

Parkcare Homes (No.2) Limited

Leonard's Croft

Inspection report

80 Lichfield Road
Stafford
Staffordshire
ST17 4LP

Date of inspection visit:
15 October 2018
18 October 2018

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14 November 2018

Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

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 15 and 18 October 2018. The first day of our inspection visit was unannounced. We announced to the provider we would be returning to the home on the 18th October 2018 to complete the inspection.

Leonard's Croft is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Leonard's Croft is registered to provide personal care and accommodation for a maximum of eight people who may have a learning disability, autism and /or complex needs. At the time of our inspection there were five people living at the home. The home is divided up into five flats and three individual bedrooms.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen."

A registered manager was in post and was present at the time of our inspection. 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.

Storage of people's medicines was not always appropriate to ensure best practice was followed. Medicated creams needed to be stored in a separate medication cabinet. When people had their as necessary "PRN" administered it was not always recorded with dates and times on the back of the MAR sheet. Therefore there was an increased increase people would not receive their medicines safely. We were given assurances this would be addressed immediately by the registered manager.

People's individual risk assessments were reviewed and updated to take account of changes in their needs. Staff knew how to recognise and report any concerns to keep people safe from harm.

People were supported by staff who knew how to reduce the risk of infections and people were complimentary about how clean the home environment was.

There was evidence of organisational learning from significant incidents and events. Formal complaints were rare and responded to in line with the provider's complaints policy. Any informal concerns were handled effectively with learning taken to continually improve care.

Staff worked well together in a mutually supportive way and communicated effectively. Training and one to one support systems were in place to provide staff with the knowledge and skills they required to meet people's needs effectively.

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

People were provided with food and drink of good quality which they enjoyed and met their individual needs and preferences. Staff worked closely with local social and healthcare services to ensure people had access to any specialist support they required.

People were provided responsive care and support which met their individual needs. There was a planned programme of things for people to do for fun and interest of their choice. Staff spent time with people on a spontaneous basis chatting about their families and lives. Staff knew people well and had built up trusting relationships.

People, relatives and staff were complimentary about the registered manager and felt the home was well managed. Systems were in place to manage the quality of the care and support people received and drive continuous improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

This service was not always safe

Risks of people not receiving their medicines as prescribed were increased because the recording of administration of people's medicines was not always accurately undertaken. People's medicated creams were not stored in a separate medication cabinet.

People felt safe living at the home because there were sufficient staff to assist them at times when they required support

People's risk assessments were reviewed and updated to take account of changes in their needs.

Is the service effective?

Good 

This service was effective.

People were supported by staff who received an induction and on-going training which was tailored to meet people's needs.

Staff were provided with effective one to one support to undertake their roles and responsibilities.

Staff understood how to support people who lacked the capacity to make some decisions for themselves.

People were provided with food and drink of good quality which they enjoyed as it met their needs and preferences.

Is the service caring?

Good 

This service was caring.

People were encouraged to stay as independent as possible.

Staff were kind and compassionate about the people they supported.

People were treated with dignity and respect.

Is the service responsive?

Good 

This service was responsive.

People received care and support that was personal to them.

People were provided with things to do for fun and interest of their choice.

People knew how to raise concerns or complaints and were confident that the provider would respond effectively with any learning taken from these to support improvements.

Is the service well-led?

Good 

This service was well-led.

People and relatives felt the home was well-Led and found the registered manager approachable.

The provider and management team promoted a positive, open and inclusive culture within the service

Quality checks and monitoring happened regularly to identify and rectify any shortfalls of the quality of care and support people received.

Leonard's Croft

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 15 and 18 October 2018. The first day of the inspection visit was unannounced. On the 15 October 2018 the inspection team consisted of one inspector. On the 18 October 2018 we returned to continue the inspection with one inspector and a specialist advisor who had experience in working with people with mental health and behaviour that may challenge.

Before the inspection site visit, we reviewed the information we held about the service, including any statutory notifications received from the provider. A statutory notification is information about important events, which the provider is required to send us by law. We also contacted the local authority and Healthwatch for their views on the service.

During our inspection, we spoke with two people who used the service and four relatives. We also spoke with the registered manager, deputy manager, the positive behaviour support practitioner, two senior support staff and three support staff.

We looked at a range of documentation, including four people's care and assessment records, medicines records, incident and accident reports, four staff recruitment records, staff training and induction records, complaints records, safeguarding records, certification related to the safety of the premises and records associated with the provider's quality assurance.

Is the service safe?

Our findings

We observed the way people's medicines were stored and their administration recorded, but found staff did not always follow best practice. When we checked the medicine cabinet we found creams and lotions were stored in the same cabinet as people's tablets, rather than in a separate medicine cabinet. When we discussed this with the registered manager they told us another medicine cabinet was being ordered.

When we checked people's Medicine Administration Records [MAR sheets] we found missing signatures to state staff had administered medication, although when we checked we found the amount of medicine in stock was correct. On the back of the MAR we found where people's "as necessary medicine [PRN]" had been administered. However, whilst the reason it had been administered to the person was recorded, the dates and times were not always present so making it difficult to audit the medication. We discussed our findings with the registered manager who told us they would take immediate action to rectify the situation, to prevent a further occurrence and reduce the risk of harm to people.

People we spoke with told they felt safe living at the home. One person said, "I feel safe here. It's fantastic here." Another person told us, "I feel sort of safe here." Relatives we spoke at the home with also felt their family member was safe living at the home. One relative told us, "It's a huge weight off my mind [Person's name] living here, we know they are safe."

We spoke with staff about what actions they would take to ensure people were protected from abuse. They said they would report any concerns to the registered manager and take further action if needed. The registered manager was aware of their responsibilities and explained how they would report any concerns to the correct authority in a timely way. Staff explained what action they would take and were aware that incidents of potential abuse or neglect should be reported to the local authority. One member of staff told us, "I would bring it to the manager's attention, if the situation was not being dealt with, I would go to the head office or report it to safeguarding and Care Quality Commission CQC."

Staff said they spent time with people to get to know them. They told us they were confident they would know if a person was distressed or worried about anything. One member of staff said, "We know them really well. Care plans tell us all we need to know about what makes people anxious." There were procedures in place to support staff to appropriately report any concerns about people's safety. All accidents and incidents were monitored by the registered manager and the provider to ensure lessons were learnt.

We observed information held in people's care records provided staff with guidance regarding the behaviours that may challenge that people presented and how to respond to them. Any incidents and behaviours that may challenge were recorded and monitored by the positive behaviour support practitioner. They showed us how the systems they used to illustrate any patterns which were shared with the multi-disciplinary community teams, to help prevent further occurrences.

Staff told us there were enough staff to meet people's needs. Senior staff felt although there was enough staff they did not always have enough time to review care files in a timely manner because they had to assist

the support staff daily. When we discussed our findings with the registered manager they told us they had recently employed new staff which required extra support from the senior staff, but felt the situation would ease as they became more confident working with people living at the home.

The provider followed safe recruitment practices to ensure people were not put at risk. Staff told us that prior to commencing in post, they were required to submit two references and a Disclosure and Barring [DBS] check; this check would show if a prospective member of staff had a criminal record or had been barred from working with adults

We saw staff had a good understanding of how to protect people from the risks of cross infection. Staff advised us that Personal Protective Equipment [PPE] such as gloves and aprons was available for them to use and raised no concerns regarding this. We observed the home to be clean and odour free.

Is the service effective?

Our findings

We spoke with staff about the training they were received from the provider. New staff completed an induction period linked to the Care Certificate. The Care Certificate is a set of standards that is recommended be covered as part of induction training of new support workers. Staff told us they had training which was either classroom based or in the form of e-learning packages. One staff member told us they felt the induction they received, "Had prepared them for their role." Another staff member told us, "I shadowed until I was happy." We checked the training records and found a few staff training was due for a refresher this had been booked and staff had been notified. All the staff we spoke with told us they received regular supervisions and appraisals

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People told us staff would ask for their consent before undertaking any personal care. People felt staff respected their wishes and listened to them in how they wanted to be supported. Where people lacked capacity to make decisions about aspects of their personal care relatives and external healthcare professionals were involved so that the care provided reflected what was in the person's best interests.

Staff told us they assumed people had the capacity to make their own decisions and would always seek consent from the person first. They told us that should the person decline, they would respect their choice. Staff were aware who may have a restriction in place and how this affected their care. The registered manager had recognised where they may be restricting some people's liberty and had made applications for approval to restrict the freedom of people, and we saw these had been granted.

People had good, timely and responsive access to physical healthcare. Staff promoted healthy living, and people helped develop their own health action plans which were reviewed within their care folders. When we asked staff how they would respond to any concerns if they thought a person was not feeling well one staff member replied, "If there are signs or symptoms of a service user not being well, I would of course contact the General Practitioner or within an emergency, I would not hesitate to contact 999 paramedic services"

We saw people, relatives and professionals were taken into account as part of the initial assessment process

before people moved into the home. There was evidence to suggest that the home had access to a wide range of mental health professionals covering many disciplines who worked together, constructively and with mutual respect to achieve the best possible outcomes for people. The provider had regular, effective and well-coordinated meetings and handovers. In addition, staff held a brief multidisciplinary meeting each morning to share information about people, which discussed progress and potential risks of people and how best to support them.

People told us they enjoyed the food and drinks served at the home. Where necessary people were supported to have a weight reducing diet. One person told us, how they were supported by staff to cook meals in the kitchen and were supported to design their weekly menus. They said, "I love cooking, I like to make food for everyone who lives here."

Is the service caring?

Our findings

People were complimentary about the support from staff and environment they lived in. One person described the staff as "Very good here." Another person said "[Staff name] is absolutely lovely." All the relatives we spoke with were equally positive about the staff. One relative said, "We are very impressed with the staff, [Family member's name] tells us there is not a bad one amongst them [staff]."

Staff supported people to live as independently as possible. One person told us, "I'm doing really well here. I like going out every day and I'm walking more now." We heard staff were complimentary to people and acknowledged and supported their emotional needs. Where one person became anxious we saw staff spending time with the person to reassure them.

Staff spoke about people with compassion and shared their knowledge of what they knew about people. Staff supported people to continue with their hobbies and interests, such as ensuring a person who enjoyed visiting the local shops and cafes had access to them and another person particularly enjoyed completing puzzles. We saw and heard staff understood people's care needs and what was important to them

Throughout the inspection we saw staff treat people with affection. One staff member said to us, "We all work together for the benefit of the people who live here, all the staff are passionate about care delivery."

People's care records included information about their life history, family relationships and important events and religious beliefs. People's diverse needs were recognised and staff enabled people to continue to enjoy the things they liked. Staff told us they supported people to follow their chosen religion. People were supported to maintain relationships with family members as they wished and were welcomed by staff when they visited the home. A staff member said, "We have a good relationship with all the families."

People told us they were supported in a dignified way. We saw staff were respectful towards people and promoted and maintained their dignity at all times. For example, a staff member described how they took precautions to protect people's dignity whilst out in the community. They said, "We make sure we take a sheet to cover people if we need to change their clothing whilst out in the community, to protect their privacy. We try to be as discreet as possible." Relatives told us their family members were treated well by staff and their family member's privacy was maintained.

Care records which included information about people's needs were stored securely in the registered manager's office. Staff had access to this information and understood the importance of maintaining confidentiality.

Is the service responsive?

Our findings

All the people we spoke with told us staff talked to them so they knew what care they needed and how they liked their care to be given.

People received timely and comprehensive assessments of their mental and physical health needs. However, some of the care folders that were reviewed had no evidence to suggest that the person or relatives had agreed to the care plans or deemed to be appropriate. When we discussed this with the registered manager they told us staff had discussed the contents of the care plan with people and relatives but they had not been asked to sign the documentation. They assured us this would be done in the near future.

People told us they were comfortable to provide feedback to staff on how they felt about the care they received. We saw that as well as involving people in day to day decisions about their care, staff sought people's feedback on the quality of the service through residents' questionnaires. For example, staff had asked people about menus and food choices. We saw staff had listened to people's comments and further choices had been introduced in response to people's suggestions.

The provider and registered manager demonstrated good insight into the requirements of the Accessible Information Standard. The Accessible Information Standard aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand. The staff team had assessed people's individual communication and information needs and had, where appropriate, provided them with information in alternative. This included, accessible formats such as Makaton sign language and objects of reference [the use of supporting pictures to help people understand].

People and their relatives were clear how to raise concerns and complaints about the service, and were happy to approach support staff or a member of the management team. They had confidence their concerns would be taken seriously and addressed. One person told us, "I know how to complain I'd speak with the [registered manager's name]." The provider had a complaints procedure in place, designed to ensure all complaints were handled fairly and consistently. We saw any complaints received had been responded to in line with the provider's complaints policy.

The provider and registered manager understood and had developed the home in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen."

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager present. 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.

People and their relatives had confidence in the overall management of the service, and spoke positively about the quality of the care and support provided and their relationship with the management team. They found the management team accessible, approachable and ready to listen. One relative told us, "I can't fault them- we are impressed the way the home is run."

All the staff said they all worked as a team and supported each other. Staff we spoke with told us, they felt the registered manager was supportive and communicated well with them. They told us they had opportunities to discuss different aspects of the service were useful, but also had daily communication. Staff had felt able to approach the registered manager or deputy manager about any concerns they may have. We found they were working towards addressing staff's concerns. Staff told us they enjoyed working in their role and felt. One staff member said, "We have a solid, good staff team, it's very supportive here." Another staff member said, "We work hard to make this their [people living at the home] home." Staff informed us, that there were regular staff meetings in place and we are always encouraged to attend. One staff member said, "The manager is very good, when needing to organise things"

The registered manager told us about the monthly checks they did so they could act to protect people and improve the service. We saw the registered manager looked at the number and type of incidents and injuries, complaints and how staff kept people safe. The registered manager undertook these checks so they could consider if the way care was given needed to be changed. With support from senior staff, the registered manager also checked people had the right medicines, equipment and that building was well maintained.

We found checks were also made to make sure staff had the right training to care for people in safe and effective ways. We saw where other organisations had made suggestions for developing the home further the registered manager produced action plans, and acted so people would benefit from improved care.

The registered manager told us they felt supported by the provider, who came out to check on the quality of care at the home regularly, so they could be assured people were receiving good quality care. The registered manager told us the provider had responded positively to requests for additional resources to improve the environment of the home so people would continue to enjoy living there.