

Parkcare Homes (No.2) Limited

Station Road

Inspection report

8-8a Station Road
Winchmore Hill
London
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Date of inspection visit:
04 December 2017

Date of publication:
22 January 2018

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 4 December 2017 and was unannounced. Station Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of this inspection, there were ten people living at the home. The home was set out over three floors with a self-contained flat where two people lived.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

The service had a registered manager, which 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 2008 and associated Regulations about how the service is run.

At our last inspection on 14 December 2015, we rated the 'safe question' as requires improvement as urgent remedial electrical work had not been carried out following an electrical safety check carried out by an independent electrical contractor in July 2014. Following the inspection, the provider submitted evidence that the remedial work had been completed.

People told us they were well treated at the home and risks to their safety had been identified and ways to mitigate these risks had been recorded in people's care plans.

Staff were aware that the people they supported were vulnerable and they understood their responsibilities to keep people safe from potential abuse.

There were systems in place to ensure medicines were handled and stored securely and administered to people safely and appropriately.

The home maintained adequate staffing levels to support people.

We saw mostly friendly, caring and supportive interactions between staff and people and staff knew the needs and preferences of the people using the service. Care plans were person centred and reviewed regularly.

People told us they enjoyed the food choices on offer and played an integral part in menu planning and preparing their meals.

People had regular access to healthcare professionals such as doctors, dentists, chiropodists and opticians. The service was pro-active in involving the appropriate health and social care professionals when they had concerns about people's health.

We saw evidence of a comprehensive staff induction and on-going training programme. Staff had regular supervisions and annual appraisals. Staff were safely recruited with necessary pre-employment checks carried out.

People were supported to engage in regular activities. People were supported to develop and maintain their independence.

Quality assurance processes were in place to monitor the quality of care delivered.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible. The policies and systems in the service support this practice.

Further information is in the detailed findings below.

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 ●

The service has improved to good.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Station Road

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 4 December 2017 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed relevant information that we had about the provider. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We checked for any notifications made to us by the provider and the information we held on our database about the service and provider. Statutory notifications are pieces of information about important events which took place at the service, such as safeguarding incidents, which the provider is required to send to us by law.

During the inspection we spoke to four people who used the service and following the inspection, three relatives. We also spoke with four staff, the registered manager, Quality Lead and Operational Director. We observed interactions between people and staff to ensure that relationships between staff and the people they supported was positive and caring.

We spent some time looking at documents and records that related to people's care and the management of the home. We looked at four people's care plans and risk assessments. We reviewed five staff files which included induction, training and supervision records. We looked at other documents held at the home such as medicines and quality assurance records.

We contacted one placing authority for feedback, however did not receive a response.

Is the service safe?

Our findings

People told us they felt safe living at Station Road. One person told us, "The staff check on us." One relative told us, "[Relative] is very independent but safe." A second relative told us, "Yes, definitely safe." A second relative told us, "I just feel [person's] safety is paramount."

Staff and the registered manager were aware of their responsibilities in relation to safeguarding people. Staff were able to explain what abuse is and who to report concerns regarding abuse to. They also understood how to whistle blow and knew they could report to outside organisations such as the local safeguarding authority and Care Quality Commission (CQC).

When we last inspected in December 2015, we found that the home was not maintained to a safe standard. Urgent remedial work had not been completed following an electrical safety check. Following the inspection, the provider supplied evidence that the remedial works had been completed and the home had been assessed as safe. There were records of recent maintenance checks including gas, fire and water. We had been informed a number of months prior to the inspection that there was an issue with hot water in the self-contained flat. We spoke to a person living at the service and the registered manager about this and the impact this had and the actions in place to minimise the disruption to people. On the day of the inspection, external contractors were working at the home to rectify the problem which was more serious than originally anticipated.

We saw that risk was managed effectively. Care plans identified the potential risks to people in connection with their care. These risks included behaviour that challenged, self-harm, mobility, access to the community, skin integrity and risks associated with health conditions such as PICA. PICA is an eating disorder characterised by eating non-food items such as leaves or dirt. Risk assessments contained guidance to staff on how to safely support people to manage their risks.

People were supported by sufficient staff to meet their individual needs and promote person centred care. We saw that there were four care staff on duty throughout the day in addition to the registered manager. Rotas confirmed that at night there were two care staff on a waking night shift.

Pre-employment checks such as references and criminal record checks had been carried out for staff recruited since the last inspection to ensure they were able to work with people safely. Some people who used the service were part of the interview panel for prospective new employees which promoted inclusion and empowerment. One person told us, "You get to know the person."

We checked medicines stocks and MAR charts for six people. We checked the medicines administration records (MAR) and saw these has been completed and signed with no omissions in recording. Stocks of medicines corresponded with MAR's and medicines were counted on a daily basis by two staff members. One person was supported to self-administer their medicines. A risk assessment was in place to support the person to do so safely and the person signed their own MAR chart which was checked on a daily basis by staff on duty to ensure they took their medicines as prescribed. The person spoke proudly to us of signing

their own MAR chart.

An "as required" PRN medicines protocol was also contained within people's care plans and medicines files. We saw that where a PRN medicine had been prescribed, they were administered only when needed and the reasons for doing so were clearly recorded.

Staff who administered medicines told us that they had received medicines administration training and this was evidenced by certificates in staff training files. Staff also underwent a monthly medicines competency assessment. This meant that people received their medicines safely from staff competent to do so.

People's medicines were stored in a locked medicines cabinet attached to the wall in their bedroom or in a locked cabinet in the office. Daily temperature checks were carried out to ensure medicines were stored at an appropriate temperature to maintain full effectiveness.

The service protected people by the prevention and control of infection. The home was clean, tidy and well maintained on the day we visited. People's relatives told us of clean premises. There were documented cleanliness checks in place. Staff had adequate personal protective equipment (PPE) to use when assisting people with personal care to prevent the spread of infection.

The service learnt learned and made improvements when things went wrong. Incident forms were completed if any person had an accident or incident. These recorded what happened and any action taken such as obtaining statements or obtaining medical assistance. The registered manager signed off and reviewed accident and incident forms.

Is the service effective?

Our findings

People and relatives told us staff were skilled and knowledgeable. One person told us, "They [staff] look after me quite well. They [staff] are supportive." One relative described staff as "knowledgeable." A staff member told us, "My training is all up to date."

Staff had the knowledge and skills which enabled them to support people effectively. All new staff were required to undertake a comprehensive induction which covered the common induction standards as outlined in the Care Certificate. The care certificate is a training course that covers the minimum expected standards that care staff should hold in relation to the delivery of care and support. Training records showed that people had completed training in areas that helped them to meet people's needs. Mandatory training included basic life support, first aid, moving and handling, safeguarding, medicines and MCA/DoLS. Additional training was provided around areas such as epilepsy and choking/swallowing difficulties. Staff told us they received regular supervision and a yearly appraisal which was evidenced from reviewing staff files.

The provider carried out a comprehensive assessment which provided detailed information about the person, their medical health needs and their circumstances. This assessment formed the foundation of the care plan which was then built upon based on further information that the service obtained from the person, any involved relatives and health care professionals. Most people had lived at Station Road for many years and as such, a pre-assessment was not reviewed on this inspection.

Care plans were detailed and addressed people's daily living activities. One person had displayed behaviour that challenged. The provider had implemented a positive behaviour support plan which identified the triggers for the person's behaviour and guidance was provided to staff on how to work with the person when they displayed behaviour that challenged.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Records confirmed that where appropriate, people had consented to their plan of care and where this was not possible, a mental capacity assessment and best interests decision had been taken in line with the legal framework.

Where a DoLS had been applied for and granted, the DoLS authorisation was recorded in the person's care file and the registered manager maintained a matrix of people with DoLS and when they were due to expire. We saw that DoLS renewal applications had been submitted in a timely manner. One person not subject to a DoLS told us they had been enabled to leave the property as and when they chose and had been given keys.

Staff had knowledge of MCA/DoLS and understood the importance of obtaining consent from people prior to providing assistance. People we spoke to also confirmed staff asked for consent. One person told us when asked if staff asked for consent, "Yes, definitely."

People told us they liked the food provided at the home and were actively involved in deciding the menu and preparing meals. Weekly menu planning meetings took place. One person told us, "We have residents meeting and a flat meeting to choose food. I am pleased with this." People were supported to make healthy food choices and one person told us they chose soup for their lunch because it was healthy. We observed them prepare their lunch with minimal assistance from staff. A second person told us they were starting a cookery course in January 2018. They told us, "I help to cook sometimes. I know how to cook." A relative told us, "They are eating much more healthily. They are involved. There is a lot of choice."

People were supported to maintain good health and have access to healthcare services and received on-going healthcare support. People had access to a GP, optician and dentist. One person told us, "They make sure I see the doctor twice a year. I got the flu jab." Care plans detailed records of appointments with health and care professionals. We also saw evidence that following appointments, people's care plans were updated accordingly.

The home had recently been refurbished and we saw that bedrooms and communal areas were pleasantly decorated. People decorated their bedrooms with photographs and pictures. One person told they were involved in deciding the colour scheme for their bedroom. On the day of the inspection, the home had been decorated for Christmas.

Is the service caring?

Our findings

People told us that they were treated in a caring and respectful manner by staff. Comments received from people included, "Staff are so nice. So co-operative. So very caring" and "Staff treat me nicely. They are nice to me and respectful" A relative told us, "They seem very caring." A second relative told us, "[Staff] do such an amazing job with such care and love."

Staff spoke of the positive relationships they had developed with people who lived at the service. A staff member told us, "My job is to make sure people are happy and receive person centred care." A second staff member told us, "I love to work with them [people]. They are interesting people and I learn so much from them."

We observed kind and caring interactions between staff, the registered manager, quality lead and people who used the service. On the day of the inspection, some people were preparing to attend a Christmas party and were engaged in jovial banter with staff in relation to their choices of Christmas jumper. On the day of the inspection, the registered manager returned from a period of annual leave and was warmly greeted by people and engaged in lively conversations regarding recent events and activities people had attended.

People told us they were involved in making decisions about their care, support and treatment. Care plans showed that people and their relatives were involved in the care planning process. A person told us, "My key worker came to help me with my care plan." People spoke positively of their relationships with their keyworker and had regular meetings where changes to their care needs, achievements and goals were discussed.

Care plans also detailed people's cultural and religious preferences and whether people practice a faith. People were supported to attend religious services if they chose to do so. One person told us that they were very much involved with their local religious community. They told us, "I go to church as an altar server. I play organ in the organ club."

People told us they were treated with dignity and respect. Care staff were able to demonstrate how they ensured people were treated with dignity and respect. One person told us, "They are nice and kind. Only when I find it difficult they [staff] help." A second person told us, "Yes, they [staff] are respectful."

People told us that they were supported to develop and maintain independence. One person told us, "I go to work on Tuesdays at a charity shop. I really enjoy it. Staff take me there and come back for me." We observed one person tell the registered on her return from leave that a staff member was supporting the person to learn and become independent. They also told us, "We are learning to cook meals."

Is the service responsive?

Our findings

People and relatives told us that they received care which was responsive to their needs. One person told us that they had recent instances of sleep walking and as a result an alarm was placed on the person's door to alert staff to movement at night. We saw that people had been supported to safely enter into relationships with other people and that one person had been supported to use a dating website.

Care plans were reviewed regularly and updated as changes occurred. Each person's care plan had a document called a 'Personal Profile' which gave the person reading it a snapshot of the person's needs around communication, health and medicines, keeping safe, nutrition, mobility and personal care. Where a person was independent in a particular area, that was noted such as being able to self-administer personal care or medicines. In addition the document gave the reader a brief outline of the person's hobbies, family background, key skills and social interaction. For example, one person's profile stated that they liked their own space and was uncomfortable in a crowd.

People were supported to engage in a range of activities which was varied and based on the person's interests. On the day of the inspection, we saw the daily activities planner which included attending choir practice, day centre, Christmas parties, shopping and attending a disco. We observed people come and go throughout the day of inspection and when people returned to the home from their activity, they engaged in animated conversations with staff and other people regarding what they did. One person gave us a detailed overview of their weekly social plan. We saw that all people who used the service went on holidays during the summer and told us they had a great time on holidays. We were told that two people wished to go on holidays the following year together which they were being supported to do.

People and relatives told us they felt confident about raising concerns or complaints regarding the service and had no complaints. During the inspection, we observed one person record a complaint in a log which was shown to the registered manager on her return from leave. The person was assured that the complaint would be investigated and the person was satisfied with the initial response from the home management team. One person told us, "I can express myself if I have a concern. They listen to me and they understand." A second person told us, "They listen." A relative told us, "I have all the contact details. My first port of call would be [named staff and registered manager]. We have a good relationship." A relative gave us feedback regarding improving communications between the service and the family. We discussed the feedback with the registered manager who confirmed that they contacted the relative to agree a communication action plan moving forward.

We saw that complaints were investigated, responded to and used to improve the quality of care. Complaints and incidents were recorded on a provider wide database which could be accessed by senior management and was reviewed on a regular basis.

Care plans documented that advanced care planning and end of life care was discussed with most people and their relatives. People's choices and wishes were recorded in relation to planning the way in which they wanted to be cared for and preferences for when they passed away. We saw that one person had completed

their own end of life care plan.

Is the service well-led?

Our findings

People told us they were happy living at Station Road. They described a family atmosphere and close relationships with staff and other people who used the service. One person told us, "I like living here. It's so nice with a friend. It's nice to talk to him." A second person told us, "I'm happy here. I get on with everybody." They further explained, "All staff support me. Every single one of them. Very supportive." A third person told us, "I'm happy. I have my room, space. I talk to my friends. We are family together."

The registered manager had been in post at the service approximately one year prior to this inspection. People and relatives spoke positively of the registered manager and we observed warm and friendly interactions between people and the registered manager throughout the inspection. We observed people come into the manager's office to sit or have a chat. One person told us, "I get on well with the manager." A second person told us the registered manager was "quite nice." A relative told us, "I think the manager is really good. Really on the ball." A second relative told us, "The manager keeps us posted. Very positive. There has been changes."

We received mostly positive feedback from staff regarding how they were supported by the registered manager. A staff member told us, "[Registered Manager] is nice personally. She is always available to talk." However, we received negative feedback from staff regarding the staff culture at the home and instances of poor staff working relationships. We discussed the concerns received in the inspection with the management team present during the inspection who advised that they were aware of these concerns and were working to address this. Feedback from people we spoke with was positive regarding the experiences they had with the staff team at Station Road which meant that the staffing issues did not impact on the quality of care people received.

Regular auditing and monitoring of the quality of care was taking place by the registered manager and senior management at provider level. Quality checks included a monthly medicines audit, unannounced finances inspections and daily, weekly and monthly health and safety checks. Complaints and accidents and incidents were logged onto the provider's data system which ensured oversight at provider level.

Feedback was obtained from people, relatives and healthcare professionals which was in the process of being analysed at the time of inspection. People attended weekly menu planning meetings and regular meetings were held with people which discussed activities, outings and celebratory events. Staff meetings took place on a regular basis and topics discussed included policies and procedures and changes to people's needs.