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# Park House Care 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?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This unannounced inspection of Park House Care Home took place on 12 June 2018.

At the last inspection in June 2015, the service was rated 'Good'. We found during this inspection that the service remained 'Good.'

Park House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Park House Care Home is registered to provide accommodation for a maximum of 29 people who require help with their daily lives such as assistance with personal care and who may be living with dementia.

The two-storey building is situated among pleasant grounds in a rural location near to Sandbach.

At the time of our inspection there were 26 people living at the home.

The home is registered as a partnership and has two registered managers who are closely related to each other. 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 and associated Regulations about how the service is run.

Both of the registered managers continued to be fully involved in the home despite their different roles and different responsibilities. An additional family member who was the deputy manager and undergoing training at our last inspection, was now fully engaged in their role and had oversight of the day to day running of the home.

There was limited information for people to support their understanding. We have made a recommendation concerning this.

Rotas showed there was enough staff at the home to support people safely. Practices relating to medication storage and administration were safe. Staff were able to describe the course of action they would take if they felt anyone was at risk of harm or abuse this included 'whistleblowing' to external organisations. The registered manager had systems and processes in place to ensure that staff who worked at the service were recruited safely. Risks were well assessed and information was updated as and when required. We were able to view these procedures and how they worked.

All newly appointed staff were enrolled on a work based induction when they took up post at the home. Records showed that all staff training was in date. There was a supervision schedule in place, all staff had

received up to date supervisions and most had undergone an annual appraisal, any due were booked in to take place.

We saw that where people could consent to decisions regarding their care and support this had been documented. Where people lacked capacity, the appropriate best interest processes had been followed. The service was working in accordance with the Mental Capacity and DoLS (Deprivation of Liberty) and associated principles. There was currently no one assessed as needing a DoLs.

The environment was pleasant and homely. There was limited consideration given to support people who were living with dementia. Some additional attention would be encouraged in relation to the environment, this would improve the overall environment and support independence. We raised this at the time of our inspection.

People we spoke with were complimentary about the staff, the registered manager and the service in general. People and relatives told us they liked the staff who supported them. Staff were able to give us examples of how they preserved dignity and privacy when providing care and we observed staff treating people with kindness and dignity throughout the day.

There had been no complaints received for Park House. However, the complaints process was well managed and documented in accordance with the provider's complaints policy. The complaints policy contained contact details for the local authorities and Local Government Ombudsman if people wished to escalate their complaint.

Care plans contained information about people's likes, dislikes, preferences, backgrounds and personalities. People's diverse needs were respected.

Regular audits were taking place for different aspects of service delivery. Quality assurance systems were effective and measured service provision. Action plans were drawn up when areas of improvement were identified. Staff meetings and resident meetings took place. We saw however two notifications had not been reported to CQC in line with requirement. We discussed this at the time of our inspection and found it was an oversight on the registered managers behalf.

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.

<b>Is the service safe?</b> Service remains good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains good.	<b>Good</b> ●

# Park House Care 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 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 12 June 2018 and was unannounced.

The inspection was conducted by an adult social care inspector.

Before our inspection visit we reviewed the information we held about Park House Care Home. This included notifications we had received from the registered provider, about incidents that affect the health, safety and welfare of people who used the service. We also accessed the Provider Information Return (PIR) we received prior to our inspection. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. This provided us with information and numerical data about the operation of the service.

We carried out a Short Observational Framework for Inspection (SOFI). SOFI is a methodology we use to support us in understanding the experiences of people who are unable to provide feedback due to their cognitive or communication barriers.

We spoke to five people using the service, two visitors, the senior carer, the registered managers, the deputy manager, three staff and the activities coordinator. We looked at the care plans for four people and other related records. We checked the recruitment files for two staff. We also looked at other documentation associated to the running of the service.

## Is the service safe?

### Our findings

People we spoke with and visiting family members told us they or their relative liked the home and felt safe and well cared for. One family member said, "It's very good here, same staff faces when we come, which is good." Another family member said, "It is absolutely spotless, I have no cause at all for concern knowing that [person] is here." One person who lived at the home told us, "It is very nice here, everything is always spot on." Most staff had worked at the home for long time. The registered manager and deputy manager were proud that they never used agency staff and arranged their own cover from the existing staff team.

Staff we spoke with said they would 'whistle blow' to external organisations such as CQC if they felt they needed to. Staff received training in safeguarding, and there was information displayed around the communal areas of the home such as the phone number for the local authorities safeguarding team. Staff explained the course of action that they would take if they felt someone was being harmed or abused, this was reflected in the organisation's safeguarding policy.

Senior staff received training by a competent person in the administration of medication and additionally received annual updates and competency refreshers. We viewed a sample of MAR (Medication Administration Records) which were completed accurately by staff, and had been checked by the registered manager. We counted a sample of loose medications and found that all stock balances corresponded to what was recorded on the MAR. Medication was well managed.

Repairs and maintenance were carried out in a timely way, and there were regular checks on equipment such as the lifts, portable appliance testing (PAT) electric and gas. Fire procedures in the event of an evacuation were clearly marked out, and equipment for safely evacuating people was stored securely and safely in the home. Personal Emergency Evacuation Plans (PEEPs) were in place for each person which were personalised and contained a breakdown of what equipment that person needed to evacuate the home safely. The home was clean and tidy. Procedures were in place to ensure the safe removal of hazardous waste, and bins and toilets were regularly cleaned and checked. Personal protective equipment (PPE) was available for all staff, such as gloves and aprons. There were hand sanitizers fitted to the walls in various areas of the home, and these were full.

Risks to people's health and wellbeing were appropriately assessed and measures were put in place for staff to follow to keep people safe. We saw risk assessments in relation to nutrition, medication, falls and the environment. There was a process in place to record, monitor and analyse incidents and accidents, which included an explanation of why the incident occurred and any remedial measures put in place as a result of this. We saw information contained in one person's care plan which described how to support them to sustain a safe environment and the extra safeguards in place because the person had a sensory disability.

Staff were recruited safely and satisfactory checks were completed before staff started working at the home. These checks included two references and a disclosure and barring service (DBS) check. This is a check that new employers request for potential new staff members as part of their assessment for suitability for working with vulnerable people.

## Is the service effective?

### Our findings

We asked people and visiting relatives if they felt the staff had the right skills to support them. One person said, "Oh yes, they are very good". One relative said, "I feel [person] is in safe hands, they know what they are doing."

Staff confirmed they were required to attend regular training. We viewed the training matrix and checked that the dates recorded matched the dates we saw on staff certificates. Staff were required to complete an induction process which covered shadowing opportunities and training.

Records showed, and staff confirmed that they received regular supervisions from their line manager. Staff who had worked at the service longer than 12 months also had an appraisal.

We checked to see if the service was working within the legal framework of the Mental Capacity Act (2005) (MCA). People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). This legislation protects and empowers people who may not be able to make their own decisions.

The care files viewed included mental capacity assessments and demonstrated that people were encouraged to make decisions around their daily life and that consent was sought from people and their relatives appropriately. DNAR's (Do not attempt resuscitation) were clearly visible within files.

People told us that staff responded promptly to health needs and ensured quick access to appointments. The care files we examined showed people received advice, care and treatment from relevant health and social care professionals, such as the GP, physiotherapist, and opticians and that referrals were made in a timely manner.

People were complimentary regarding the food and said they had enough to eat. One person said, "The food is good". Someone else said, "It is really nice, we get to choose what we eat." We observed people's lunchtime experience and saw that food was served in a timely manner. People were supported to use napkins to help maintain their dignity during their lunch. The dining room was pleasant and clean. We discussed how changes to décor might help support people with dementia feel more coordinated. Such as contrasting table cloths and plates. The registered manager said they would take this on board.

## Is the service caring?

### Our findings

We received positive comments regarding the caring nature of the staff. One visiting relative said, "Just amazing, I cannot fault them." Someone else we spoke with said, "The staff are just lovely." Other comments we received included, "Fabulous", "Couldn't ask for better" , "Just as good as if they were at home with us."

We observed a large amount of positive interaction between staff and people who lived at the home. People were encouraged to take their time at lunch time, and staff went around to each person to make sure they were okay and had everything they needed.

We observed a group of people engaging in an activity. Everyone was encouraged to partake and there were lots of talking amongst people. We asked people if they were enjoying themselves and everyone told us they were.

staff members provided examples of how they would ensure they respected people's privacy and how they promoted dignity, which included knocking before entering people's rooms and asking consent before providing care. Staff we spoke with demonstrated a good understanding of how to protect and promote people's dignity. We observed staff asking for consent before providing care to people.

Some people had signed their care plans themselves to demonstrate that they had been involved in their completion. Where people could not sign, this was recorded as being discussed with the person and the family member. Everyone we spoke with and their relatives confirmed they had seen their care plan.

People's records and personal information was securely stored in a lockable room which was occupied throughout the duration of our inspection.

The advertisement of local advocacy services in the communal area of the home ensured people could access support if required. There was no one accessing this type of support at the time of our inspection.

## Is the service responsive?

### Our findings

People told us they received care and support which was person centred. Person centred means care which is based around the needs of the individuals and not the organisation.

Care plans contained information with regards to people's likes, dislikes, backgrounds and routines. For example, one person's care plan stated that they liked to go out to feed the fish every day. We saw the person being supported to do this. Another person's care plan had specific needs recorded with regards to their eating and drinking needs. This included information from professionals, such as Speech and Language Therapists (SALT) and dieticians. We saw that people were being weighed regularly. The service had made appropriate referrals to other healthcare professionals, such as SALT, the falls team, and Occupational Therapists (OT) where appropriate. This meant that people were getting care and support which was right for them and met their needs.

There was a programme of activities on the communal board, and people told us they liked the activities. One person said, "Oh the activities are really good. [Activity co-ordinator] is great. We spent some time talking to the activities coordinator who said they sign up for various alerts via the internet to give them ideas and inspiration. They also said they spent time talking to people to find out if there was anything in-particular that they wanted to do.

Peoples equality and human rights were respected. People were supported to follow their religious beliefs and engage in friendships within and outside of the home. One person who was not from England told us how they were supported to contact and speak to their family in another country.

There was some accessible information, such as easy read material available for people. However, we saw that some people had problems with their vision, and would benefit from information being presented to them in another way so they could engage with it. There was limited information to support people with this.

We recommend that the registered provider updates their practices in response to people's diverse needs and takes action accordingly.

There was a complaints process in place for people to express their concerns. There had been no complaints at the home. One person told us, "No reason to complain, I am well taken care of." A relative said, "I have confidence that it would be dealt with quickly if I did complain."

Staff were trained in end of life care and there was information recorded in people's care plans which described any specific arrangements in place when they were at the end of their life.

# Is the service well-led?

## Our findings

There was a registered manager in post at the time of our inspection. 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.

Everyone we spoke with was complimentary about the registered manager. All of the staff we spoke with said that the registered manager was approachable. One person told us, "I know who the managers are, they have never changed." Someone else said, "Yes the manager is really good."

Team meetings were taking place regularly, the last one had taken place in May 2018 and we viewed the minutes of these, as well as the previous months. We saw topics such as safeguarding, training and health and safety were discussed.

The service also regularly gathered and analysed feedback from people living there and relatives. We saw that no issues had been raised.

The service worked with the local authority contracts team and we saw there had been a recent contracts audit.

We checked if all statutory notifications had been submitted as required. A statutory notification is a form the registered provider is required to send us to inform us of important occurrences in the service. We saw however, that there were two occasions when we had not been sent a notification when required. We discussed this with the registered manager at the time of our inspection and saw it was an oversight on their behalf. We have received email confirmation that the notifications have now been sent.

There were audits for the safety of the building, accidents, cleaning, care plans, medication other checks like the water temperatures. We saw any recommendations were being followed up with a plan of action by the registered manager. For example, we saw that one audit had identified a need for the someone's care plan to be changed so it contained more information, we saw this had been put into place by the registered manager.

There were policies and procedure in place for staff to follow. Staff were aware of these and understood the importance of following the guidance provided in them.

The ratings from the last inspection were clearly displayed in the main part of the building.