

MPL Care Homes Limited

Park House

Inspection report

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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

About the service

Park House is a residential care home providing personal care for up to five people living with enduring mental health conditions in one residential type house. There were five people living in the service at the time of our inspection.

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

There were some areas of the service being redecorated and environmental audits identified where improvements were needed. However, it had been identified there were issues with the wooden window frames, this had not yet been addressed. Some of the window frames were rotting and allowed draughts into people's bedrooms.

Risks to people were assessed and mitigated to reduce the risks of abuse and avoidable harm. Staff were available to provide people with support when required. Recruitment of staff was done safely. People received their medicines as prescribed and ongoing checks on medicines management reduced risks. Infection control processes reduced the risks of cross infection. We identified some issues with the cleanliness of showers in people's en suite facilities, this was addressed by the registered manager. Systems were in place to learn lessons from incidents and these were used to reduce future risks.

Staff received training and support to meet people's needs effectively. 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. People's needs relating to their health and diet were assessed and met.

People received support from staff who treated them with respect and kindness. People's rights to privacy, dignity and independence were being met.

People's needs were assessed, planned for and staff received guidance on how these needs were met. People were involved in their care planning and their preferences were respected, this included their end of life decisions. People were supported to access social activities which interested them. There was a complaints procedure in place and concerns and complaints were addressed.

The service had governance systems which assessed and monitored the service people received. The service had an open and empowering culture and staff and people using the service were consulted about 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 (published 30 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Park House

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.

Service and service type

Park House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 a manager 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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 used all of this information to plan our inspection.

During the inspection

We met all five people using the service and spoke with two people about their experience of the care provided. We spoke with two members of staff including the registered manager and a senior support worker. We also observed a team meeting, attended by the registered manager, senior support worker and four support workers.

We reviewed a range of records. This included two people's care records and medicines records. We looked at one staff file in relation to recruitment. A variety of records relating to the management of the service, including audits were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data.

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

- People told us they felt safe living in the service.
- Staff were provided with training in safeguarding and understood their roles and responsibilities in keeping people safe.

Assessing risk, safety monitoring and management

- People's care records demonstrated risks to their daily living and provided staff with guidance on how these risks were reduced. This included risks associated with accessing the community, and injury. The service worked closely with other professionals involved in people's care and guidance from these professionals was used to assess and mitigate risks.
- Environmental risk assessments and checks on, for example, the fire safety, reduced risks to people using the service and staff. Windows had restricted opening which reduced the risks of people falling from them.
- Minutes for house meetings showed people were included in discussions about health and safety and were kept updated in their responsibilities in case of a fire or emergency evacuation.

Staffing and recruitment

- One person told us how the staff were available when they needed support. They said, "There is always staff here."
- There were enough staff to meet people's needs. Since our last inspection the registered manager told us the times staff were working alone in the service had reduced. This was confirmed in records reviewed. Risk assessments were in place to guide staff on lone working.
- Action was being undertaken to address staff vacancies, this included the use of a regular agency staff member at night and a new staff member had been recruited who was due to start working in the service the day after our inspection visit.
- Recruitment continued to be completed safely, including necessary checks undertaken on prospective staff members to ensure they were of good character and suitable to work in this type of service.

Using medicines safely

- One person told us about the arrangements for receiving their medicines, which they were satisfied with.
- Staff were provided with training in medicines and their competency was assessed by the registered manager.
- Records showed people received their medicines when they needed them and risks associated with their medicines were assessed and reduced. This included medicines prescribed to be administered when required, protocols guided staff when these should be considered.

- Regular audits enabled the registered manager to identify any shortfalls and address them.

Preventing and controlling infection

- Staff were provided with training in infection control and food hygiene.
- Four of the showers looked at required cleaning and there was black mould on the grouting. Following our inspection, the registered manager told us these had been deep cleaned and contact made with a maintenance company to replace the grouting.

Learning lessons when things go wrong

- There were systems to learn from incidents and reduce them happening in the future. This included reviewing and updating care records and discussing in staff meetings.

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 now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- On arrival to the service we saw a ground floor wooden window frame was rotting. We looked at the inside of this window and could feel it was draughty. Three other people allowed us to see their bedrooms and two of these people told us the windows at the front of the house let in a draught. Both of these were wet on the inside with black on the corners, on one we could see the wood from the frame was flaking away from the window. This also posed a risk of injury. The registered manager's environmental audits had identified the need for improvement but this had not yet been addressed.
- Recent work in the service included redecorating the laundry, there was a wall which had recently been painted which was bubbling the registered manager told us there was someone due to come in to look at it to check if there was any damp.
- The ceiling in one person's en suite shower room needed redecorating, the registered manager told us they were waiting for this to be looked at.
- People told us they were happy in their home, including their bedrooms and communal areas, such as kitchen/dining room and lounge. One person told us about their plans to redecorate their bedroom and new furniture. They showed us a chair they had purchased which they were happy with.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Prior to moving into the service, the registered manager undertook a needs assessment to ensure the service could meet their needs. This included input from the person, their relatives and other professionals involved in their care.
- The assessments were used to inform people's care plans and risk assessments, which were reviewed and updated as the service found out more about the person and when their needs changed.
- To ensure people had a smooth transition to using this service, people had the opportunity to undertake visits to the service to allow them to become familiar with the environment and meet other people using the service and staff before moving in.

Staff support: induction, training, skills and experience

- There were systems to provide staff with training and support to meet people's needs effectively. This included specific training relating to people's conditions and behaviours that others may find challenging.
- New staff received an induction which included training and shadowing more experienced colleagues until they were assessed as and felt confident to work independently. New staff also had the opportunity to work on the care certificate which is a set of standards care staff should be working to.
- Staff received one to one supervision meetings which provided them with the opportunity to discuss their

work, receive feedback and identify any training needs. One staff member told us if they wanted to undertake any specialist training this was provided.

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

- One person told us how they received enough choice of food and drinks. We observed this person talking with the registered manager about their diet choices and what they would like to eat.
- People's care records identified people's likes and dislikes, and specific dietary needs. Regular sessions with staff demonstrated people were encouraged to make healthy choices relating to their food and drink. We saw staff discussing in a team meeting how they were supporting people with their dietary needs.
- Staff had been provided with training in nutrition and fluids.

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

- The service worked closely with other agencies and professionals involved in people's care. This included receiving guidance and discussions in meetings on the best way to support people to provide consistency and support with their conditions.
- People's care records demonstrated people were supported to access health care services where required and take responsibility for maintaining good health.
- Staff had been provided with training in oral health and care. Staff discussed in a team meeting how people's oral health needs were being met, including support provided to receive dental treatment.

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.

- Staff were provided with training in MCA and DoLS.
- One person was subject to a DoLS. The registered manager had recently reviewed this and sent for it to be renewed. They discussed with us about the conditions of their DoLS and they were knowledgeable about the process.

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 told us the staff treated them with respect. We observed staff spoke with people in a professional and caring manner.
- We observed a staff meeting which demonstrated the staff knew the people who used the service and their needs very well. They spoke about people in a compassionate way.
- Staff were provided with training in equality and inclusion.

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

- One person told us they made decisions about their life and this was respected by staff.
- People's care records demonstrated regular sessions supported people to make decisions and choices about the care they received, and these were included in their care records.

Respecting and promoting people's privacy, dignity and independence

- People told us they felt their privacy and dignity was respected and staff did not enter their bedrooms without permission.
- Staff worked with people on a one to one basis to gain more independence. This included support with road safety and going shopping. This work had positive outcomes for people, for example since our last inspection one person now went out in the community independently which promoted their independence and dignity.
- Where people could rehabilitate into the community and independent living, support was provided to work to achieve this, this included planning, shopping for and preparing a meal.
- We observed a staff meeting where the team discussed how people were progressing in managing their own meals. At the time the provider was doing shopping on line, apart from the planned shopping for people for a meal. The registered manager planned to speak with the provider to agree shopping could be done by staff and people to increase their levels of independence, which would include shopping, planning and budgeting.

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

- People told us they were happy with the support they received. Feedback received by the service from a professional involved in people's care included, "The [community team] are extremely satisfied regarding the individualised care each resident at Park House receives."
- People's records demonstrated people's care was tailor made to each individual, taking into account their conditions, care needs and preferences. This included support provided to people experiencing distress and anxiety. The records showed people's goals and aspirations and the support provided to achieve these.
- We observed a staff meeting which demonstrated any changes in people's wellbeing were discussed and plans made for ongoing support provided to people to ensure consistency and have good outcomes.

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.

- The ways people communicated was identified in their care records and guidance for staff in how to communicate effectively with them.
- Where required, documents were provided which were accessible for people, including easy read pictorial and text formats.

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

- People received one to one community sessions where staff supported people to participate and explore social activities which interested them. This improved the outcomes for people within the social community. For example, one person had accessed a local community group and had made friends.
- We observed a staff meeting and staff discussed people's interests and how the team could encourage them to happen, including looking at how a person's interest in keeping fit could be supported.
- People's records showed the relationships they maintained and any support required to achieve this.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place which explained what actions would be taken on receipt of a complaints.
- Records showed complaints were investigated and addressed and used to improve the service. An example of this was moving the smoking area in the garden to the end of the garden to reduce it being an

issue for neighbours.

End of life care and support

- There were no people requiring end of life care in the service.
- People's care records included people's end of life decisions would this service be required.

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

- Staff were empowered to contribute to the running of the service and their views were valued and used to drive improvement. We observed a staff meeting, all staff were asked for their views and contributed to discussions about people's wellbeing and how improvements could be made.
- People were also empowered to make decisions about their life and these were used to plan their care, which contributed to the person centred care they received.

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

- The registered manager understood and demonstrated their responsibilities relating to the duty of candour. There was a duty of candour policy in place.

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

- The registered manager understood their role and responsibilities in being a registered manager of a service. This included notifying CQC and other external organisations appropriately of incidents.
- The registered manager was committed to providing high quality care to people. They had a programme of audits and checks in place to assess and monitor the service people received, this included medicines, and care records.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were central to the service they received and their views were valued. People participated in house meetings where they discussed plans, living together and any concerns they had. People's comments were used to drive improvement, this included a concern raised relating to a potential risk on the stairs which had been addressed.
- The registered manager told us they had plans to send surveys to people and relatives to gain their views of the service.
- The service had sent surveys to other professionals involved in people's care. Two responses had been received over the 2019 and 2020 period, all responses were positive. One said, "My overall experience of Park House has been positive, this is with regard to both my direct experience and the impact of the positive care that I see in the client who is placed there."

Continuous learning and improving care

- The registered manager kept up to date with the requirements of their role by attending training and also training to improve the service. This included recent training in risk assessment, supervision, and resilience training for care managers. They were also booked to attend training in values and behaviours based recruitment. The registered manager told us how they used their learning to continuously improve and shared knowledge with the staff team.
- The registered manager told us about the interview questions which had recently been reviewed, this included asking prospective staff members what they would do in scenarios. This helped to assess their suitability to work in the service.
- Improvements had been made since our last inspection in the one to one sessions with people which had positive outcomes, including making decisions about their care and taking responsibility for their wellbeing.

Working in partnership with others

- The registered manager told us they shared good relationships with other professionals involved in people's care. This was confirmed in feedback received by the service from a professional involved in people's care. They stated, "Each time I visit, I receive a comprehensive hand over of any issues arising. Equally I feel able to voice any concerns that I may have and offer feed back to the staff following my interventions with residents."