Turning Point

Parkview

Inspection report

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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

Overall summary

The inspection took place on 31July and 14 August 2015 and was unannounced. When we last inspected the service on 19 June 2014 we found them to be meeting the required standards. At this inspection we found that they had continued to meet the standards.

People living at the home and their relatives were positive about the home, the manager and the staff. Their feedback was sought and any suggestions were acted upon.

Parkview is registered to provide accommodation for up to 6 people with learning disabilities. It does not provide nursing care. At the time of our inspection there were 6 people using the service.

The assistant manager in post is currently in the process of applying to become the registered manager with the Commission. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are

Summary of findings

'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.

CQC is required to monitor the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection the home had made two application to the local authority.

Staff were trained in safeguarding people from abuse and systems were in place to protect people from all forms of abuse. Staff understood their responsibilities to report any safeguarding concerns they may have. Staff knew how to recognise and respond to allegations of abuse.

People were encouraged to remain as independent as possible and any risks related to this was assessed. Positive actions were taken to mitigate these risks. The provider was also monitoring risk for staff whilst delivering care at Park View and they developed risk assessments to ensure these risks were mitigated effectively.

There were enough staff to meet people`s needs effectively. Recruitment procedures were designed to ensure that staff were suitable and skilled to deliver care for people with mental health issues and checks were carried out before people started work to make sure they were safe to work in this setting.

Training was provided for staff to help them carry out their roles and increase their knowledge of the healthcare conditions of the people they were supporting and caring for. Staff were supported by the manager through supervisions and appraisals.

Staff had received training in the Mental Capacity Act (MCA) 2015 and Deprivation of Liberty Safeguards (DoLS).

The MCA and DoLS ensure that, where people lack capacity to make decisions for themselves, decisions are made in their best interests according to a structured process. Where people's liberty needs to be restricted for their own safety, this must done in accordance with legal requirements. People's capacity to give consent had been assessed and decisions had been taken in line with legal requirements.

People were supported with their eating and drinking needs and staff helped people to maintain good health by supporting people with their day to day healthcare needs.

Staff were caring and treated people with respect, making sure their dignity was maintained. Staff were positive about the job they did and enjoyed the relationships they had built with the people they were supporting and caring for.

People were involved in planning and reviewing their care and were encouraged to provide feedback on the service. Care was subject to on-going review and care plans identified people's particular preferences and choices.

People were supported to play an active part in their local community and follow their own interests and hobbies.

No formal complaints had been made since the last inspection took place but informal issues were dealt with appropriately and to people's satisfaction.

Staff understood their roles and were well supported by the management of the service. The service had an open culture and people felt comfortable giving feedback and helping Improve how it was run.

Although measures were in place to monitor all aspects of the quality of services provided and to reduce potential risks and drive improvement we identified a serious medication error which had been missed by the most recent medication audit carried out.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not always safe.

Systems were in place and staff were trained in safeguarding people from abuse.

Risks were assessed and action taken to minimise them.

There were enough staff to meet people's needs.

Medications were not always managed effectively and safely. The systems did not always prove effective in monitoring and identifying errors with regard to the management of medicines.

Requires improvement

Is the service effective?
The service was effective.

People received support from staff who were appropriately trained and supported to perform their roles.

Staff sought people's consent before providing all aspects of care and support.

People were supported to enjoy a healthy diet.

People were supported to access a range of health care professionals to ensure that their general health was being maintained.

Good

Is the service caring?
The service was caring.

People were treated with warmth, kindness and respect.

Staff had a good understanding of people's needs and wishes and responded accordingly.

People had access to advocacy services.

People's dignity and privacy was promoted.

Good

Is the service responsive?
The service was responsive.

People were supported to engage in a range of activities.

People were well supported to be involved in decisions about their care as much as possible.

People's concerns were taken seriously.

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

People who used the service and staff were involved in developing the service.

Staff understood their roles and were well supported by the management team.

The provider had arrangements in place to monitor, identify and manage the quality of the service. However these systems did not always prove effective in monitoring and identifying errors with regard to the management of medicines.

Parkview

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 met 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 under the Care Act 2014.

This inspection took place on 31 July and 14 August 2015 and was unannounced. The inspection was undertaken by one inspector.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law.

Due to the complex needs of people's physical and mental health, the majority of people who lived at Parkview were not able to verbally communicate their views about the staff to us, however we were able to observe relationships and interactions between people, through body language, objects of reference and hand signals and gestures. We saw that staff were kind and empathetic towards people and understood how to relate to each individual. For example we saw that staff welcomed each person home from their daily activities in a friendly manner and invited them to sit and have a cup of tea whilst they asked them how their day had been and to plan the activities for the evening.

During the inspection we observed staff support people who used the service, we spoke with four people who used the service, five support staff, the manager and several supporting management staff. We spoke with two relatives subsequent to the inspection visit to obtain their feedback on how people were supported to live their lives. We received feedback from representatives of the local authority health and community services.

We reviewed care records relating to four people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and quality audits.

Requires improvement

Is the service safe?

Our findings

We found that systems were in place to reduce the risk of abuse and to ensure that staff knew how to spot the signs of abuse and take appropriate action. Staff were able to tell us what they would do if they suspected or witnessed abuse and knew how to report issues both within the company and to external agencies. For example financial procedures and audit systems were in place where the service was responsible for people's money. These were designed to protect people from financial abuse and were audited monthly by the manager. We checked balances of monies held and found they were correct.

All five staff we spoke with knew and understood the whistleblowing procedure and had recently attended training. They told us that they would not hesitate to use these procedures, where necessary and encouraged other staff to do the same. The staff said the management team encouraged all staff to be open and share any concerns they may have immediately.

We saw that risks had been assessed and actions taken to reduce these risks. We saw that people's risks associated with their day to day activities such as accessing the community, eating and drinking Each assessed risk had been recorded, reviewed appropriately and shared with the person, or their relative who had signed it if they were able. Accidents and incidents were recorded and analysed for trends to see if care plans needed to be adjusted in order to keep people safe.

There was a plan in place which documented how the service would continue to be delivered in the case of an emergency. We saw that the plan was detailed and contained clear and practical advice for staff to follow. The plan was easily accessible to ensure it could be located quickly by staff in the event of an emergency.

Staff told us that they felt that there were enough staff. There was one member of staff on duty each night plus one staff member sleeping in. All the staff said they worked as a team and knew who would be working alongside them. One staff member told us that "I have worked here for a long time and I think that is important to the people who live at Parkview."

We found that staff covered core hours with a minimum of three staff throughout the daytime and staff also worked flexibly to meet the needs of the people they were supporting and caring for. This included additional staff on duty to support people attending their day care activities and social outings.

Staff recruitment records showed that all the required checks had been completed prior to staff commencing their employment. This ensured that only staff suitable to work with people were employed. We found that new members of staff were working along side a more experienced staff member as part of their induction programme. This meant that people were only supported by competent and well trained staff.

We found that staff had received the appropriate training to enable them to administer medicines safely. A series of competency checks were carried out by senior staff before staff were able to administer medicines unsupervised. We checked the medicine records for each person who lived at the home. We found that although the records for the prescribed medicines were all correctly recorded. We found that when we crossed referenced the total amount of medicines for one person who required emergency medicines for their medical condition, there was one dose missing. Although the area manager and assistant manager carried out an immediate search for the missing medicines they were unable to locate it. We found that the auditing process that was in place had failed to identify this error when the medicine audit was last carried out on 13 August 2015. We were told that audits were carried out at the end of each shift in order to ensure that any discrepancies were identified at the earliest possible stage. This meant that the current systems in place to protect people from the mis management of medicines was ineffective and could place people at risk of harm. The manager immediately informed the local authority under their safeguarding procedures.

Following our visit we were notified by the area manager that additional safety measures had been put in place immediately to avoid this error reoccurring. These safety measures included all medicines from the pharmacy to be signed in by two staff members and the manager on call to be informed when this has been completed, all medicines to be checked twice a day by both shift leaders and a medicine protocol to be discussed and reviewed at both team meetings and in one to one supervisions with all staff.

Good

Is the service effective?

Our findings

Staff had a very good understanding of people`s needs and they related to tem in a way which demonstrated kindness and understanding. People were supported in a way that promoted and respected their dignity. For example we saw one person who came into the lounge, looking distressed and anxious. Although this person was unable to communicate their distress verbally, the member of staff was able to interpret this person's body language effectively and defuse the situation through patience, and understanding the persons behaviour very well.

Staff said they felt it was important to help people make choices and develop their own skills and talents. They said they were encouraged by the management team to do as much training as possible. "We are offered a range of training" one staff member told us. A newly employed staff member told us they received a good induction. They told us that they worked alongside a more experienced member of staff until they felt confident in working unsupervised. The provider ensured the training for staff was relevant to the needs of people using the service and included equality and diversity, safeguarding, medication, autism, behaviour that challenges, person centred care, risk assessment, health and safety, infection control, positive behaviour support, first aid, leadership and management and fire safety.

Staff felt well supported by the management team and were encouraged to have their say about any concerns they had and how the service operated. They had the opportunity to attend regular meetings and discuss issues that were important to them. We also saw evidence that confirmed staff had regular supervisions with a member of the management team where their performance and development was reviewed. One person told us that "We have all worked here for several years and I think that helps people feel safe and happy." Another staff member told us "We are always being offered training here, as much as you need and more." Another member of staff told us "I received a good and comprehensive induction when I started." They explained how they completed an orientation day followed by two or three weeks of shadowing more experienced staff members until they felt confident in carrying out their job roles independently. Staff told us that the training they received was relevant to the needs of the people who used the service. Records showed that this included first aid, fire training, food hygiene, mental capacity (MCA), conflict management, equality and diversity, medication and epilepsy training

Staff received training in relation to the Deprivation of Liberty Safeguards (DoLS) and how to obtain consent in line with the Mental Capacity Act (MCA) 2005. They were knowledgeable about how these principles applied in practice, who had DoLS authorisation in place, the reasons why and the extent to which people`s freedom could be restricted to keep them safe. The home had made two Deprivation of Liberty safeguards [DoLS] applications to the local authority within the past year. These related to keeping people safe within the home and when accessing the local community using the home's own vehicle.

People were unable to fully participate in the preparation of their meals due to their complex physical and mental health needs. However during our visits we saw staff worked hard to involve people in the preparation of meals. We saw one person was supported to help lay the table. People were encouraged to make their own choices about the food and drink they liked with the use of pictorial menus and examples of healthy foods displayed in the form of an 'Eat well plate'.

People's food preferences were recorded in their care plan and staff demonstrated a good knowledge of people's likes and dislikes. We saw that there was a picture menu board in place which was updated daily, in order for people to make an informed choice about what they would like to eat. People's weights were monitored and action was taken promptly if someone gained or lost a significant amount of weight. We saw evidence that people with specialist diets were supported by the GP, the speech and language specialist and the community dietician in order to ensure people's dietary needs were monitored and maintained.

Staff used weekly house meetings to choose the menus for the forthcoming week. Drinks were available at all times and several people were seen to be supported to help them eat a more healthy diet to assist them with weight reduction. We saw evidence that all staff had received food hygiene training which ensured people were protected from the risks associated with the storage, preparation and consumption of food.

We observed staff practice and saw that they worked in accordance with training. For example, in relation to

Good

Is the service effective?

supporting people whose communication was limited and people whose behaviour challenged. Staff were able to tell us the appropriate way to support people with specific needs with a range of issues which included personal care, medication and mobility.

We saw that several policies and documents had been produced in a pictorial format, for example the complaints procedure, pictorial health plans, satisfaction surveys, medication pamphlets and menus. This helped ensure that people who were unable to fully comprehend the written word were able to understand the detail within these policies and documents.

People were supported with their healthcare needs and staff worked in partnership with other healthcare professionals to meet people's need promptly. People were supported to attend healthcare appointments with opticians and dentists. Information about people's health conditions and any medicines they took was in their care plans for staff to access.

Good

Is the service caring?

Our findings

We spoke with one relative who told us, “The staff are all wonderful and I never have to worry, they know my [Relative] so well, they are kind and caring.” This relative also told us that they considered staff understood people’s needs well and had the skills necessary to provide people with the appropriate support. One staff member told us that “I have worked here for a long time and I think that is important to the people who live at Parkview.”

We saw that staff had developed positive and caring relationships with people living at the home. They provided help and assistance when required in a patient, calm and reassuring way that best suited people’s individual needs.

We saw a number of positive interactions between staff and the people they cared for during our visit. For example, we saw that one person had become agitated by another person in the home. The staff member talked to them in a kind and gentle manner which de-escalated the situation and resulted in both people becoming calm and more settled.

Care plans contained individual profiles which included a social history, assessment of need, likes and dislikes, who was important to them, known as the ‘Circle of support', information on the person’s medical and health care needs and their social interests and activities. Information was shared with people who used the service in a way they understood.

We saw that care plans were developed involving people and shared, if appropriate, with their relatives. Where people had been unable to consent to their plan of care, a representative had signed on their behalf which confirmed they had been involved in decisions about the persons care. Information about people’s needs and their likes and dislikes was captured in different ways. For example several aspects of people’s care plans had been produced in a pictorial format, which included, pictorial health plans, personal interests and activities and end of life records.

People were encouraged to be involved in how the home was run and how they wanted things done. This included satisfaction surveys and house meetings, where people had the opportunity to chat about how they felt about living at Parkview and things they wanted to do, for example holidays and social activities.

There was also an initiative called the ‘People’s parliament’ which offered people throughout the organisation opportunities to come together collectively and enjoy social and leisure events. This also gave people the opportunity to discuss any issues they may have about the care and support provided.

Confidentiality was well maintained throughout the home and information held about people’s health, support needs and medical histories was kept secure. Information about local advocacy services and how to access independent advice was prominently displayed and made available to staff and people’s relatives.

Good

Is the service responsive?

Our findings

People received care that met their needs and took into account their individual choices and preferences. Staff knew the people they were supporting very well. Care plans documented people's choices and preferences and made clear what people's skills and abilities were as well as all identifying areas where people required support.

We saw that each person's bedroom had been personalised and decorated with family photographs, posters, and items that reflected their personal interests and hobbies.

Care was centred on the needs of individuals. People's care plans addressed all areas of their lives and we noted that their views were sought in creating the care plans to reflect their individual preferences and needs. We saw that people had been involved in planning their care and where people lacked the capacity to contribute to their plan of care we saw that family members had been involved on their behalf. We observed interactions by staff with people who used the service and found that the interventions described in the care plans were put into practice by staff. We saw that staff responded to people in an individualised manner and it was clear when we asked the staff that they knew what the people`s needs were.

All staff had undertaken equality, diversity and inclusion training which ensured that people were given the support they needed in a way that was sensitive to their age, disability, gender, race, religion, belief or sexual orientation. Care plans recorded if people preferred to receive care, particularly personal care, from care staff of the same gender.

We saw that staff supported people to play an active part in their community and to attend social functions. They were encouraged to follow their own interests and hobbies and go on annual holidays. We saw one person was supported to take regular 'limousine' trips into London which they thoroughly enjoyed.

People attended a variety of clubs and social events as well as accessing local services such as shops, local pubs, cafes and leisure centres. One member of staff said, "We always try and get people out and about most days when they are not at the daycentre." We saw that the service had taken steps to ensure that people were sensitively supported to build their own friendships and relationships in the way they chose.

We saw evidence that house meetings and monthly 'well-being' meetings were held regularly which enabled people to discuss any aspects of their care and support that they were not happy with or wished to change. This meant that any informal complaints could be dealt with promptly.

People and two relatives we spoke with told us they would be confident to raise their concerns or complaints with staff or management. A copy of the complaints policy was freely available for people to view in the home. There was also an easy read version displayed within the main reception area which ensured that people who were unable to understand the written word were able to fully comprehend the details of how to make a complaint. We looked at the complaints records and saw that no complaints that had been received since the last inspection took place.

Guidance was available for people about organisations that could assist them with making a complaint, and also for people such as the ombudsman and the Care Quality Commission. Annual review meetings were held and parents and carers were invited to attend if the person, whose review it was, consented to this. This meant that parents and carers were able to discuss any concerns they might have with the staff and the manager.

Good

Is the service well-led?

Our findings

The service had a positive and open culture. All senior staff worked regular shifts at the service and the provider was well known to staff and residents. Staff told us that the manager was very supportive and provided advice and guidance when they needed it. One member of staff said, "We can talk about anything and everything. It is very open here".

Surveys were sent out to parents and carers asking for feedback about the service. Staff were invited to add their own agenda items to the regular staff meetings via a book held at the service. This meant that staff had the opportunity to be involved in developing the service and raising any concerns that they had.

The culture of the service was based on a set of values which related to promoting people's independence, celebrating their individuality and providing the care and support they needed in a way that maintained their dignity. Staff we spoke with were clear about how they provided support which met people's needs and maintained their independence, where ever possible and we also observed this during our inspection. There was a real commitment from the manager and staff to actively involve people in their local community, where ever possible.

There was a clear management structure in place. Staff were positive about the levels of support, guidance and leadership displayed by the manager and their senior staff. One staff member told us "Their door is always open to us, they are very approachable." The manager understood their responsibilities and had submitted statutory notifications that were required to the Care Quality Commission for any incidents or changes that affected the service. Feedback we received from a service commissioner was positive and commented on the efficiency and good communication with the manager.

There were systems in place to monitor the quality of the service. A training matrix gave an overview of the training provision at the service. Other records for the people who used the service and staff were well organised and clear, which meant that important information could be located easily and quickly.

Regular audits were carried out by the manager to monitor the quality and safety of the service. A monthly audit monitored various aspects of service delivery including medication, finances of the people who used the service, maintenance, health and safety issues, completion of records relating to people and attendance at healthcare appointments. However during our visit we found that the most recent medicine audit had failed to identify a serious error with the reconciliation of medicines for one person. We saw that the last medicine audit had stated that all medicines were accounted for and this had been signed by two members of staff. This error was only identified when we carried out an audit of medicines, as part of our inspection.

An analysis of incidents and accidents took place to see if there were any patterns and trends and, where these were picked up, we saw that action was taken promptly.