

Parkhill Care Homes Limited

Parkhill Care Homes

Inspection report

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Date of inspection visit:
14 November 2016

Date of publication:
23 December 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 14 November 2016 and was announced. At the time of this inspection Parkhill Care Homes was providing personal care and support to eight people living in two supported living units. At our last inspection on 15 October 2013, we found the provider was meeting the regulations in relation to outcomes we inspected.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

We found that appropriate recruitment checks had not always taken place before staff started work to ensure staff were suitable for their roles as some required employment information that had not been obtained. However the registered manager took immediate action to address this and confirmed that all of the required information had been obtained during the course of the inspection and placed into staff files.

People using the service said they felt safe and that staff treated them well. Safeguarding adult's procedures were robust and staff understood how to safeguard the people they supported from abuse. Appropriate procedures were in place to support people where risks to their health and welfare had been identified. There was a whistle-blowing procedure available and staff said they would use it if they needed to. People's medicines were managed appropriately and people received their medicines as prescribed by healthcare professionals.

Staff had completed training specific to the needs of people using the service and they received regular supervision. The registered manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005 and acted according to this legislation. People were provided with sufficient amounts of nutritional food and drink to meet their needs and they had access to a GP and other healthcare professionals when they needed them.

People were provided with appropriate information about the service. This ensured they were aware of the standard of care they should expect. People and their relatives, where appropriate, had been involved in planning for their care needs. There was a complaints procedure in place in a format that people could understand.

The provider recognised the importance of regularly monitoring the quality of the service provided to people. People were enabled to express their views and opinions about the service. Staff said they enjoyed working at the service and they received good support from the registered manager and provider. There was an out of hours on call system in operation that ensured management support and advice was always available when staff needed it.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

Appropriate recruitment checks had not always taken place before staff started work. However the registered manager took immediate action to address this and confirmed that all required information had been obtained during the inspection and placed into staff files.

People using the service said they felt safe and that staff treated them well.

Safeguarding adult's procedures were robust and staff understood how to safeguard the people they supported from abuse.

Appropriate procedures were in place to support people where risks to their health and welfare had been identified.

People's medicines were managed appropriately and people received their medicines as prescribed by healthcare professionals.

Is the service effective?

Good ●

The service was effective.

Staff had completed an induction when they started work and received training relevant to the needs of people using the service.

Staff were supported in their roles through regular supervision.

The registered manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005 and acted according to this legislation.

People's care files included assessments relating to their dietary needs and preferences.

People had access to a GP and other healthcare professionals when they needed them.

Is the service caring?

Good ●

The service was caring.

People were supported to be as independent as possible.

People's privacy and dignity was respected.

People were provided with appropriate information about the service. This ensured they were aware of the standard of care they should expect.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care records included detailed information and guidance for staff about how their needs should be met.

People and their relatives, where appropriate, had been involved in planning for their care needs.

People told us there were supported by staff to attend regular education and social activities.

There was a complaints procedure in place in a format that people could understand.

Is the service well-led?

Good ●

The service was well-led.

There was a registered manager in post. Staff said they enjoyed working at the service and they received good support from the registered manager and provider.

There were meetings where people were able to express their views and opinions about the service.

The provider recognised the importance of regularly monitoring the quality of the service provided to people.

There was an out of hours on call system in operation that ensured management support and advice was always available for staff when they needed it.

Parkhill Care Homes

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.

Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We used this information to help inform our inspection planning.

This inspection took place on 14 November 2016 and was announced. The provider was given 48 hours' notice because the location provides a supported living service and we needed to be sure that someone would be in. The inspection team comprised of one inspector. The inspector visited the supported living units run by the provider and spoke with two people using the service and four staff members. They also made telephone calls to four of the relatives of people using the service. They looked at the care records of four people who used the service, staff training and recruitment records and records relating to the management of the service. They also spoke with social care professionals and asked them for their views about the service.

Is the service safe?

Our findings

People said they felt safe and that staff treated them well. One person said, "I feel safe living here. The staff look after me and keep me safe." A relative told us, "I think my relative is safe and well cared for."

Appropriate recruitment checks had not always taken place before staff started work to ensure they were appropriate for their roles. We looked at the personnel files of five members of staff and found completed application forms that included their full employment history and explanations for any breaks in employment. The files also included two employment references, proof of identification, and evidence that criminal record checks had been carried out to ensure each applicant's suitability for the roles they had applied for. Where required, we also saw that checks had also been made on staff member's right to work in the United Kingdom. However we noted that the files did not include a recent photograph of staff members or evidence that they were physically or mentally fit to perform tasks which were relevant to their role. The registered manager took immediate action to address this issue. Following the inspection they confirmed that all staff had completed the questionnaires and photographs were inserted into staff files.

The service had policies and procedures for safeguarding adults from abuse. Staff we spoke with demonstrated a clear understanding of how to safeguard people and the types of abuse that could occur. They told us the signs they would look for and what they would do if they thought someone was at risk of abuse. They said they would report any concerns they had to the registered manager. The registered manager told us they were the safeguarding lead for the service and they were aware of the action to take when making a safeguarding referral if required. Training records confirmed that all staff had received training on safeguarding adults from abuse. Staff said they were aware of the provider's whistle-blowing procedure and they would use it if they needed to.

There were enough staff on duty to meet people's needs. One person using the service told us, "There is always plenty of staff around to help us." A member of staff told us, "We always have enough staff to meet people's needs, if there are planned activities the registered manager will make sure there are more staff on duty." The registered manager told us that staffing levels were arranged according to the needs of people using the service. Additional staff cover was arranged when extra support was needed for people to attend social activities or healthcare appointments.

Action was taken to assess risks to people using the service. We saw that people's care records included risk assessments in areas for example, accessing the community, using public transport and getting lost. Risk assessments included information for staff about the actions to be taken to minimise the likelihood of the identified risks from occurring. Staff we spoke with were able to describe accurately the information as set out in people's support plans and risk assessments. This showed they were aware of people's individual risks and knew what to do to keep them safe.

People were receiving their medicines as prescribed by healthcare professionals. One person using the service told us, "The staff help me to take my medicines, I get my medicines every day at the same time." We visited the providers two supported living units and saw that medicines were stored securely in locked

cabinets in each unit. The majority of medicines were administered to people using monitored dosage systems supplied by local pharmacists. Each unit had medicines folders which included medication administration records (MAR) for people using the service, their photographs, details of their GP and information about their health conditions. We checked the balances of medicines stored in the cabinets at each unit against people's MAR's and found these records were up to date and accurate. This indicated that people were receiving their medicines as prescribed by healthcare professionals. We saw records which confirmed that medicines audits were carried out every week. We also saw records of medicines received into the units and medicines returned to the relevant local pharmacists. Staff had received training in the safe handling and administration of medicines.

The registered manager told us that a person using the service had a specific medical condition and showed us evidence confirming that all of the staff that supported them had received training delivered by a specialist nurse on their condition. Their competency had been regularly checked by the registered manager and recorded in supervision records. This ensured that staff were following safe practices and that people received their medicines as prescribed.

Is the service effective?

Our findings

People told us staff knew them well and knew what they needed help with. One person said, "The staff are good, they help me with the things I need like shopping and meals." A relative told us, "They know what my relative needs and they look after them very well."

Staff had the knowledge and skills required to meet the needs of people who used the service. Staff told us they had completed an induction when they started work and they were up to date with the provider's mandatory training. One member of staff told us, "I completed an induction when I started to work here and I get lots of training and refresher training every year." Another member of staff said, "We get lots of training. I have completed all of my mandatory training. I had an induction when I started work and shadowed experienced staff which was very helpful because when I started working alone with people I was confident that I had been shown what I needed to do to support them." Staff told us, and records confirmed that they received regular formal supervision. They said they were well supported by the registered manager. The registered manager told us the service would be introducing an annual appraisal system to assess and support staffs work performance by the end of this 2016. We were not able to assess the impact of the appraisal system as it had not started at the time of this inspection. We will assess this at our next inspection of the service.

We saw completed induction records in all of the staff personnel files we looked at. The registered manager told us that all new staff would be required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers. We saw a training matrix which confirmed that staff had completed training that the provider considered mandatory. This training included health and safety, food safety, first aid, fire safety, safeguarding adults, infection control, moving and handling, and the administration of medicines. They had also completed training relevant to the needs of people using the service, for example, diabetes, challenging behaviours and the Mental Capacity Act 2005 (MCA).

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 make 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. Any application to do so for people living in their own homes must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. The registered manager and staff demonstrated a good understanding of the MCA. The registered manager said that people using the service had the capacity to make some decisions about their own care and treatment. Where they had concerns regarding people using the services ability to make specific decisions they had worked with them, their relatives, where appropriate, and the relevant healthcare professionals to make sure mental capacity assessments were undertaken and that any decisions made for them was in their 'best interests' in line with

the Mental Capacity Act 2005. Where concerns regarding a person's ability to make specific decisions had been identified, we saw that capacity assessments had been completed and best interests meetings were held and records from these were retained in their care files.

People were provided with sufficient amounts of nutritional food and drink to meet their needs. Their support plans included assessments detailing their dietary requirements, food likes and dislikes, food allergies and the support they required from staff at meal times. Staff knew about people's specific dietary requirements and planned their meals appropriately, for example, by ensuring reduced sugar foods were available where required. People participated in weekly meal planning meetings and enjoyed the meals on offer. One person told us, "I can tell the staff what food I like and they always encourage me to eat healthy meals. I like the food they make." Another person said, "The staff always ask me what I want to eat and they cook nice food."

People had access to a GP and other healthcare professionals when needed. GP and healthcare professional's visits were recorded in the care records we looked at. Each person using the service had a health action plan which contained important information about their healthcare needs and conditions. These records were taken with people to healthcare appointments to inform the attending healthcare professional of their needs. The registered manager told us that any advice received from healthcare professionals was recorded and passed onto all staff. People also had hospital passports which outlined their health and communication needs for professionals when they attended hospital.

Is the service caring?

Our findings

People spoke positively about the care and support they received from staff. One person said, "The staff are friendly and kind and they help me to keep healthy and look after myself." Another person told us, "It's good here. I have a nice room with all I need and the staff are nice." A relative said, "My relative is very happy there. The staff are very caring to them and all of the other people who live there." Another relative told us, "The staff are caring and respectful to my relative and I am always made to feel welcome when I visit the service."

Throughout our inspection we observed positive interactions between staff and people using the service. Staff knew people very well and communicated with them effectively. They provided support in a sensitive way and responded to people politely, allowing them time to respond and also giving them choices. They displayed kindness and understanding toward people and addressed them by their preferred names. We observed people and staff enjoying playing board games and planning trips out. We saw staff respected people's choice for privacy and independence and noted some people preferred not to join others in communal areas or in planned activities.

People were supported to be as independent as possible. Staff told us that they encouraged people using the service to be independent by encouraging them to complete as many tasks for themselves as they were able to. We saw, for example, that one person using the service had a step by step plan in place for making breakfast. A staff member told us, "We try to get people to do whatever they can do for themselves. Promoting independence and improving people's confidence is very important." One person using the service told us, "I make my bed and clean my room and do some shopping for myself with staff. The staff encourage me do things for myself." Another person said, "The staff help me to do some things but I do lots of things for myself too."

Staff told us how they ensured people's privacy and dignity was respected. They said they knocked on people's doors before entering their rooms and made sure information about them was kept confidential at all times. One person using the service told us, "The staff respect my privacy and they knock on my door if they want to speak with me."

People using the service were provided with appropriate information about the service in the form of a 'statement of purpose'. This included the provider's complaints procedure and the services they provided and ensured people were aware of the standard of care they should expect. The registered manager told us this was given to people when they started using the service. We saw notice boards in both units displaying information about health and social issues and local social events and clubs.

Is the service responsive?

Our findings

People using the service and their relatives told us the service met their care and support needs. One person told us, "I am very happy with the support I get." A relative told us, "This is a very good service, my relatives needs are being met and they are well looked after. Everything is fine." Another relative said, "When I go to visit my relative I don't tell the staff I am coming. I normally find things are good and my relative is very happy to live there." A third relative told us, "The service meets my relative's basic care and support needs however I think more could be done to support them with activities." A fourth relative said, "We are currently reviewing my relative's placement at the service. I attend all of the reviews and they are quite often. The staff are very good, they do as much as they can for my relative."

Care and health needs assessments and risk assessments were undertaken to identify people's support needs before they started using the service. Support plans were developed outlining how these needs were to be met. These indicated that people using the service, their relatives, keyworkers and appropriate healthcare professionals had been involved in the care and support planning process. Support plans and risk assessments included detailed information and guidance for staff about how people's needs should be met. For example there was guidance in place for one person who required support with specific medicines. Support plans were reviewed regularly and reflected any changes in people's needs. A member of staff told us the support plans included good information about people's needs and were very easy to follow. We met a visiting professional from the local authority that commissions services from the provider at one of the units we visited. They told us they visited each year to review people's placements at the units and to check on people using the services support plans. They said they were always made to feel welcome and they found the support plans were of a good standard.

People using the service and their relatives, where appropriate, told us they were involved in planning for their care and support needs. People told they had keyworkers who they met with to discuss their needs. One person said, "My keyworker helps me to do things and go out." We saw records from keyworker meetings in the care files we looked at. A relative told us, "I attend all of my relatives review meetings and I tell the staff and the managers what my relative needs from them. Anything I suggest is taken on board." People told us they were supported by staff to attend regular education and social activities. All of the people using the service had gone on a holiday and another person went on holiday with family members. One person told us they regularly attended a social club, went horse riding, visited the cinema, went on shopping trips out and visited local cafes. Another person told us they went to a day centre, they sang in a choir and they supported a football team and had been with staff to watch their team play.

There was a complaints procedure in place in a format that people could understand. People using the service and their relatives said they knew about the complaints procedure and they would tell staff or the registered manager if they wanted to make a complaint. One person using the service said, "I would tell the registered manager if I wasn't happy or if I was worried about something and they would help me." A relative told us, "If I have a complaint I would speak with the manager or the provider and they just deal with it." The registered manager showed us a complaints book. They told us they had not received any complaints at the service. If they did receive a formal complaint they would write to any person making a complaint to explain

what actions they planned to take and keep them fully informed throughout. However one relative told us they did not feel the service had always listened to issues they had raised in the past but they had never made a formal complaint. We advised them to raise their concerns formally using the provider's complaints procedure. We also advised the registered manager to redistribute the provider's complaints procedure to people using the service and their relatives. The registered manager distributed the provider's complaints procedure to people using the service and their relatives during the course of the inspection.

Is the service well-led?

Our findings

People using the service and their relatives spoke positively about how the service was run. One person told us, "I like the staff and the manager; they make sure I get all I need." A relative said, "The service is well managed and organised. I have never had any problems. I have really good communication with the manager and staff." Another relative told us, "I think the service is well run. The staff are very good with my relative and I have very good contact with them. Communication is very good." A third relative said, "It's a good service. I and my relative are happy with it."

The service had a registered manager in post. They had managed the service for four years and they were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Notifications were submitted to the CQC as required and the registered manager demonstrated good knowledge of people's needs and the needs of the staff team. We saw records confirming the registered manager regularly attended care forum meetings run by the local authority. They told us they shared and learned about best practice from the safeguarding team, contracts team and other care home managers and providers.

Staff said they enjoyed working at the service and they received good support from the registered manager and the provider. They said there was an out of hours on call system in operation that ensured management support and advice was always available when they needed it. One member of staff told us, "We have a good team and we all work well together. The registered manager is always available to answer questions, and always listens to what staff tell them." Another member of staff said, "The registered manager and the provider are helpful and supportive and their door is always open for a chat." We saw that team meetings were held every two months and were well attended by staff. Items discussed at the October 2016 meeting included support guidelines, supporting people to be independent, medicines, menu planning, activities and issues relative to the needs of people using the service. A member of staff told us the team meetings were very useful. They said the meetings helped staff share learning about people's care and support needs, discuss any incidents or accidents and they received guidance from the registered manager.

There were meetings where people using the service were able to express their views and opinions about how the service was run. The registered manager told us they had recently started to facilitate these meetings at the units. The minutes from the last meeting at one unit, 14 November 2016, indicated that the meeting was well attended by people living at the unit. They discussed issues such as meals, being independent, staff recruitment and activities. We found that suggestions made by people had been recorded. We were not able to assess the impact of these meetings as they had only just started at the time of this inspection. We will assess this at our next inspection of the service.

The provider recognised the importance of regularly monitoring the quality of the service. We saw that people's care records were kept under regular review and where people were supported to take their medicines we saw that medicines audits had been completed. Complaints, accidents and incidents, health and safety, staff training and the frequency of supervision were also monitored. The registered manager told us that complaints and incidents and accidents were discussed during team meetings to reduce the

likelihood of the same things happening again. We saw a report from an unannounced visit carried out at the home by the registered manager on 2 November 2016. The visit covered staffing, medicines and activities attended by people using the service. The registered manager told us they carried out these unannounced checks to make sure people were receiving the right care and support.

We saw a report from the local authority that commissions services from the provider following a visit to one unit in October 2016. The report made two recommendations relating to medicines and heating at the unit. The registered manager provided us with an action plan which confirmed that the recommendations had been fully addressed. We met and an officer from the quality team from the local authority that commissions services from the provider at one of the units we visited. They told us they always turned up unannounced to assess the quality of the service and found the registered manager and staff friendly and cooperative. They said the registered manager and provider had always addressed any recommendations they had made following their visits.