

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Park House

28 Sherford Street, Bromyard, HR7 4DL

Tel: 01885483935

Date of Inspection: 27 May 2014

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We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Management of medicines	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Winslow Court Limited
Registered Manager	Miss Amanda Mellings
Overview of the service	Park House is a service that is registered to provide care and support for up to nine people. It is located in the town of Bromyard in Herefordshire.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 27 May 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

A single inspector carried out this inspection. The focus of the inspection was to answer the five key questions; is the service safe, effective, caring, responsive and well-led?

Below is a summary of what we found. The summary describes what people using the service, their relatives and the staff told us, what we observed and the records we looked at.

If you want to see the evidence that supports our summary please read the full report. This is a summary of what we found.

Is the service safe?

The people who lived in the home and their relatives told us they were pleased with the care provided. They felt that their views were respected and listened to.

People told us they felt safe. We saw that people were free to go out and about as part of their daily routine. One person told us, "They're great".

We saw that staff had received specialist training in how to respond to people's complex behaviours. This was to protect people's physical wellbeing as well as their human rights and dignity.

We found that people's medication was managed in a safe and effective way. This ensured that people received the right medication in the right quantities at the right times.

Recruitment processes showed that staff employed to work at the home were suitable and had the skills and experience needed to support the people who lived there.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. While nobody was currently subject to a DoLS proper policies and procedures were in place. Relevant staff have been trained to understand when an

application should be made and how to submit one.

Is the service effective?

People told us that they were happy with the support they received. They told us that the registered manager and the staff had asked them what their needs and wishes were and how they would like them met. One person said, "We're always talking about what I'm going to do". Another person said, "They asked me about lots of things and I tell them what I would like to do".

Personal records confirmed people's needs and preferences had been recorded and support had been provided in accordance with their wishes.

People told us they were happy to discuss their support with staff. They said that staff obtained help for them if they were unwell. This meant people were helped to keep in good health, have access to health care services and received ongoing support.

We found that the staff received the support and training that enabled them to meet the needs of the people living in the home.

Is the service caring?

People we talked with told us their wishes were respected and they were able to live their lives as they wished. Staff took the time to find out about people's background. Staff knew people's needs well and how they needed to be supported. This meant that staff cared about the person as an individual and were concerned about their well-being and personal development.

People and their relatives were encouraged to make their views known about their care. People that we talked with told us that they found the registered manager and the staff easy to approach about any issues they had. This meant that people were listened to and they felt that their views mattered.

Is the service responsive?

People had been assessed before they moved into the home so that arrangements could be made to meet their needs.

People and their relatives told us they talked with the registered manager and the staff about what was important to them. They talked about activities they took part in and their meals. They told us that their support plans had been changed as a result.

Is the service well led?

The registered manager and the staff demonstrated values that promoted involvement, openness, dignity, respect and independence. We talked with staff who showed they understood those values as they discussed their role and responsibilities in their work. This meant the service promoted an open culture that was centred on the individual and empowered them to take control of their life as much as they were able.

The provider had systems in place to assess and monitor the home so that potential improvements in meeting people's care needs could be identified and put into place.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

Most of the people who lived in the home were able to tell us they were happy with the care they received. They did this by speech or sign language. One person commented, "They're great". They told us that staff explained to them what they were going to do and checked that they wanted to. One of the relatives we spoke with said, "Care he gets is very good".

We saw that staff were respectful, compassionate and cheerful towards the people living in the home. People told us they chose what time they wanted to get up and what clothing they wished to wear. They also chose what food they wanted to eat and what they wanted to do during the day. The staff showed a good knowledge of people's individual preferences as well as their medical needs.

We saw that people had a choice of what activities to do. Daytime activities included such things as drama/music groups, gardening and farming activities as well as walks in the countryside. In the evenings there were social clubs in the surrounding towns and cities. People confirmed that those activities took place. One person also told us that they were going out for the morning to do some shopping with a member of staff. This showed that there was a range of stimulating activities available to occupy people.

People told us they were involved in planning their care and personal preferences were taken into account. One person told us, "They asked me about lots of things and I tell them what I would like to do".

During our visit we looked at three people's support plans. The care records showed healthcare professionals were involved when people needed them.

Each person had a support plan which identified their individual needs before they came into the home. There was also an assessment of possible risks to them and a description of their needs for support and treatment.

Support plans were reviewed monthly by the registered manager. Family members confirmed that they were kept informed of any changes in their relatives' health.

The registered manager confirmed that none of the people who lived in the home were subject to any formal decisions under the Deprivation of Liberty Safeguards, (often referred to as DoLS) that deprived them of any of their liberty. The manager showed a good knowledge of their and the provider's duties under the Mental Capacity Act 2005.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We talked to a number of the people who lived in the home. They all told us that they felt able to raise issues with the staff should they need to. One person said, "I would talk to (registered manager) or any of the staff or my social worker". A relative told us, "I would have no problem talking to (registered manager)".

We saw that some people had difficulty in expressing themselves. Some used sign language to express their feelings. When we talked with and watched the staff we saw that they noticed changes in people's behaviour that might indicate that they were unhappy and therefore possibly subject to abuse. They showed a good understanding of what constituted abuse.

The staff also told us that they would report any suspicions or allegations about possible abuse. They showed an appropriate understanding of the local policies and procedure for the protection of people in their care.

We saw records that showed the staff had received training in how to manage difficult behaviour. They confirmed that they received regular updates to the training. This was training developed by an approved training provider which enabled situations to be managed with the safety and rights of people in mind.

We talked with the registered manager who demonstrated a good understanding of the local policies and procedures for the protection of vulnerable people. This meant that they should be able to make referrals when necessary. Talking with staff confirmed that they understood the principles involved and how they should put them into practice.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We saw written policies and procedures for the management and administration of medicines were in place. These were comprehensive and included clear guidance for staff to follow for the safe administration of medicines.

We saw that when the medicines had been administered the Medication Administration Record (MAR) was signed by the staff member to confirm that the person had received the correct medicine. We also saw a second member of staff signed to say that they had seen the stronger, controlled drugs being dispensed.

We checked the medicines of some of the people who lived in the home. We found that they were receiving their medicines as prescribed by their doctor. Each one we looked at had the correct number of tablets remaining after deducting those that the records showed had been administered.

The staff members we watched administering the medicines told us that records were kept which showed what had been returned to the pharmacist for safe disposal. This ensured that people were protected against unsafe management of medicines.

We saw that medicines were stored in two secure cupboards; one in each building. There was also a fridge available for the storage of medication that needed to be kept cool. There were controlled drugs cupboards for the safe storage of very strong medicines. There was a controlled drugs register that contained a written account of where the medicines were and what stocks were held. This meant that people were protected against the risks associated with unsafe storage of their medicines.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We looked at the personal files for two members of staff and saw appropriate checks had been undertaken before they commenced employment. This included obtaining references from previous employers and checking evidence of the identification of new recruits.

The Criminal Records Bureau (CRB) and the Independent Safeguarding Authority (ISA) have merged into the Disclosure and Barring Service (DBS). CRB checks are now called DBS checks. We saw that these checks were undertaken for staff before they commenced work.

These checks showed the provider had safe recruitment processes that ensured the right people were employed to keep people living at the home safe.

There were effective recruitment and selection processes in place. Applicants were required to complete a written application form. We checked recruitment records and saw that interview notes were kept on each person's file. This showed each person's ability to work with for the people living in the home had been assessed during the interview.

Other documentation held in staff files included photographic identification and training certificates. We saw the provider had made the appropriate checks in order to recruit staff safely and effectively.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

The registered manager and the staff told us the provider's representatives regularly visited the home and looked at how well people's needs were being met. They asked the views of the people living in the home during the visits. These visits were carried out to identify possible improvements to the ways people's needs were met.

Records showed that the registered manager or the provider's representative had regularly reviewed medication, activities, nutrition and health and safety. This ensured that they could identify and put right any concerns about the service provided to people living in the home. The manager was aware with any issues that needed attention.

Assessments had been carried out where there was any risk involved in meeting people's needs. Examples of these were assessments and analysis about managing the risks to people with behavioural issues and others who were at risk of falling. The records showed that these plans had been effective in managing the risks. This showed the provider had considered the risks to people and taken steps to reduce them.

We saw that the registered manager was available to people who lived in the home, their relatives and the staff. People living at the home and their relatives confirmed this and told us that they felt comfortable raising any concerns and were confident that action would be taken.

The registered manager and staff we talked with said that they worked well together and we saw them doing so throughout the inspection. This meant that the service was effective and well led.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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