Parkcare Homes (No.2) Limited

Red House

Inspection report

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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

The inspection took place on 11 January 2017 and was unannounced. Our last inspection took place in January 2014 and no breaches of regulation were found at this time.

The home provides care and accommodation for seven people with learning disabilities.

There was a registered manager in place. 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 2008 and associated Regulations about how the service is run.

There was a strong leadership team in place at the home and this had led to significant improvements in the home. This was reflected in the comments of staff who spoke positively about the changes that had been made. The improvements had impacted positively on people; for example staff told us that because people's needs were being better met, the use of 'as required' medicines for behaviour relating to anxiety had reduced significantly. This was evident in people's records. There had also been improvement in the environment of the home which had taken account of the views and wishes of people living there. Coffee mornings for families had recently been introduced as a way of involving them more and it was reported that this had been very successful.

People in the home were safe. There were risk assessments in place that promoted positive risk taking and guided staff in what measures were required to ensure people's safety when carrying out particular activities. Staff were trained in and confident in respect of their responsibility to safeguard vulnerable adults. People experienced kind, caring and supportive relationships with staff. This was evident in our observations throughout the inspection. For example, we saw staff take an interest in one person's birthday, discussing with them what they wished to spend their birthday money on.

People's rights were protected in line with the Mental Capacity Act 2005. This is legislation that protects the rights of people who are unable to make decisions about their own care and treatment. There were records relating to mental capacity assessments that had taken place and best interest decisions when required. Staff were knowledgeable about the Act and identified some of the key principles when asked about them. We discussed with the registered manager how the records relating to the MCA could be improved further with more detailed recording.

Staff received good training and support so that their development needs were met. Supervision sessions took place regularly as a formal means of discussing staff needs and any issues they needed to address. Staff commented that the management team were very approachable and the door was always open. Some staff said they preferred face to face training rather than the online training system that was in place and this was fed back to the registered manager.

People individual needs were well met. Staff knew the people they supported well and felt confident about meeting their health needs. Care plans gave good information about people's preferences and how they wished to be supported.

People were supported to be independent when they were able. We observed people preparing food and carrying out other duties in the home such as collecting mail and carrying out laundry. One person told us about how they had recently started taking the bus independently to college.

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 was safe.

People were happy and content in the presence of staff. Staff understood their responsibility to safeguard people in the home.

People received safe support with their medicines.

There were sufficient staff to meet people's needs.

There were risk assessment in place which promoted positive risk tasking for people in the home.

Is the service effective?

Good

The service was effective.

Staff understood and met people's health needs and supported people to see healthcare professionals when required.

People's rights were protected in line with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS)

People were supported to eat healthily

Staff had training and supervision that met their development needs.

Is the service caring?

Good

The service was caring.

People experienced kind, caring and supportive relationships with staff.

People were encouraged to be independent.

People were involved in planning their own care and fiving their views and opinions.

Is the service responsive?

Good

The service was responsive.

People's individual needs were well described in their care plans. Staff understood how people wished to be supported.

People enjoyed a range of activities that linked with the local community.

There was a process in place to manage and respond to complaints. This was available in an easy read format.

Is the service well-led?

Good

The service was very well led.

There was a culture of continual improvement in the home and this had impacted positively on people's lives.

Staff were positive about the management team, and told us they approachable and supportive.

There was a programme of audit in place to identify and any issues and concerns.

Red 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.

The inspection took place on 11 January 2017 and was unannounced. The inspection was carried out by one Inspector. Prior to the inspection we reviewed information about the service, including the Provider Information Return (PIR), this is a form filled out by the registered manager to describe things that the service does well and any improvements they plan to make. We also looked at notifications. Notifications provide information about specific events which the service are required to send us by law.

During our inspection we spoke with four people who lived at the home, three care staff, the deputy manager, registered manager and another deputy manager within the organisation. We looked at the care records for two people and other records relating to the running of the home, including audits, meeting minutes and medicines records.

Good

Is the service safe?

Our findings

People in the home were safe. We didn't receive any specific comments from people about whether they felt safe, however we observed that people were happy and content in the presence of staff and approached them confidently with any queries or questions.

There were risk assessments for people in place to support staff in providing safe care. These promoted positive risk taking, rather than a culture of restricting people's lifestyles. For example, for one person we saw they enjoyed occasional alcoholic drinks. The risk assessment described how staff could support the person to drink a safe amount by reminding them of the implications of drinking too much and suggesting alternatives if the person was putting them self at risk. For another person, there was a risk assessment in place in relation to cooking activities. Measures to ensure the person was safe included staff checking to ensure food was thoroughly cooked.

There were sufficient numbers of staff to ensure that people were safe and their needs were met. Staffing levels were flexible around the activities scheduled. During our inspection there were three care staff on duty plus the deputy manager. Overnight there were two members of staff on duty, one waking staff and one sleep in. The deputy manager told us that they had recently experienced a number of staff leaving the service. This had been difficult to manage but staff had worked together to cover shifts to ensure continuity of care for people. New staff had been recruited but were awaiting relevant checks before being able to commence shifts.

Staff communicated with each other to ensure that people's safety was monitored effectively. Staff told us that there had been some concerns with behaviour that was challenging and so this required staff to supervise certain people in the home. We observed that staff checked with each other to see that there was a member of staff monitoring areas of the home where challenging behaviours could potentially occur. Staff engaged with people whilst they were supervising so that their presence was unobtrusive.

People received safe support with their medicines. Staff responsible for administering medicines received training and regular competency checks to ensure they followed correct procedures. We saw certificates and other records as evidence of this. People's medicines were stored in a locked cupboard so that they were only accessible to those authorised to do so. The temperature of the cupboard was recorded daily to ensure that people's medicines were kept at the right temperature to maintain their efficiency. Regular medicines arrived from the pharmacy in ready prepared packages and other 'as required' medicines were stored in individually named boxes. We checked the stock levels of two 'as required' medicines and saw that these were correct according to the home's records. There were systems in place to check medicines in to the home from the pharmacy and record any medicines that needed to be returned. When medicines were administered, they were recorded on a Medicines Administration Record (MAR). We checked a sample of these and found no errors or omission on them. The home had an agreement in place with the GP that homely remedies such as cough medicines could be kept and administered as necessary. The senior care assistant administering medicines told us there were plans in place to improve the systems around medicine administration; due to the limited space available in the home for medicines storage. There were

plans in place for the future for medicines to be stored in people's individual rooms.

People were protected because staff were trained in and aware of their responsibilities to safeguard vulnerable adults from abuse. Staff knew the processes to follow if they had concerns or if an incident occurred whilst they were on shift. One member of staff told us about an occasion when they'd been required to contact the relevant authorities and another member of staff described a situation in a previous role when they had to raise a safeguarding concern.

There were procedures in place to ensure staff recruited to the home were safe and suitable for their role. One member of staff had been recruited in the previous 12 months and we saw that a Disclosure and Barring Service (DBS) check had been carried out. This is a check that highlights whether a person is barred from working with children and vulnerable adults and whether they have any other convictions. Photographic ID and references were also sought to further assess the person's suitability. There were six further staff recently recruited and the deputy manager told us that they were awaiting all relevant checks before being able to commence work.

Good

Is the service effective?

Our findings

People's rights were protected in line with the Mental Capacity Act 2005. This is legislation that protects the rights of people who are unable to make decisions independently about their own care and treatment. We saw that a number of capacity assessments had taken place with people in the home to assess their ability to make particular decisions. Where it had been assessed that the person lacked capacity, information about the decision making process on the person's behalf had been recorded. We discussed with the registered manager how more detailed recording might be required for some decisions, particular if they had significant impact on the person's life. The registered manager acknowledged this and said they had identified it as an issue. Staff were knowledgeable about the MCA. For example one member of staff told us that if a person wasn't able to make a decision, then a best interest decision would be made on their behalf. Another member of staff told us they would always "assume capacity"; this is one of the principles of the MCA.

Applications for Deprivation of Liberty Safeguards (DoLS) had been made for people in the home who required them. DoLS is a framework that protects the rights of people who may need to be deprived of their liberty in order to receive safe care and treatment. At the time of our inspection one authorisation had been granted. This meant people were protected because their rights were acknowledged.

People were supported by staff who had their training and development needs met. Staff told us they received regular supervision and training in all relevant areas. Staff felt confident in approaching the management team if they had any concerns. One member of staff told us how they had approached the registered manager with a concern and had received good support. We looked at the records for a member of staff who had been recently recruited. We saw that their induction was in line with the Care Certificate. This Care Certificate is a set of standards that all staff in the care sector are expected to meet in order to deliver a good standard of care.

An online system was used for some training and this received mixed feedback from staff. Staff told us they preferred face to face training and this was fed back to the registered manager. Staff told us that their training was sufficient to meet the individual needs of people in the home and any particular health needs they had. For example, staff confirmed they felt confident in meeting the needs of a person with epilepsy and described some of the steps they would take if they were supporting a person who experienced a seizure.

People were supported to see other health and social care professionals when necessary. One person told us how staff went with them to see the nurse. We also saw in people's records that the Community Learning Disability Team (CLDT) were involved in aspects of people's support such as managing behaviours. There was information in people's care plans to describe the kind of support they would require when attending health appointments. For one person, we read that they wouldn't always be able to describe what was wrong when visiting their GP so would need staff support.

When people presented with behaviours that may be challenging to others, behaviour management plans

were reviewed to ensure they were meeting the person's needs. For example we heard about one recent incident which meant the person's support plan needed to be reviewed. We weren't able to see the person's written support plan as it was in the process of being updated, however staff told us about the changes that had been made and agreed with the individual concerned. Another person had a particular strategy in place in relation to behaviour. The person demonstrated that they understood the strategy by referring to it in conversation with us.

People were supported to eat a healthy and balanced diet. One person told us how they had lost a lot of weight recently with improvements in their diet and said that part of this had been through no longer having sugar in their tea and coffee. Another person was being encouraged to maintain a healthy diet and when they were talking to us mentioned "healthy options." This showed that people understood and were fully involved in how their nutritional needs were being met. People were encouraged to be independent in relation to snack and meal preparation and so were able to choose what they wanted to eat at a time that suited them. There was a board on display with visual prompts about the kind of things people could choose, such as a toast or cereal for breakfast. There was a cupboard in the lounge area of the home with snacks and drinks available and we saw people accessing this at various times in the day, with staff support.

Good

Is the service caring?

Our findings

The service was caring. People benefitted from positive and supportive relationships with staff. Throughout our inspection we observed warm and caring interactions; for example staff sharing jokes with people and offering praise when appropriate. One person wasn't well on the day of our inspection and we observed them approach staff to request paracetamol. Staff took interest in how the person was feeling so that they were reassured they were being listened to. We observed another person collecting mail from the doormat when it arrived; this reinforced the sense of people living independently in their own home. Throughout our inspection we observed staff respond promptly to people who were calling for support.

People's privacy was respected and they were treated with dignity and respect. We observed how staff knocked on doors before entering people's rooms. Staff also gave people choices about what they wanted to do, for example we heard one member of staff ask a person if they wished to have their shower now or after they'd finished what they were doing. Another person talked to staff about wanting to spend their birthday money; staff engaged with the person in discussing this, asking the person what they wanted to buy and where they wanted to go.

Encouraging people to be independent where possible was embedded in staff's approach to supporting people. In one person's support plan we read that they had a tendency to rely on staff and so were encouraged to be independent when possible. During our inspection we observed this person being supported to make lunch. Another person told us how they had prepared porridge for their breakfast. One person was pleased to tell us how they had recently started travelling to college on the bus independently, they were clearly proud of this achievement, smiling broadly as they told us about it. We also noted how this person was encouraged to write their own daily notes. The notes were checked and signed by staff to ensure their accuracy.

People were supported to maintain links with their relatives. One person enjoyed telling us about how they regularly went to visit a family member. The deputy manager told us about how they had realised that improvements needed to be made in involving families in the home, as a result of a survey issued when they first began working at the home. The results of the survey had led to a coffee morning which families had been invited to; we were told that this had been a big success and further mornings were planned.

People were involved in providing their views in relation to the running of the service. There was a monthly 'Your Voice' meeting held that people were able to attend if they wish. We saw from the meeting minutes that people were encouraged to give their views and opinions. Notes were made as to what action had been taken in response to people's comments. For example one person requested a particular meal out, and there was information in the minutes confirming this had been done. Another person requested items for their room and these were then purchased for them. This demonstrated how people's views were valued and acted upon. Staff told us how one person didn't always wish to attend the meeting and so staff would speak to the person in their room to see if there was anything they wished to contribute.

Good

Is the service responsive?

Our findings

The service was responsive to people's individual needs. There was information contained in people's support files in relation to their individual routines, preferences, hobbies and interests. There was a key worker system in place; a key worker is a named member for an individual in the home, who has responsibility for the wellbeing of that person. People were able to name their keyworker and we saw records of regular meetings between people and their keyworker. This helped staff monitor people's wellbeing and discuss any concerns they may have.

Care plans were clear and gave guidance on how to meet people's needs. Plans were reviewed regularly to ensure they were current and up to date and covered a wide range of health and social needs. For example in one person's care file we read that they had a particular health condition. There was a clear plan in place to guide staff in managing the condition, including instructions on when emergency help should be sought. There was also information about people's living skills. One person's records described how they were independent with their laundry. We observed this person attending to laundry.

In discussion with staff it was clear that they knew people they supported well. For example one member of staff described how they supported a person outside of the home by linking arms with them due to the person's sight difficulties. Another member of staff told us how one person would sometimes decline support from one member of staff but subsequently accept it from another. This helped encourage the person to engage in ensuring their personal care needs were met. One member of staff talked positively about how a person had agreed to going out to a local town. Although the trip had to be cancelled due to illness, staff described how this had been a big step forward for the individual in agreeing to go.

People were able to take part in a range of activities that created links with the local community. One person carried out a paper round locally and we also heard about a gardening club that some people attended. During our inspection there was an exercise activity taking place in the house alongside people from another home locally. People were clearly enjoying and engaged in this. The deputy manager showed us a photo album depicting various trips and activities people had been involved in. People had signed their consent to have their photos included.

There was a procedure in place to manage complaints, which set out the timescales for response and the organisations that could be contacted if the complainant was unhappy with the response they'd received. There was information about complaints available in an easy read format so that it was easily accessible for people in the home. We saw one example of a complaint that had been addressed. This included an acknowledgment letter and outcome letter. There was information in the outcome letter about what the complainant could do next if they were dissatisfied with how the complaint had been managed.

Good

Is the service well-led?

Our findings

The home was very well led. There was a strong management team in place consisting of a registered manager and deputy closely supported by other senior staff in the organisation. This had enabled the leadership team to effect significant positive changes at the home in a relatively short space of time since arriving in post. This was reflected in the comments from staff. One staff member commented that there had been "real improvements" and that one member in particular of the management team had "fantastic ideas". We asked another member of staff about the changes in the home and they commented "brilliant… wow!" This member of staff also described how it had been difficult to speak with previous managers but now the "door is always open." Another member of staff said there had been "massive improvement" since they had begun working at the home a few months before, they went on to say that "everyone's focusing on people we support."

The changes brought about by the strong leadership of the home had resulted in significant improvements in the quality of life for people living there. The registered manager explained that through better meeting people's needs and improving the activity programme, the use of 'as required' medicines for behaviours related to anxiety had significantly reduced. In relation to 'as required' medicines, one member of staff commented that "we hardly use it now." The records for people who used these kinds of medicines reflected a significant reduction in their use. For example; in September 2015 it was recorded that one individual had been administered 'as required' medicine for behaviour relating to anxiety on 19 occasions throughout the month. In September 2016, it had been administered once. In November 2015 it was administered on 13 occasions throughout the month and in November 2016 there were no occasions when it was administered.

The registered manager also told us about how they had addressed some institutional practices that had been embedded in the home when they arrived, and gave the example of staff preparing meals and snacks for people rather than encouraging people's independence. This was reflected in our observations throughout the inspection of people's independence being promoted.

The views of people in the home were used to drive improvements. This was particularly noticeable in the home environment. People had been involved in choosing pictures to brighten up the lounge and also new items for the kitchen. People had chosen red items to fit in with the name of the house. It was recorded in meeting minutes that everyone liked the new 'homely look' of the house. The deputy manager told us how when they had arrived in the home, the 'cabin' (a building in the grounds outside) had been unusable but steps had been taken to turn it in to a space that people could use and relax in. We saw that a games table had been placed in there along with comfy sofas. One person had requested a fridge for the cabin and we were told that this was going to be purchased as requested.

There was a culture of continual improvement within the management team. We heard about significant improvements that had already occurred but also that there was a vision for further progress. For example the registered manager told that they wanted to explore further ways of involving people in care planning, and improve the system around supervision planning. We saw evidence of this in a recording chart pinned

to the wall which the manager said they were going to put in a larger format on the wall so that staff could immediately see when their sessions had been booked. The management were welcoming of feedback from our inspection, and particularly in relation to recording of mental capacity assessments and best interests decisions. The registered manager told us they were aware that recording needed to improve and had already identified this as a concern.

In addition to gathering feedback to inform improvements to the home, there was a programme of audit in place. For example, these looked at areas such as infection control, medicines and safeguarding. There were also monitoring visits from staff within the wider organisation. These visits generated an action plan with dates identified for completion.

Staff were positive about working in the home and told us they worked well as a team, with everyone "pulling together" to cover shifts when required. Staff meetings and handovers took place and staff told us these worked well to ensure important information was discussed and plans for the future were clear. For example, we saw from meeting minutes that staff were reminded of the principles of important legislation, relevant to their role such as the MCA. Staff were also reminded of their key responsibilities such as carrying out audits and ensuring records were clear and accurate.