings

People told us they liked the staff and we saw there were warm and positive relationships between them. One person said, "They are pretty quick. I can't say a bad word about staff."

One relative said, "We have found all the staff absolutely lovely. Very caring."

One community professional said, "It is a pleasure to come here. The staff are always lovely and attentive to people."

Staff we spoke with enjoyed working at Park Riding and supporting people who used the service. One staff member said, "I like working here. It's very homely for a care home. You get to sit and talk to people and do activities with them. I would be happy for a relative of mine to live here."

People looked comfortable and relaxed when interacting with staff. We asked staff to talk about individuals living in the home and they talked with genuine knowledge, care and concern. They used this knowledge to engage people in meaningful ways. For example, with conversations about activities or music they knew the person liked. We saw people laughing and smiling with staff.

People's diverse needs were respected and care plans recorded their religious and cultural needs. The registered manager told us they were not currently supporting any individuals from different ethnic backgrounds, but gave examples of how they supported people with their religious needs. This demonstrated the service respected people's individual preferences.

People were supported to make choices and decisions about their daily lives. People told us they had a choice of meals, what time to get up or go to bed, clothing, activities or when to have a bath or shower. Staff told us they showed people a choice of clothing or meals to support them to make every day decisions if they communicated none verbally. Care plans contained details of how to recognise when a person may be in pain, unhappy or happy using non-verbal cues.

One staff member said, "We ensure privacy and dignity by always knocking on people's door before going into their rooms." People's private information was respected and records were kept securely. People appeared well groomed and looked cared for, and individual rooms were personalised to their taste with furniture, personal items, photographs and bedding they had chosen.

People were encouraged to do things for themselves in their daily life. One person set the tables for lunch and other people helped around the home or in the garden. This showed us the home had an enabling ethos which tried to encourage and promote people's choice and independence.

Relatives told us they were welcome to visit any time and people were supported to maintain contact with people who were important to them.

Staff were aware of how to access advocacy services for people when the need arose. An advocate is a person who is able to speak on a person's behalf, when they may not be able to, or may need assistance in doing so, for themselves.

Good

Is the service responsive?

Our findings

Through speaking with people who used the service and their relatives we were confident people's views were taken into account in planning their care. One relative said, "[My relative] looked at the care plan with staff. They joined in the reminiscing activity and arts and crafts."

We found care plans were person-centred and explained how people liked to be supported, for example, '[Name] likes to use various soaps and talc [talcum] powders." Staff were able to tell us details about people's individual care and support needs, as well as information about people's personal preferences and lives before coming to live at the service.

Care plans contained detailed information covering areas such as family and social needs, oral health, mental state and cognition, washing and dressing, medication, finances and communication. Care plans specific to people's health conditions were also completed and contained information and guidance for staff.

People and their representatives told us they were consulted about their care plans, which were regularly reviewed and up to date. Comprehensive daily records were also kept.

During our inspection we saw staff spent time with people chatting and supported people with their social and emotional needs. Staff were patient with people and listened to their responses.

We saw some people were relaxing in the lounges reading the newspaper or listening to music. Later in the day staff completed some activities and sang songs with people if they wanted to take part. One person said, "There is enough to do." A second person said, "I do get a bit bored. I do a bit of tidying in the garden. It's nice to keep busy."

We saw people were supported to take part in a range of activities, such as eating out, visiting places of interest, walks, table top games and events. For example a football world cup evening and a recent summer fair. A ukulele band played at the home and a religious minister visited monthly.

The registered manager was not aware of the Accessible Information Standard. This requires the service to record information about people's communication needs and put measures in place to meet those needs. However, we found detailed information regarding people's sensory and communication needs was recorded in care plans and staff used a variety of methods to communicate with people.

One person said, "It's a good place. I have nothing to complain about." People and their relatives said they had not needed to complain, and any minor concerns were acted on. There had been no complaints at the service since our last inspection. Compliments had been received and were shared with staff.

People and their relatives had discussed preferences and choices for their end of life care, including in relation to their spiritual and cultural needs and this was clearly recorded. This meant people's end of life

wishes were recorded to provide direction for staff and ensure their wishes were respected.

Good

Is the service well-led?

Our findings

A registered manager was in post. 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 and their relatives told us the home was well led. One relative said, "Whenever I come in it's spot on. They look after them. [Name of manager] is great." A second relative said, "[name of manager] is excellent. Very approachable and accommodating."

Staff told us they felt supported by the registered manager and senior staff, who acted on their concerns.

The atmosphere of the service was homely, welcoming and relaxed. The registered manager told us the ethos of the service was, "If it's good enough for the residents it's good enough for me. You can't beat us on care. Staff are very well chosen." We saw the registered manager and deputy manager acted as role models for staff during our inspection by promoting dignity, inclusion and person centred interactions. For example, we heard the deputy manager reassuring and supporting one person to mobilise at their own pace and find a seat in the lounge, without rushing them.

Systems were in place to assess, monitor and improve the quality and safety of the service. Audits were completed in relation to care plans, training, health and safety, fire safety and medicines. Any action required had been completed. This showed staff compliance with the registered provider's procedures was monitored. We found one issue with recording mental capacity assessments had not been picked up and the registered manager took immediate action. The registered manager told us they felt supported by the registered provider who was in frequent contact.

People who used the service, their representatives and staff were asked for their views about the service and they were acted on. Residents meetings were held several times a year and where issues were raised, action had been taken by the registered manager.

We saw from records the service had regular contact with relatives and representatives and took their views into account. Families and professional were invited to provide feedback regularly and the results were positive.

Quarterly staff meetings were held and topics included infection prevention and control, medicines audits, training and appraisal. Staff meetings are an important part of the registered provider's responsibility in monitoring the service and coming to an informed view as to the standard of care for people.

The registered manager told us they attended local managers' forums, training and good practice events. The management team worked in partnership with community health professionals to meet people's needs and drive up the quality of the service. We found there was never any delay in involving community partners

to ensure the wellbeing of the people using the service.