

# MPL Care Homes Limited

# Park House

## Inspection report

72 Constable Road  
Felixstowe  
Suffolk  
IP11 7HW

Tel: 01394284021  
Website: [www.mplcarehomes.co.uk](http://www.mplcarehomes.co.uk)

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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

Park House provides a residential care service for up to five people living with mental health needs. At the time of this unannounced inspection of 4 August 2017 there were four people who used the service.

At our last inspection of 12 December 2014 the service was rated Good. At this inspection we found the service remained Good.

There was not a registered manager 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. There was a manager in post and their application for registration had been received.

The service continued to provide a safe service to people. This included systems designed to minimise the risks to people, including from abuse, in their daily living and with their medicines. Staff were available when people needed assistance. The recruitment of staff was done safely.

People were supported by staff who were trained and supported to meet their needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Systems were in place to assess and meet people's dietary and health needs and for people to maintain good health and have access to health professionals where needed.

Staff had good relationships with people who used the service. People were involved in making decisions about their care and support and this information was recorded in their care plans.

People received care and support which was planned and delivered to meet their individual needs. People were supported to participate in meaningful activities. A complaints procedure was in place.

The service had a quality assurance system and shortfalls were identified and addressed. As a result the quality of the service continued to improve.

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 remains good.

Good 

### **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 House

## 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 unannounced comprehensive inspection was carried out by one inspector on 4 August 2017.

Before our 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 looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with three people who used the service and observed the interactions between staff and people. We spoke with the manager and one member of the care staff. We also spoke with the operations director on the telephone.

We reviewed the care records of two people who used the service and records relating to the management of the service.

# Is the service safe?

## Our findings

At our last inspection of 12 December 2014 the service was rated Good. At this inspection we found the service remained Good.

We saw that people were safe in the service and comfortable with the staff who supported them. People told us that they felt safe. One person said they checked that the service was secure at night, including bolting the front door, which made them feel safe.

People continued to be protected by staff who knew the systems in place designed to keep people safe from abuse. People received support from staff who were trained and understood how to recognise and report abuse.

Risks to people continued to be managed well. People's care records included risk assessments which identified how risks were minimised, this included risks associated with their condition, going out in the community, and in the service. There had been an incident in 2016 and we saw that the service had taken action to reduce future risks, including advising staff of their responsibilities and training. Where a person had told the staff that a similar incident had occurred, the staff had acted swiftly to seek guidance from health professionals. Risks to people were minimised in the service because electrical and fire safety was regularly checked to ensure they were safe.

The manager told us that the staffing level continued to be appropriate to ensure that there were enough staff to meet people's assessed needs safely. They said that staff had recently left and they were able to tell us how this was managed and the posts were actively being recruited to. We saw that there were times when staff worked alone in the service. However, we saw that this had been risk assessed by the management team and there were clear guidelines in place for staff to follow. This was confirmed by a staff member and the manager who told us that there were clear guidelines and if there was a need for extra staff this was arranged. In addition we spoke with a professional who was involved in two people's care. They confirmed that they felt that the people using in the service and recommendations about the staffing had been followed, for example during the night. We saw that staff were available when people needed them and they responded to people's requests for assistance.

The service continued to maintain robust recruitment procedures to check that prospective care workers were of good character and suitable to work in the service.

Medicines continued to be administered safely. Staff were trained in the safe management of medicines and their practice was observed in competency checks to ensure that they were working safely. We observed a staff member give a person their medicine at tea time, this was done safely and with the person's consent. The person listed the times that they took their medicines and said, "I know what time I am having them." Records showed that medicines were given to people when they needed them and were kept safely in the service. Audits allowed the staff to identify any issues and take action to address them.

# Is the service effective?

## Our findings

At our last inspection of 12 December 2014 the service was rated Good. At this inspection we found the service remained Good.

The service continued to provide staff with training and support to meet people's needs effectively. The manager and a staff member told us that they were happy with the training and support received. This included training in subjects including safeguarding, emergency first aid, medicines and fire safety. Staff were also provided with training to support them in providing care and support to people with diverse needs. This included training in challenging behaviour and de-escalation. The manager told us that mental health professionals were planning to provide staff with training specific to the people using the service, including working with people who may have manipulative behaviours.

Records and discussions with staff showed that staff continued to receive one to one supervision and team meetings. These provided care workers with the opportunity to discuss their work, receive feedback on their practice and identify any further training needs they had.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. People's care records identified their capacity to make decisions and included signed documents to show that they consented to the care provided in the service. Staff had been trained in MCA and DoLS and continued to demonstrate they understood MCA and how this applied to the people they supported.

The service continued to support people to maintain a healthy diet and/or with the preparation of meals and drinks. People told us that they chose what they wanted to eat and drink. People planned and prepared their meals. Records showed that where there were risks associated with eating and drinking appropriate referrals had been made to health professionals.

People were supported to maintain good health and had access to health professionals where required. People's records included information about treatment received from health professionals and any recommendations made to improve their health were incorporated into their care plan. The manager told us about the positive relationships they maintained with people's named mental health workers and how they worked in partnership to improve people's wellbeing. This was confirmed by a health professional.

# Is the service caring?

## Our findings

At our last inspection of 12 December 2014 the service was rated Good. At this inspection we found the service remained Good.

People we spoke with told us staff treated them with respect and kindness. Staff interacted with people in a kind and caring way. They listened to what people said and people clearly shared positive relationships with the staff. Where people were feeling anxious we saw that staff reassured them.

Staff continued to speak about and to people in a compassionate manner. They understood why it was important to respect people's dignity, independence, privacy and choices.

People told us that they continued to make decisions about their care and that staff listened to what they said. People's care records clearly identified that they had been involved throughout their care planning. They had signed documents to show that they agreed with the contents.

Records included information about how people's independence was respected and encouraged in line with their rehabilitation programme. They also identified how people's dignity was respected. This included the positive provision of care which focussed on people's abilities and how these could be developed rather than on what people had difficulties with.

People continued to make choices about their family relationships. We saw one person telling the manager about how they felt about contact with a relative. Their views were listened to and the manager reassured the person that their choice would be respected. Records included information about people's friends and family who were important to them and the arrangements for support to maintain these relationships.

# Is the service responsive?

## Our findings

At our last inspection of 12 December 2014 the service was rated Good. At this inspection we found the service remained Good.

The service continued to provide a responsive service which met people's individual and diverse needs. People told us that they were happy living in the service and with the care and support they received. The manager shared examples of how the service had responded to people's needs which had contributed to their wellbeing and rehabilitation. This was confirmed by a person we spoke with who told us how they had purchased clothing that they preferred to wear and how they enjoyed cooking.

The service continued to ensure that people's care records were personalised and identified how the service assessed, planned and delivered person centred care. The records provided staff with information about how to meet people's specific needs and preferences. Care plans were written in a positive way which identified people's strengths and future hopes. The records included information about people's diverse needs and conditions and how they were met, such as the support provided with people's behaviours associated with their condition. We saw that where staff had planned sessions with people they ensured that they kept to the expected times to reduce the risks of people becoming anxious.

The service continued to provide people with the opportunity and support to maintain links with the community and undertaken meaningful activities that they enjoyed and contributed to their wellbeing. During the day of our inspection people undertook various activities, including going out to work, gardening and using the computer. One person told us how they enjoyed gardening, about the potatoes that they had planted and their plans for when these were to be used for meals. This meant that people undertook meaningful daily activities and took responsibility for their home.

There was a complaints procedure in place. There had been no complaints received in the last 12 months. One person told us they felt that they could speak with the staff or the manager and their concerns would be addressed. The manager confirmed that people could access advocates if they needed to.

## Is the service well-led?

### Our findings

At our last inspection of 12 December 2014 the service was rated Good. At this inspection we found the service remained Good.

The manager continued to promote an open culture where people and staff were asked for their views of the service provided. Where comments from people were received the service continued to address them. This included with the choices that they made about what they wanted to do in the service and in their lives which were discussed in care reviews and house meetings. A person told us that they could speak with the manager when they wanted and that they felt that their views were listened to.

A staff member told us that they felt supported by the service's management and they could go to the manager and colleagues if they were concerned about anything. The manager told us that they felt supported by the provider and senior management team. The minutes of staff meetings showed that they were kept updated with any changes in the service and people's needs and they could share their views and comments to improve the service.

The service continued to carry out a programme of audits to assess the quality of the service and identify issues. These included audits on medicines management, health and safety and the care provided to people. We saw that these audits and checks supported the manager in identifying shortfalls which needed to be addressed. Where shortfalls were identified, records demonstrated that these were acted upon, such as improving the recording system. The service had systems in place to learn from incidents and reduce the risks of future similar incidents happening.