Mr Islamuddeen Duymun

Parkhaven

Inspection report

Parkhaven
53 Gorse Road
Blackpool
FY3 9ED
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Date of inspection visit: 05 and 06 October 2015
Date of publication: 30/11/2017

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

Overall summary

The inspection visit at Parkhaven was undertaken on 05 and 06 October 2015 and was unannounced.

Parkhaven provides care and support for a maximum of five people who live with mental health conditions. At the time of our inspection there were five people living at the home. Parkhaven is situated in a residential area of Blackpool close to the park. All bedrooms have handwashing facilities and a lounge, dining area and gardens are available so people can choose where to relax.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

At the last inspection on 20 May 2013, we found the provider was meeting all the requirements of the regulations inspected.

Summary of findings

During this inspection, people told us they felt safe and comfortable whilst living at Parkhaven. The registered manager had systems in place to protect people from potential harm or abuse. Staff had a good understanding of related principles. Risk assessments were in place to protect people from the potential risks of receiving care and support.

We found staffing levels were sufficient to meet people's requirements. Records we looked at contained evidence staff had received a variety of up-to-date training to underpin their roles and responsibilities. The registered manager followed correct recruitment procedures to ensure people were supported by suitable employees.

The provider had ensured people received their medicines safely. Staff had completed related training and had a good awareness of processes to follow. Medication was stored securely and associated records were maintained in line with national guidance. We found procedures were monitored to check processes were followed safely.

Mealtimes were flexible around the needs of people rather than the requirements of the service. We saw evidence of staff protecting people against the risk of malnutrition. This included risk assessments in place and referral to other providers for additional support. The registered manager offered a variety of meals and choices of foods to people to suit their preferences.

Staff demonstrated a good understanding and practice of the Mental Capacity Act (MCA) 2005 and associated Deprivation of Liberty Safeguards (DoLS). Care records contained evidence of people's consent to care and we did not observe anyone being deprived of their liberty. One person told us, "I decide what I want to do, but the staff are helpful in suggesting things that keep me safe."

We observed staff engaged with people in a caring and respectful way. Individuals were consistently supported to maintain their dignity and privacy. The registered manager fostered a caring environment and people were supported to look after each other. Service users were assisted to engage within the local community and to maintain their preferred activities and spiritual needs.

We found care records were designed around the individual's abilities and aimed to promote their independence. All associated documentation we checked was regularly reviewed and updated to respond to people's changing needs. Where necessary, people were supported to access external services to maintain the continuity of their care. Individuals who lived at the home told us they were fully involved in their care.

The registered manager led the home in a transparent way and involved staff and people in the running of the home. Staff and service users had regular meetings with the management team to improve the quality of the service. People's comments and concerns were sought and acted on. The provider had suitable arrangements to check and maintain staff, people and visitors' health, safety and well-being.

Summary of findings

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.

People said they felt safe whilst living at Parkhaven. Staff demonstrated a good understanding of how to protect individuals from potential abuse.

We noted staffing levels were sufficient to meet people's needs. Staff received in-depth induction on recruitment and we saw required checks were in place before they started.

People's medicines were managed safely and staff were trained to administer their medication.

Good

Is the service effective?
The service was effective.

People told us they felt staff were effective in their roles. Records we checked contained evidence of a variety of staff training and regular supervision.

Care files held evidence of people's recorded consent to care. Staff were knowledgeable about and had received training on the Mental Capacity Act 2005.

Systems were in place to protect people against the risks of malnutrition.

Good

Is the service caring?
The service was caring.

People told us staff were caring and had involved them in their support. Staff demonstrated a good understanding of how to meet the individual's requirements and had supported them to maintain their independence.

Staff worked hard at maintaining people's dignity. They engaged with individuals in a caring and respectful way.

Good

Is the service responsive?
The service was responsive.

People said staff were responsive to their ongoing requirements. Care records were personalised and staff understood how to meet people's ongoing needs.

A programme of activities was in place to ensure people were fully occupied. Individuals were supported to access the local community.

People told us they had no complaints, but were informed about how to comment if they chose to.

Good

Is the service well-led?
The service was well-led.

People and staff said Parkhaven was well managed. The registered manager encouraged an open, working culture within the home.

Good

Summary of findings

People were able to comment upon the quality of their care. They said the registered manager involved them in the organisation and running of the home.

A number of audits were in place to monitor the health, safety and welfare of people who lived at the home.

Parkhaven

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 was planned to check 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.

The inspection team consisted of an adult social care inspector.

Prior to our unannounced inspection on 05 and 06 October 2015, we reviewed the information we held about Parkhaven. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home. We checked safeguarding alerts, comments and concerns received about the home. At the time of our inspection there were no safeguarding concern being investigated by the local authority.

We spoke with a range of people about this service. They included the provider, registered manager, a staff member and three people who lived at the home. We also spoke with the commissioning department at the local authority who told us they had no ongoing concerns about Parkhaven. We did this to gain an overview of what people experienced whilst living at the home.

We also spent time observing staff interactions with people who lived at the home and looked at records. We checked documents in relation to two people who lived at Parkhaven and two staff files. We reviewed records about staff training and support, as well as those related to the management and safety of the home.

Good

Is the service safe?

Our findings

People told us they felt the provider and staff maintained their safety at Parkhaven. One person said, "I feel very safe. I get forgetful and the staff look after me and keep me safe." Another person added, "I feel safe because I can get anxious and vulnerable, but the staff are there when I need help."

There was an accident policy in place, which outlined procedures in relation to managing accidents and reviewing learning opportunities. We reviewed records held following an accident or incident. We noted brief details about the event were recorded along with actions staff had undertaken. The provider had suitable arrangements to minimise the risk to people who lived at Parkhaven. We noted window restrictors had been updated in order to continue to maintain people's safety. Water temperatures had been checked and recorded to demonstrate water was delivered in line with health and safety guidelines.

During our inspection, we checked throughout the building on several occasions to ensure individuals were safe and comfortable. We found the home was clean, tidy and smelt fresh to enhance people's well-being. One person told us, "I've lived in some really dirty places, but it's beautiful here. A heavenly place to live." We noted the registered manager completed regular audits of staff competency and understanding of hand hygiene and infection control procedures. This demonstrated staff were guided in protecting people from the risk of infection. Additionally, cleaning schedules were in place and records were signed and dated by staff to confirm domestic tasks had been completed.

Care records contained an assessment of people's needs, including actions to manage potential risks of individuals who received support. These related to potential risks of harm or injury and appropriate actions to manage risk. Assessments covered risks associated with, for example, mental and physical health, contact with strangers, fire safety, personal care and medication. This meant the registered manager had supported staff to maintain people's environmental and personal safety.

We discussed safeguarding procedures with staff, who demonstrated a good understanding of how to protect people from potential abuse. One staff member said, "I would record everything and report to the manager." Staff also had an awareness of organisations that were reportable to and the processes involved. This staff member added, "We would inform the case manager, CQC [Care Quality Commission] and the safeguarding authority." The provider had guided staff to understand the procedures involved to protect people against abuse.

We reviewed staffing levels and noted these were sufficient to meet people's requirements in a timely manner. One person told us, "If I need help or to talk about how I'm feeling, the staff are there and have the time to sit down and chat." We observed there was one staff member available throughout the 24-hour period. A staff member told us, "In addition to one staff member on, we have [another staff member] who comes to support [one person] for up to three hours per day on a one-to-one basis." Another staff member added, "I think the staffing levels are ok to meet the needs of the ladies. We manage sickness between us."

We reviewed staff files to check the registered manager recruited employees safely and appropriately. We noted references and Disclosure and Barring Service (DBS) checks were in place prior to staff commencing in post. A staff member told us, "I knew I couldn't start until I got all the references in place and my DBS, so that [the provider] was sure I would be able and safe to work with the ladies." This demonstrated the provider had followed safe recruitment procedures to protect people from unsuitable staff.

One staff member told us, "I did my induction twice when I first started and when I came back. It helped me to settle in." We saw induction and recruitment checklists were in place in staff files. The registered manager had documented when related procedures had been completed. These included when staff were introduced to people and were guided about confidentiality, service policies and emergency procedures. One person told us, "There's a new staff member who is lovely and right for here and what we need."

We discussed the safe administration of medication with staff, checked related records and observed medicines being dispensed. We observed this was done in a safe and discrete manner and the staff member concentrated on one person at a time. Staff files we reviewed contained evidence staff had received appropriate training. A staff member said, "I feel skilled and experienced to give medication." We discussed medicines management with people who lived at the home. One person told us, "They

Good

Is the service safe?

look after my medicines. It keeps me safe." Another person added, "They look after my medication. I'm on a lot of tablets and wouldn't feel safe doing this on my own. I'm very grateful for that."

We noted Medication Administration Records (MAR) and other related documents were accurate and followed national guidelines on safe record keeping. For example, there were no recording errors and hand-written entries were signed by two staff to verify their accuracy. A staff member told us, "The ladies have regular medication reviews. Any concerns then whoever was on duty would take responsibility to contact the GP." This showed the registered manager had systems in place to protect people from the unsafe management of medicines.

Good

Is the service effective?

Our findings

People we spoke with told us staff were effective in their duties and responsibilities. One person said, "I am fully satisfied that the staff are good for Parkhaven and that they are very skilled and experienced." We observed staff consistently and continuously engaged with people in ways that assisted them to communicate their needs. For example, we saw staff sitting and speaking with individuals at eye level and in a calm, friendly manner.

Information was made available for staff to support them in their roles and responsibilities. This included guidance on effective hand hygiene and the Mental Capacity Act 2005. One staff member said, "I left for a year and when I came back [the provider] outlined all the changes and got me to do the training again. I like training because it keeps me refreshed." We checked staff training records and found staff had completed or had commenced relevant qualifications in health and social care. The provider had also delivered a variety of training courses to underpin their knowledge. This included infection control, dementia awareness and COSHH (Control of Substances Hazardous to Health). Other training comprised of dignity and respect, health and safety, fire safety and end of life care. The registered manager had assisted staff to develop their understanding to support people who lived at the home.

We reviewed staff supervision records to confirm if staff were supported to carry out their duties effectively. Supervision was a one-to-one support meeting between individual staff and the registered manager to review their role and responsibilities. We noted all staff had received this every three months. The process covered personal care, care planning, personal and professional issues and identified or requested training needs. A staff member told us, "I get quite a lot out of it. When I get good feedback it helps build my confidence. [The provider] would definitely support me if I needed any further training. " The registered manager had recorded follow-up actions to check and monitor staff to ensure they continued to support people effectively.

Care files we looked at included documented evidence of people's consent to their care. This included information about people's wishes and preferred approaches to support. One person told us, "I know me and my limits, but so do the staff. We discuss my care and agree what help I need, but I am fully in control of my life and make my own decisions." We observed people were supported to make their day-to-day decisions, such as what to do and where to go. A staff member explained, "Consent is about encouraging people to make choices and their own decisions. We might advise, but they make their care decisions" The provider had supported people to understand the principles of consent and had evidenced this in their records.

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 and whether any conditions on authorisations to deprive a person of their liberty were being met.

There were no current applications made to deprive a person of their liberty in order to safeguard them. We did not observe people being restricted or deprived of their liberty during our inspection. One person told us, "I do as I please. I am in control of me." The provider had ensured staff had received training to underpin their knowledge. When we discussed the MCA with staff, they demonstrated a good understanding of their related responsibilities. One staff member explained, "Some of the ladies can occasionally rely or be dependent on us. It's important to reassure them and encourage them to act independently."

On arrival, we found staff were in the process of providing breakfast for people. Individuals were supported to eat this whenever they chose to throughout the morning. We carried out kitchen checks and found the food preparation areas were clean and tidy. Cleaning schedules were in place. Associated records had been signed by staff to evidence processes had been completed to maintain good standards of food hygiene. All staff who prepared food had

Good

Is the service effective?

completed appropriate food safety and hygiene training. This showed the registered manager had suitable arrangements to protect people from ineffective food hygiene management.

We reviewed menus and meal options and we noted variety and choice was made available to people. We found the food storage areas and cupboards were well stocked with a variety of foods, including fresh fruit. People we spoke with said they enjoyed their meals and staff supported them well and encouraged a social atmosphere. One person told us, "The food is lovely." Another person added, "I love my meals."

Care records held risk assessments and other documentation, such as people's weights, to monitor people against the risk of malnutrition. We found staff had identified this risk in one person's care plan. They had followed this up by supporting the individual to access hospital treatment to improve their health. The person's care plan had been updated to include detailed information to manage the risk. This meant the registered manager had guided staff to maintain their effectiveness in supporting this individual.

Care records contained information about people when they accessed other providers. This included appointments and home visits with GPs, psychiatrists, community psychiatric nurses and hospital appointments. Staff had documented professional contact details, the outcomes or reviews following meetings and any further actions. Any changes were recorded and staff then updated the individual's care plan. One person told us, "I have various hospital appointments and one of the staff comes with me. I like this because they support me." This demonstrated the registered manager had ensured people's continuity of care by having access to other services.

Good

Is the service caring?

Our findings

Everyone we spoke with told us staff and the registered manager had a very caring attitude. One person said, "The staff are very kind." Another person added, "I am very happy here and have been for many years." A third person stated, "The staff are lovely and very caring."

Parkhaven was a small service that provided a close-knit, homely community. For example, people and staff gathered together as a group to have a mid-morning drink. During this event, staff encouraged a friendly chat around how people were doing and if they had any concerns. We observed everyone who lived and worked at the home interacted in an intimate, personal and appropriate way.

The registered manager nurtured a caring environment and people were supported to look after each other. We saw individuals respected each other and discussed any concerns with staff. They engaged in a caring and supportive way with people who lived at the home. Throughout our inspection, we found the atmosphere was calm and friendly. People were relaxed and comfortable. Individuals who lived at the home were keen to talk with us and it was clear staff had supported them with their communication and social skills. For example, they had discussed with each person about their preferred communication method and documented this in their care plan.

We observed staff demonstrated a good understanding of people's requirements and had a caring attitude towards them. We observed staff interacted with individuals and used a respectful and kind approach. For example, we noted staff used soft, friendly tones and engaged at eye level with the person. One staff member explained, "What's important to me is that the ladies are happy and live fulfilled lives." On discussing dignity in care and respect, staff demonstrated a good level of awareness and knowledge. We observed staff consistently knocked on people's doors and addressed individuals by their preferred names. One staff member told us, "We never enter rooms without checking if it's ok to come in. I will engage by saying good morning." People's dignity was maintained through the caring and courteous attitude of staff and the registered manager.

Care records, including care planning and ongoing assessments, were based around assisting people to maintain their independence. For example, staff had checked the individual's abilities to manage their own care as well as how they wanted to be supported. A staff member explained, "It's always about asking if I can help and how I can help." This demonstrated respect for people and encouraged them to develop their independence levels.

We noted care files contained an assessment of the individual's self-care skills. Staff had discussed with people their abilities related to getting up, washing, dressing and making their own snacks. One person told us, "They involve me in my care planning and they discuss this with me from time to time." This showed people were involved in their care and staff were guided in how to support them.

We saw records included information about support for new residents to trial the home, on several occasions, prior to admission. One person told us, "I've travelled a lot and been to various places since I've been unwell." They said they had never been able to settle anywhere until they tried Parkhaven. This person added, "I love it and I have been able to settle here." The registered manager had respected and included individuals to reduce their anxiety before they came in to the home.

People told us they were supported to maintain their important relationships with their families and friends. Staff had recorded each individual's wishes in relation to family contact. One person said, "My family are very important to me and I get to see them as much as I can and I'm emotionally able to." Families and friends were encouraged to visit at any time. This showed the registered manager and staff supported people to develop their relationships and reduced the risk of them becoming isolated.

Good

Is the service responsive?

Our findings

People, and their representatives, told us they felt staff were responsive to their requirements and support met their ongoing needs. One person said, "The staff are there when I'm struggling and not well. They help me when I need it."

Care records contained detailed assessments of people's requirements prior to admission to ensure the provider could meet their needs. Ongoing assessments included detailed reviews of their requirements. For example, service users' care plans related to their physical, emotional, intellectual and self-care were regularly updated. A staff member told us, "Everything is person-centred here. The ladies are all individual and have different needs." The provider had ensured staff were guided and able to respond to people on an ongoing basis. One person commented, "I see I am improving since I came here."

We further noted people's care files held detailed profiles to direct staff in supporting their mental health requirements. These, as well as all other assessments, were transferred to the individual's care plan to advise staff about their support. They included the person's usual signs, symptoms and information about their mental health conditions. All documents were regularly reviewed, signed and dated by staff. A staff member told us, "[One person] receives an additional 23 hours per week to support them with managing mental health needs. It's great as she's slowly improving." The registered manager assisted staff to be responsive to people's needs by ensuring their care records were up-to-date.

We found staff had asked people about their preferences whilst living at the home and recorded this in their files. This included choice about what to be called, when to get up, meals, activities, family contact and spiritual wishes. The registered manager had guided staff to assist people to make choices about how they wanted to be supported.

We saw people were supported to engage within the local community and to maintain their preferred activities and spiritual needs. One person told us, "I have a lot to do and I'm very occupied. I've been to college and done cookery and jewellery making classes." Another person said they had plenty to do. They added, "I go shopping three times a week. I go to church on Sundays and other days during the week, which is really important to me." A third person told us they had been on holiday abroad. They said the registered manager had gone with them to maintain their support levels. The person explained they had used a swimming pool for the first time in many years and added, "I am now looking at taking this back up. [The registered manager] is supporting me in this."

People were relaxed and occupied throughout our inspection. The registered manger had a programme of activities intended to occupy people and develop their social skills. This comprised of gardening, movies, cooking, shopping, meals out and special parties, such as birthdays and Christmas. The registered manager said, "I take [one person] out for up to five hours for meals and shopping very regularly." A staff member explained they had encouraged one person with various activities, but they were not currently interested. The staff member stated, "We have bought her a sewing machine and we'll keep encouraging her." One person confirmed, "There's plenty to do. I don't get bored."

Care files contained a copy of the service's complaints procedure the provider had in place. This was signed by the individual to demonstrate their understanding of how to make a complaint. The procedure outlined the purpose and various stages of making a complaint. This included information for people about how they could expect their concerns to be managed. A staff member told us, "If one of the ladies complained about something I would record and report it. It's about rectifying it and improving." This showed staff and people were supported to understand procedures in place.

At the time of our inspection, the registered manager had not received any complaints in the previous 12 months. However, people told us they had been made aware of how to comment about their care if they chose to. One person said, "Oh I'm very vocal so I'm able to speak up when I need to. We know how to complain if need be and [the management team] would sort anything out."

Good

Is the service well-led?

Our findings

Staff and people who lived at the home told us they felt Parkhaven was well managed and organised. One person said, "[The registered manager] and staff are brilliant. It's very good here and well run." Another person commented, "Some staff have gone. They were a bit abrupt and not right for here. [The registered manager] sorted that out." A staff member stated, "I would not have come back if I didn't feel comfortable or happy about working here."

There was a range of audits in place to check the quality of care people received. These included checks of staff files and recruitment, staff and service user hand hygiene practice, medication and fire safety. The registered manager told us they would address any identified concerns. The service's gas and electrical safety certification were up-to-date. This meant the provider checked quality assurance was maintained for people's health, safety and well-being.

On the first day of our inspection, we noted there were no health and safety audits in place to monitor environmental safety. We discussed this with the provider, who assured us this would be addressed. We checked the service and found no concerns with people's safety. When we returned on the second day of our inspection the provider showed us a new audit had been introduced and commenced. We saw it was an in-depth check of the environment intended to maintain people's safety and welfare.

We reviewed a variety of policies held at Parkhaven, which were intended to support the management of the service. These included procedures related to people's welfare and safety, general health and safety and staff conduct. Policies referred to relevant regulations and legislation and were up-to-date. The registered manager had ensured current procedures were in place to protect people and assist staff in their roles.

We observed the registered manager was 'hands on' in their approach and was committed to working at the home. They told us, "I opened up Parkhaven. I love it here and have managed it ever since." The registered manager was very caring towards people who lived at the home and had a clear understanding of their individual needs. One person said the registered manager was very supportive and caring. They explained, "We are like a community and [the registered manager] is our mother." The atmosphere was calm and people approached the management team members in a relaxed manner. Staff said they felt the registered manager was very approachable and supportive. One staff member told us, "The service is managed very well. If I compare it to other services it makes me realise how much [the registered manager] goes above and beyond in supporting us and the residents."

We saw team meetings were held regularly for staff and the management team to discuss any issues within the home. The registered manager had recorded agenda items discussed at these meetings. Areas looked at included people's care, health and safety, infection control, cleaning, training and laundry. The registered manager told us they would follow up identified issues to ensure these were addressed. A staff member said, "It's a good team and we work closely and support each other." This showed the management team checked staff opinion and involved them in the improvement of the service.

The registered manager had implemented a daily community coffee morning. This involved staff and people sitting around the kitchen table to hold an informal discussion. Individuals were encouraged to raise any concerns and to work with staff to resolve them. Additionally, people and their representatives were supported to comment about their experiences of Parkhaven through surveys. This assessed quality of care, living environment, privacy, food, the home's atmosphere, complaints and involvement in care planning. We reviewed completed questionnaires from the last survey held in 2014. Comments seen included "The home is very good and safe" and "We are aware of [the person's] vulnerability and very thankful that she continues to benefit from all the care and support that is so essential to her safety and well-being."

Meetings were held every two months between staff and people who lived at the home. These checked the service provided and to address any concerns and comments individuals wished to raise. We looked at related documents and noted areas covered activities, birthday celebrations, the forthcoming flu vaccination programme and any community issues. One person told us, "We support each other and often sit together to discuss any issues. The staff and manager are helpful in sorting anything out."

We found the staff and registered manager involved people in the management of Parkhaven. For example, we were

Good

Is the service well-led?

told if issues arose they would be discussed as a community and service users were consulted about their opinions. People said they felt involved in the running of the home and told us they were asked for feedback about how the service could improve. One person stated they were happy about living at the home and felt it was a good service. They said, "We have all we need and they couldn't do anything to make it any better." Another person said, "No, I have no problems. I wouldn't change a thing about Parkhaven." This showed the registered manager involved and valued people's comments in the organisation of the service.