

Parkcare Homes (No.2) Limited

Julians House

Inspection report

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Stevenage
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Tel: 01438751366

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection was carried out on the 24 January 2017 and was unannounced.

Julians House is registered to provide accommodation and personal care for up to seven people. People living at the service had a range of learning disabilities and autism. At the time of our inspection, there were five people using the service.

The service had a registered manager in post. A registered manager is a person who is 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.

People said they felt safe, however there was not enough staff at times to ensure people had access to the activities they wanted outside of the service. The registered manager was recruiting for new staff to build up a permanent staff group to ensure people could go out and be supported by the right number of staff.

The service had safeguards in place to protect people from risk of harm. Full assessments were carried out before people moved into the service. However people's care plans and risk assessments were not always as detailed to reflect people's changing needs. Care plans did not evidence if people responded well or not to the care and support they received.

People were supported to access external healthcare services and staff had a good understanding of how to support people with a variety of conditions. People's medication was managed, stored and administered safely.

Staff received training which was relevant to their role and received regular supervision and support. Interactions between people and staff were positive and friendly and staff were knowledgeable about the people being supported. Staff were able to tell us about ways in which they gained consent to give care, and had a good understanding of the Mental Capacity Act 2008 (MCA) principles. Staff were given regular opportunities to contribute to the running of the service and develop their skills and knowledge.

People were involved in planning and preparing their meals. A visual menu was in place to promote choice for people who were not able to communicate verbally.

The registered manager and area manager carried out audits to check on the quality of the services provided. We found that the issues we identified in this inspection had been identified by the registered manager, the provider and the local authority when they carried out their monitoring visit.

The registered manager carried out regular health and safety checks to the premises and equipment.

Regular fire drills occurred to ensure people and staff knew what to do in an emergency.

Staff were kind and caring and knew people well. They treated people with respect and dignity. Some people were unable to communicate verbally but their needs and preferences were understood by staff who were able to support people in a personalised way.

People had the opportunity to raise concerns or ideas for improvement at regular meetings with their keyworkers. There had not been any recent complaints about the service.

The registered manager and the deputy manager had a visible presence within the service and worked with staff regularly to maintain an oversight of the service. Staff were clear about what was expected of them and their roles and responsibilities and felt supported by the registered manager.

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 not consistently safe.

There was not enough staff to meet people's needs at all times.

Risks relating to people's health and wellbeing had been assessed to protect them from harm; however these were not regularly updated.

Staff knew how to recognise and respond to different types of abuse.

Medicines were managed safely.

Requires Improvement 

Is the service effective?

The service was effective.

Staff and the registered manager had an understanding of the Mental Capacity Act and best interest meetings had been held when people lacked capacity to consent to care and support.

People were supported to eat a healthy and balanced diet.

Staff received induction, training, support and supervision to support people effectively.

There was guidance in place to support people with their healthcare needs. People regularly saw relevant healthcare professionals to ensure they stayed healthy and well.

Good 

Is the service caring?

The service was caring

People were treated with dignity and respect and were encouraged to be as independent as possible.

Some people were unable to communicate verbally but their needs and preferences were understood by staff.

People decorated their rooms to their personal preferences and

Good 

helped to keep their service clean and tidy.

Is the service responsive?

The service was not consistently responsive.

People's needs were assessed fully before they moved into the service, however care plans were not regularly updated to reflect people's current needs.

People did not always have the opportunity to do the activities they wanted to do outside of the service, due to a lack of staff.

The provider had an effective system to handle complaints.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

Regular audits were carried out by the registered manager and area manager. However, staffing levels had not increased and people's care plans had not been updated regularly.

The registered manager had a visible presence in the service and staff felt well supported by them.

Staff understood their roles and responsibilities and were proud of working for the provider.

Requires Improvement ●

Julians 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 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.

This inspection took place on 24 January 2017 and was unannounced. It was carried out by one inspector.

Before the inspection we reviewed all the information we held about the service, we looked previous inspection reports and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about.

We spoke with the registered manager, the deputy manager and three members of staff. We spoke with one person who lived at the service and observed two other people and the way they were supported by staff. We also spoke with two relatives.

We looked around the environment, and we observed how people interacted with each other and with staff. We observed staff carrying out their duties and how they communicated and interacted with each other and the people they supported.

We looked at two people's care plans and the associated risk assessments and guidance. Medicine records, staff recruitment training and supervision records, staff rotas, accident and incident reports, complaints information, servicing and maintenance records and quality assurance audits.

Some people were unable to tell us about their experience of care at the service. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

People told us they felt safe. One person when we asked if they felt safe said, "Yes" and smiled. Another person showed us thumbs up when we asked the same question. Relatives told us they were happy with the care and support people received in Julian`s House and they felt the service was safe. We observed people were relaxed in the presence of staff and when they showed signs of happiness or sadness staff knew how to support them in a safe way.

There were not enough staff to meet people's needs, especially their social needs. People living in Julians house had complex care and support needs. This meant that there were people who needed two or three staff members to support them whilst they were out in the community. We found that it was not always possible for people to go out when they wanted or it was planned because there were not enough staff to support them with this activity.

The registered manager told us they have recruited more staff who were waiting pre-employment checks to start working at the home. They also told us that because of people`s complex care and support needs it was not always possible for them to cover staff`s shortages with agency staff as people did not like being supported by staff they did not know well. Staff told us they felt people were safe in the home and there was enough staff to meet people`s needs when they were in, however at times people could not go out because there was not enough staff. One staff member said, "Sometimes we are short and this means that we cannot take some of the clients [people] out. However we [staff] work very well together and clients are always kept safe." Another staff member said, "The [registered] manager and deputy manager are very hands on and help to support clients if we are short staff."

Staff rotas confirmed that the registered manager and the deputy manager were at times counted to work with staff and cover for staff`s absences. The registered manager and the deputy manager took turns on being on-call out of office hours and over the weekends for staff to request help if and when needed. One staff member told us, "Rotas' are planned four weeks ahead and when we are short we can phone an on-call manager. They come in and help if we are stuck." We found that staffing was an area in need of improvement.

Staff demonstrated a good level of understanding of how to protect people from any risk of harm. One member of staff told us, "I had safeguarding training. We covered everything in the training. What we need to look out for and how to report our worries." Staff received training in safeguarding as part of their induction and this was regularly refreshed and updated. Details of how to raise concerns and the contact details of different agencies were available for both people and staff. Staff told us they were aware of the provider's whistleblowing policy and the procedure to follow in case they needed to report any concerns anonymously. One staff member said, "If I thought I am ignored or I would be uncomfortable raising issues with my manager I would contact outside agencies and raise my concerns."

People`s needs and risks to their well-being was thoroughly assessed before they moved in the home. There was a transition team formed by the registered manager, deputy manager and care staff who assessed and

worked with the people before they moved into the home to help ensure their needs could be met. The team carried out observations and worked together with relatives or staff from people's previous placements and put together a care plan where they identified the care and support needs people had. They also identified risks and put measures in place to mitigate these effectively. However we found that care plans and risk assessments were not always updated to reflect people's current needs or risk levels. For example, a person's risk assessment detailed how they had to be supported with their behaviour when they were out in the community. We heard from staff that their behaviour changed since they moved in the home and they were a lot calmer when they were out. However the care plan was not reflective of this change and risk assessments were not updated.

We asked staff if they knew the risks to people's well-being and if they knew how to mitigate the risks. Every staff member we spoke with demonstrated an in-depth knowledge of people's current needs, risks and how to manage risks in a positive way. One staff member told us, "We always ask the question if people behave in a certain way of 'Why?'. We try to understand what people are trying to communicate with their behaviour and this helps us to support people in a positive way."

Staff were knowledgeable and understood people's behaviours. They told us about triggers which could contribute for people to have behaviours that may have been challenging and how they were able to diffuse and prevent this. One staff member told us, "We know them [people] very well. [Person's name] will bite their tongue or pick their finger. These are already signs of anxiety which could be triggered by hunger, boredom or other triggers."

People's behaviour that challenged had improved, they had less incidents and accidents from when they moved in Julians House. For example, a person who moved in the home was non-verbal and non-communicative. They spent hours alone in the garden and their room and would not access any of the communal areas. The person left the area they were in as soon as staff or other people came near them. A dedicated team was allocated to work with the person so that they had consistency of support from familiar staff. After a period of time the person's behaviour started to change and they started looking for staff's company. They spent more and more time in the communal areas with staff and other people. After six months they were able to go out and enjoy swimming and other activities. The biggest breakthrough was when the person received a drink from a member of staff they verbally said, "Thank you." This meant that people received enabling support from staff to develop new skills and become more confident and independent.

The registered manager and the deputy manager worked closely with staff and people to understand how people communicated through their behaviour and to promote positive risk taking and promote people's independence. For example a person with complex behaviour needs living in the home expressed their interest in using public transport to visit local areas. The staff supported them over a period of three months to travel short distances on public transport to build their confidence up and identify all the possible risks whilst they were out from the home. After three months the person was able to complete their journey with the permanent help and support from staff who identified the risks and helped the person manage these. Following this, the person become more confident in doing more activities in the community.

The registered manager carried out regular health and safety checks of the environment and equipment to make sure it was safe to use. These included ensuring that electrical and gas appliances were safe. Water temperatures were checked to make sure people were not at risk of getting scalded. Regular checks were carried out on the fire alarms and other fire equipment to make sure they were working properly. People had a personal emergency evacuation plans (PEEP) and staff and people were regularly involved in fire drills.

There were appropriate arrangements in place for obtaining, recording, administering and disposing of prescribed medicines. Medicines were stored securely and at the correct temperature. Medicines were dated when opened so staff knew how long they had been in use for and to ensure they could easily reconcile the amount of medicines used. The registered manager carried out regular spot checks to ensure that medicines were being administered correctly. Medication Administration Records (MARs) were fully completed, showing people received their medication as and when they needed it. Some people had medicines on an as and when basis (PRN). There was guidance for staff in the medicine file on when these should be administered.

Is the service effective?

Our findings

People living in Julians House had complex health and support needs and staff were knowledgeable about these. Staff followed guidance from speech and language therapists (SaLT) and occupational therapists to ensure people received the care and support they needed. Relatives told us they felt staff were knowledgeable and well trained.

We observed staff and the way they communicated with people. People appeared to trust staff and looked comfortable in their presence and staff understood well what they were trying to communicate. For example we observed staff supporting one person with activities. Staff understood when the person got tired and wanted to watch TV and later they felt hungry and asked for food.

Staff received a variety of training which was regularly updated and refreshed. We spoke to a member of staff who said, "We have plenty of training. I had training whilst I did my induction and after as well." We saw training records that confirmed that staff received a large variety of online learning courses. These included mandatory training in medicines, moving people safely and safeguarding, and specialised training in areas such as autism, diabetes, epilepsy and positive behaviour management.

Newly employed staff had an induction training which included working alongside more experienced staff until they felt comfortable working independently. One staff member told us, "When I started my induction I remember thinking that I would never be able to remember so many things. Only when I started working with other staff everything fell into place." Another staff member said, "I had my induction and I had to read people`s care plans and I worked with other staff members until I was fine on my own. I felt very welcomed by everybody when I started working here." All new staff received training in the care certificate in line with current best practice.

Staff told us they felt supported by their managers and that they had the opportunity to attend staff meetings and one to one supervision meetings. One staff member said, "I feel supported. The manager`s door is always open and [registered manager] always sorts things out." Another staff member said, "We have regular staff meetings and we have regular supervisions." Staff told us they appreciated the fact that the registered manager and deputy manager were helpful and listened to them as well as helped in supporting people. One staff member said, "I really feel supported and listened. The managers are all very helpful and they work with us in looking after the boys [people]."

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 so that they can 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.

The registered manager had a good understanding of when an application was needed to be made to local authorities to lawfully apply restrictions on people`s freedom. Where people lacked capacity to understand and take decisions for example in regard to money management, mental capacity assessments were in place and best interest discussions were held. People`s care and treatment was based and followed the principles of the Mental Capacity Act 2005 to ensure that decisions were made in people`s best interests. We observed staff seeking consent from people in relation to everyday tasks, for example whether to go out or not, choice of activity, what to have for lunch. People who were able also signed consent to care and treatment forms to confirm they understood and agreed to the care and support they received.

People told us they enjoyed the food. One person said, "I went to the café and had beans and chips." People were involved in planning their individual menus for four weeks in advance. Staff told us they used pictures and spent time with people to establish what they wanted to eat. We found that people`s weight was monitored by staff and if needed people were encouraged to lose weight. For example, one person was encouraged to have regular walks to maintain a healthy lifestyle and to lose weight. People were also encouraged to plan and do their food shopping and prepare their own meals with the help from staff.

People received the support they needed to live a healthy life. When people had to attend health appointments, they were supported by staff that knew them well, and who would be able to support them to make their needs known to healthcare professionals. One person told us, "I had a blood test today it hurt. Staff was with me." One relative told us, "I recently attended a medical appointment with the psychiatrist, alongside staff." Health needs were recorded in detail so staff knew how to support people with them. However care plans were not always updated to include the outcome of the appointments with professionals, such as doctors, opticians, dentists and chiropodists.

Is the service caring?

Our findings

People responded `yes` when we asked about the care they received and if staff had a kind and caring nature. Relatives told us staff were pleasant and caring. One relative said, "[Person] is very happy at Julian's House. The staff are kind and caring, and responsive."

Staff treated people with kindness and compassion to ease their anxieties. Throughout the inspection staff were able to interpret and understand people's wishes and needs, and supported them in the way they wanted. Staff told us they watched people`s behaviour, body language and the sounds people made and they were able to interpret what people were feeling and what they wanted. We saw how staff supported a person who became upset on the day of the inspection. Staff knew when to ask the person to move to their bedroom so their behaviour was not affecting others.

People`s likes and dislikes were well known by staff. Staff knew what clothes people liked to wear, what food they liked or disliked and they also knew who people responded better if they were anxious. For example, one staff member told us about one person who responded better to a soft female voice when they were anxious and also about another person who responded better to a male staff. Relatives told us they were involved in peoples care. One relative said, "I am able to speak to staff on a regular basis, they are happy to communicate by all mediums. We have on-going involvement with [person] care and medical needs."

Family and friends could visit people whenever they wanted. One relative told us, "Staff were happy to bring [person] over and collect him again on Christmas Day, to allow both us and him to enjoy a family Christmas with our extended family." Staff supported people to stay in touch with their loved ones. For example, a person`s placement broke down before they moved to Julians House. The close proximity of their parent residence acted as a trigger to their challenging behaviours every time they were drove to the direction of their old home but not actually visiting their parent. This had cause them not being able to use their vehicle as they believed that every time they were in the vehicle they would be going home and when this wasn't happening they presented extremely challenging behaviours. When they moved to Julians House a plan was developed that meant a 15 minute walk always going the same way to their parent house. After the person got used to the route staff drove them in the car however choosing a different route. The person learned that not always when going towards their parent`s house meant they would be visiting. Their behaviour improved and they were able to enjoy other activities as well. They lost weight due to a changed diet and daily exercise; they accessed the community daily playing in the park and in the playground. Staff told us they had positive feedback from the person`s parent who was happy that the person`s behaviour changed and they could enjoy regular visits from them which previously couldn't.

People had their dignity and privacy promoted by staff. People had their own bedrooms where they could spend private time if they wanted. For example, staff developed a `social story` for a person for them to understand when they needed private time and what they could do in that time. We found that following this the frequency of incidents when the person displayed certain behaviour towards staff reduced and their behaviour in the community towards the general public improved. This meant that the person learned how

to deal with their emotions and understand their needs.

People's care plans and associated risk assessments were stored securely and locked away so that information was kept confidential. When we asked questions about people from staff they knew about confidentiality and how they had to protect people`s personal information in order to keep them safe.

Is the service responsive?

Our findings

People told us that staff supported them in the way they wanted. One person told us staff helped them do what they wanted on a daily basis.

Staff knew people well and knew how to communicate with them effectively. Some people were able to communicate verbally and some people had additional communication needs. When people could not communicate using speech there was information in their care plan about how to communicate with them. However we found that this information has not been updated regularly. For example, one person's care plan was last updated in July 2016, another person's care plan was last updated in October 2016. One staff member told us, "In the care plans we got all the background information about people, however I agree that is not good in evidencing the progress people made throughout the time they've been here."

The registered manager told us they were working on implementing new care plans to better reflect people's current needs but also to be obvious what progress people had since they moved in Julians House.

People's relatives told us they were involved in people's care and they found staff being communicative and keeping them up to date with any changes. However we found that people had no meeting with staff to discuss and review their care needs in the last six months. The registered manager told us they were waiting for the new staff they had employed to start so they could allocate people their key workers and the monthly reviews and meetings with people could recommence. This was an area that required improvement.

People's bedrooms were personalised with pictures, posters and items important to them. They were encouraged to pursue hobbies and interests. For example, one person liked to play football on a play station with staff. They told us they were happy when they were winning. Another person liked swimming and they were supported to regularly do this activity.

However we found that people who liked to have walks or just go out in the community had not always been able to do so because of lack of staff numbers to support them. One staff member told us, "We are supporting people to be clean, to eat well. Unfortunately because we are sometimes not enough staff this means that [people] can't always go out for a walk or a drive. We always make sure they have something to do and if we plan an activity they are really looking forward to that is always happening."

People did take part in a range of activities inside the service. One person liked to build with Lego. Another person liked to watch movies and play chess. We observed staff taking time and support people with these activities. In addition people had a weekly timetable where they planned for more planned activities like swimming, visiting parents, going out on public transport to visit local areas.

There was a written complaints procedure that was displayed at the service. This was also produced in a format that was more meaningful to people. The registered manager said there had been no complaints for some time but they were aware that complaints had to be recorded, investigated and responded to. Any

complaints were tracked and monitored by senior managers to check they had been resolved. One relative told us, "I am happy with the service that [person] receives, and feel confident if I did have an issue, there are numerous people within the service I would be confident and comfortable to speak to."

Is the service well-led?

Our findings

People were seen being comfortable with and knew the registered manager. Staff told us they were happy how the service was run and felt valued and supported by the management team. One staff member said, "I knew from when I walked in here the first time this is a good place to work in. It is hard at times but the management is very good. We are listened and valued for what we do."

The registered manager had recognised there was a shortage of staff and they continued to recruit staff to ensure peoples` needs were met. They told us about the challenges they faced in finding the right calibre staff who understood and could work with the people living in Julians House. However we found that the shortage of staff had on occasion impacted on people preventing them to go out in the community.

People`s care records were not up to date and people were missing out on the opportunity to regularly discuss and review their care plan and care needs, people had no allocated key worker to discuss their care plans with. The registered manager told us and we saw that there were plans in place to address this issue, however at the time of the inspection this was not yet in place.

The registered manager carried out regular audits to monitor the quality of the service provided and these included health and safety audits, medication audits, care plan audits, however we found that these audits were not as comprehensive as they should have been and actions were often carried forward for a long period of time. For example the registered manager, the provider and local authority commissioners had identified that care plans were not regularly updated from as early as July 2016. Following the inspection the registered manager sent us an updated action plan where they detailed that the new care plans and monthly reviews will be in place by March 2017 however the time scale to update these was set for October 2016.

Audits carried out by the provider were not consistent. The regional manager responsible for Julians House carried out monthly visits where they looked at all aspects of the service, however the provider had no arrangements in place to cover for the regional manager`s absence. As a result when the regional manager was absent there were no audits carried out by the provider to ensure the quality and safety of the service. The registered manager told us they regularly sent information regarding accidents, incidents, their audits to the provider so the information could be reviewed at the provider`s head office in the absence of the regional manager.

However, due to the inconsistent quality assurance and the incompleteness of action plans, this was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was also a yearly audit carried out by the providers` quality team where they looked in more detail about how the home was managed and the quality and safety of the environment, the care people received and records. The quality manager was carrying out their visit on the day of the inspection; however they had interrupted their visit to ensure we could effectively carry out our inspection. This meant that the provider considered people and staff`s best interest and acted in a way that eased the pressure on staff, people and

the management in the home.

There was a culture of openness and honesty within the service. Staff were proud and dedicated to make a difference and help people live a full life. One staff member told us, "I love being here. Every little progress [people] make makes me feel that I made a difference." The registered manager and the deputy manager promoted personalised care and they led through example by working amongst staff and promoting best practice. Staff were motivated and passionate about providing personalised care, upholding people's rights and choices and improving people's lives.

Staff understood their roles and knew what was expected of them. Staff were supported by the registered manager and deputy manager who were skilled and experienced in providing personalised care to people. The registered manager and deputy manager knew people well and had worked with people with learning disabilities and autistic spectrum disorders for several years. Staff told us they felt well supported and felt comfortable asking the registered manager for help and advice when they needed it.

The registered manager asked people for their feedback on the service they received monthly. They analysed the feedback and took action if it was needed to improve the service. For example, in a survey one person expressed that they were unhappy because another person living in the house was often running around. Staff had discussions with the person to ensure they understood and respected each other in the house they all lived in. This demonstrated that people were listened to and their views were acted upon.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance The governance systems were not consistently effective as issues they had identified had not been resolved. |