

Standwalk Ltd

Park Crescent

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

This inspection took place on 6 October 2016. We announced the inspection because Park Crescent is a small care home so we needed to make sure someone would be in. At the last inspection in September 2014 we found the provider was meeting regulations.

Park Crescent is registered to provide accommodation and personal care for up to seven people with a learning disability. The service had a registered manager. 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.

At this inspection people told us they felt safe, and said they talked to staff about how to stay safe. Staff we spoke with were confident people were safe and safeguarded from abuse. The provider had a range of systems which ensured risk was well managed and included health and safety around the home, recruitment of workers and management of medicines. There were enough staff to meet people's needs; people told us they spent time with members of staff and had lots of opportunities to go out with staff support.

Staff received training and support that provided them with the skills and knowledge to carry out their job well. People who used the service told us they made their own decisions and received help when needed. People's support plans had information to guide staff and ensure information was presented to aid decision making. People enjoyed the meals and were involved in menu planning. Menus were varied. Systems were in place to help make sure people stayed healthy.

People were well cared for and enjoyed living at Park Crescent. They were complimentary about the staff who supported them. Staff told us the service delivery was designed around people's needs and preferences, and were confident people received good care. Staff knew the people they were supporting. The service had a 'ground rule' agreement which outlined what was expected from everyone and included 'listen carefully', 'not to shout', 'be kind and helpful', 'take turns to speak' and 'no teasing'. Other easy read and pictorial information was available although not readily accessible; the registered manager was going to address this.

People received consistent, person centred care and support. Support plans showed people's lifestyle was developed around their needs and preferences although we found people did not really understand the support planning process. The registered manager was going to look at how they could involve people more to make sure they fully understood this. People engaged in a range of activities in the home which included household tasks such as cooking and cleaning.

People did not raise any issues about the service and told us if they did have any concerns they would discuss these with staff or management. They told us they could talk to the registered manager. Staff

described the registered manager as supportive and told us the service was well organised. Records we reviewed confirmed this. Regular meetings were held so people could discuss their views and receive feedback about the service. The provider supported the management team at Park Crescent and monitored the service to make sure people were receiving safe and effective care.

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 felt safe and were safeguarded from abuse. Systems were in place to identify, manage and monitor risk.

There were enough staff to keep people safe and make sure they received the appropriate level of staff support.

Staff managed medicines consistently and safely.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the knowledge and skills to provide good care to people.

People told us they made their own decisions and received help when needed. They said they were involved in menu planning and enjoyed the meals.

Systems were in place to help make sure people stayed healthy.

Is the service caring?

Good ●

The service was caring.

People who used the service told us they were happy living at Park Crescent and were complimentary about the staff who supported them. Staff told us people were well cared for.

Staff knew the people they were supporting well and support plans identified what was important to people. .

People were given easy read and pictorial information to help keep them informed. Some information was not easily accessible so the registered manager was going to look at how they could develop this.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care and support was planned.

People enjoyed a range of person centred activities within the home and the community.

Systems were in place to respond to concerns and complaints.

Is the service well-led?

Good ●

The service was well led.

People who used the service and staff spoke positively about the registered manager. They told us the home was well led.

Everyone was encouraged to put forward suggestions to help improve the service.

The provider had systems in place to monitor the quality of the service.

Park Crescent

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 6 October 2016. The visit was announced on 5 October 2016 because the location was a small care home for adults who maybe out during the day; we needed to be sure that someone would be in. One adult social care inspector visited the service.

Before the inspection we reviewed all the information we held about the service, and contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider had completed a Provider Information Return (PIR) in March 2016. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also gathered more up to date information from the provider during the inspection.

At the time of the inspection there were seven people living at Park Crescent. During the visit we looked around the service, observed care, spoke with five people who used the service, a visiting professional, three members of staff and the registered manager. We spent time looking at documents and records related to people's care and the management of the home. We looked at two people's care records.

Is the service safe?

Our findings

People who used the service told us they felt safe, and said they talked to staff about how to stay safe. One person said they had discussed 'stranger danger'. People told us they knew they could share any concerns with staff and the manager if ever they felt unsafe.

In the PIR the provider gave examples of how they ensured the service they provided was safe. They told us they had comprehensive company policy and procedures which were reviewed annually or as required. They said staff received training which helped them understand how to provide safe care, and this included intervention training when dealing with untoward situations such as behaviours that challenge. In the PIR they told us people who used the service had behaviour support plans. Staff we spoke with said they felt equipped to deal with different situations.

Staff we spoke with were confident people were safe and protected from abuse. They told us they had received safeguarding training and knew what to do if they witnessed any incidents. They said if any concerns were raised they would be treated seriously and dealt with appropriately and promptly. A safeguarding log was maintained and showed any incidents that had occurred were referred appropriately to the local safeguarding authority and investigated. The registered manager said there were no open safeguarding cases at the time of the inspection.

The provider had a range of systems which ensured risk was well managed and included health and safety around the home. People told us they had practiced what to do in the event of a fire. One person said, "If there is a fire in my bedroom the alarm goes. I go out and then someone rings 999." They showed us a pictorial fire procedure which was displayed on the back of their door. We looked at records which showed environmental checks had been carried out to make sure the premises and equipment was safe.

People's care files contained assessments and supporting documents that showed risk management was centred on the needs of the person. Individual risk assessments clearly identified hazards people might face and provided guidance about what action staff needed to take in order to reduce or eliminate the risk of harm. Staff told us they followed the guidance in the support plans to ensure people were safe and had the most freedom possible.

There were enough staff with the right experience to meet the needs of the people who used the service. People told us they spent time with members of staff and had lots of opportunities to go out individually. Some people were funded for one to one staffing throughout the day; there was a system for allocating staff to make sure people received the correct level of support. Staff we spoke with said the arrangements worked well. The registered manager said, "I have no concerns about staffing at all."

The registered manager discussed the procedure for recruiting and selecting staff, which was co-ordinated at the provider's head office and always involved a member of the provider's management team being involved in the recruitment process. We spoke with two staff about the recruitment process; one had worked at the service less than two months and the other had worked at the service for 18 months. They both

confirmed they had attended an interview and could not start work until checks around their suitability were completed. They said the checks included references, proof of identify and Disclosure and Barring Service (DBS). The DBS is a national agency that holds information about criminal records.

Staff files were kept at the provider's head office. The registered manager arranged for us to review a recent staff file; all the relevant information was available, and at the front of the file a checklist confirmed a robust recruitment process was followed.

We looked at the systems for managing medicines and found there were appropriate arrangements in place. Staff told us they had completed medicines training and records we reviewed confirmed this. In the PIR the provider told us medication competency assessments were completed.

We observed staff administering medicines and saw staff explain to the person what was happening; two staff were present throughout to ensure medicines were administered correctly. Staff told us this was common practice.

We checked two people's medicines and medication administration records (MARS), and found their medicines had been administered as prescribed. We saw staff checked stocks of medicines to make sure these were correct and had recorded when topical application creams were opened. People had protocols to guide staff around administering medications, which included guidance for 'as required' medicines. This ensured people received their medicines consistently and in their preferred way. For example, one person's protocol for paracetamol stated, 'Name of person can inform staff if they are in pain and has the capacity to decide if they need pain relief.'

Is the service effective?

Our findings

People's needs were met by staff who had the right skills, competencies and knowledge. We looked at training records which showed staff had completed a range of training courses including health and safety, first aid, food hygiene, medicines, safeguarding, infection control, challenging behaviour, confidentiality, equality and diversity, moving and handling, mental health, epilepsy and person centred care. The registered manager had a system to identify when staff had completed training and when refresher training was due; a list of training requirements had been developed and staff were aware they needed to complete these.

Staff told us the training they received provided them with the skills and knowledge to carry out their job well. One member of staff said, "We cover a lot of areas and it's pretty good. Everything is up to date; we always get prompted when training is due." Another member of staff who had recently started working at the service told us they had completed the Care Certificate, which is an identified set of standards that health and social care workers adhere to in their daily working life. They said in addition to this they had spent time with the registered manager and looked at records. They told us, "We went through everything, policies and procedures, and I shadowed other staff and found out about service users."

Staff we spoke with said they were well supported by the registered manager and colleagues. They told us they had opportunities to sit with their supervisor and discuss their work. The records we reviewed indicated staff were supervised but some had not received supervision on a regular basis. The registered manager told us senior staff carried out some supervision sessions and they maintained those supervision records. The registered manager said they did not keep a separate record of supervision so would introduce a system similar to the one used for training which would provide an overview and identify any gaps.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff completed MCA and DoLS training. Staff we spoke with had knowledge of the MCA and DoLS and understood their responsibilities. For example, where people had capacity they had a right to make unwise decisions and when a person lacked capacity decisions had to be made in their best interest. Staff felt confident the principles of the MCA were adhered to at Park Crescent and people's rights were protected. One member of staff said, "Some people have DoLS and we are clear why these are in place. For example, we know [Name of person] does not have capacity around their vulnerability in the community so has to have support when they are out at all times."

People who used the service told us they made their own decisions and received help when needed.

People's support plans had detailed information around decision making; they clearly identified when people could make decisions and when they required support. For example, we saw in one person's file they had guidance about how they made decisions and how staff should present information to aid decision making.

People we spoke with said they decided what they wanted to eat and meal options to include on the menu. They told us they enjoyed the meals. One person said, "We jot down what we want to eat and then we go shopping. We put things on the menu." We looked at menus which were varied and had recently included Lancashire beef hot pot, chicken curry, quiche, spaghetti bolognese, fajitas and chilli con-carne. People had information about dietary requirements and food preferences in their support plan, which helped ensure their nutritional needs were met.

People told us they received good support with their health. One person told us they had recently had blood tests and said, "Staff helped sort out health problems". People said they attended health appointments and were usually accompanied by staff. People had information within their support plan that showed they received support to stay healthy and health professionals were involved in their care. For example, one person had recently visited their GP, a mental health specialist and received support from the learning disability team. People had health action plans (HAP), however when we reviewed one person's we noted it was not up to date, and it was unclear if they had received the recommended support in relation to their dental and optical needs. The registered manager said they would check the person had received the appropriate support and would also ensure everyone's HAP was up to date.

Is the service caring?

Our findings

People told us they liked living at Park Crescent. They were complimentary about the staff who supported them. One person said, "Everyone is dead friendly." Another person said, "The staff are good at their job. They are nice and friendly." Another person said, "We get to go different places and can choose." A visiting professional told us, "They are good at getting to know the person. Staff are responsive and calm in their reaction."

Staff told us people were well cared for and the service delivery was designed around people's needs and preferences. One member of staff said, "People have good quality lives; we're geared up to respond to their choices. They can do what they want, go where they want to go, and we make sure they can do this safely." Another member of staff said, "Everyone receives very personalised care. It's never about what staff want; it's about what is right for the person and what they want. It's a really lovely place to work."

In the PIR the provider gave examples of how they ensured the service they provided was caring. They told us they had an approachable team, and good understanding of people's needs, wishes, choices and preferences. They told us they promoted independence and self- help skills. Our inspection findings confirmed this.

During the inspection we observed staff spending time with people and it was clear they knew the people they were supporting. Staff were able to tell us about people's history, likes and preferences. Staff spent time playing football with one person in the garden who was clearly enjoying the game. Another person told us they loved fashion and had just spent time with staff who had styled their hair. They were going out to get their nails painted and told us they were, "Very excited". One person showed us their room which was painted purple; they told us this was their favourite colour.

People looked well cared for. They were tidy and clean in their appearance which is achieved through good standards of care.

People who used the service talked to us about contact with their relatives, and it was evident from these discussions and reviewing the support plans they were supported to maintain family relationships. Support plans also contained information about things that were important to the person such as what they liked to do.

The service had a 'ground rule' agreement which outlined what was expected from everyone. One person showed us a copy of theirs which was displayed on the back of their bedroom door. They explained this was to remind everyone to 'listen carefully', 'not to shout', 'be kind and helpful', 'take turns to speak' and 'no teasing'. People had other easy read or pictorial information kept in their support plan such as 'advocacy', 'Care Act' and 'MCA'. However, they told us they did not generally access their files. The registered manager said they would look at making the information more accessible.

Is the service responsive?

Our findings

It was clear from discussions with people who used the service and records that people received consistent, person centred care and support. Support plans showed people's lifestyle was developed around their needs and preferences. A member of staff who had worked at the service for less than two months told us, "The support plans gave me everything I needed to know, and I read these before I worked with everyone."

Each person had a support plan that was divided into outcomes; personal care, finances, health and well-being, achieving, staying safe, positive contribution and end of life. Each outcome we reviewed contained detailed information about people's needs and how these should be met. Staff explained how they provided support to individuals; the care they described matched the support plans. For example, staff told us one person could bath independently but required a lot of prompting from staff; the person's support plan clearly stated this.

It was clear that care was person centred, however, people told us they did not generally access their support plan files and some information in the support plan was comprehensive, and would be difficult for people to understand. Some information was written in the first person, i.e. 'I want you to support me'; other information was written in the third person, i.e. 'What we need to know about how [name of person] makes decisions'. People had support plan agreements, however, in one of the files we reviewed we noted this was not signed. The registered manager said they would make the files more accessible, and look at how they could involve people more in the support planning process to make sure they fully understood this.

People engaged in a range of activities in the home and in the local community. One person told us they enjoyed going to college, and an evening 'zumba' class. They also said they visited their relative on a weekend. Another person told us they were involved in a gardening project. We saw people had activity planners. One person's activity programme had changed a few weeks before the inspection but their planner had not been updated. The registered manager said they were reviewing the person's programme and would update the planner.

We saw lots of photographs of people engaging in activities which were displayed around the home, and included trips to the museum, swimming, crazy golf, and zumba. There were some photographs where several people had been on holiday together. The registered manager said people had the opportunity to go on an annual holiday and chose where to go.

People told us they were involved in household tasks around the home. One person said, "I made chicken nuggets here. Staff watched me, and I wore gloves and an apron". They told us they also washed up. Another person said, "I have enough to do. I Hoover, mop and clean up."

People did not raise any issues about the service although they said if they did have any concerns they would discuss these with staff or management. One person said, "I talk to [name of registered manager]". Another person said, "I can talk to the staff and they can help me." Staff we spoke with knew how to respond to complaints and understood the complaints procedure. The registered manager discussed action taken in

response to a complaint received in the last 12 months, which indicated the complaint was dealt with appropriately.

Is the service well-led?

Our findings

At the time of our inspection the manager was registered with the Care Quality Commission. They dealt with day to day issues within the home and worked alongside staff overseeing the care given and providing support and guidance where needed. We received positive feedback about the management of the service; we were told it was well led. People who used the service told us they could talk to the registered manager. Staff described the registered manager as supportive. One member of staff said, "She is brilliant. Her door is always open and we can speak to her at any time. She makes sure this is well led." Another member of staff said, "She really is a very good manager. We feel listened to and she will take on board what we say."

Staff told us the service was well organised. They said everyone had a clear understanding of their role and responsibilities. Each day a shift plan was agreed so each member of staff knew what they were doing; a daily form was completed to evidence tasks were completed such as receipts/money, daily records and diary appointments. The provider had a computerised system where staff registered when they arrived and left work. Messages were also sent to staff via the computerised system; the registered manager said this was an effective way of ensuring important messages were communicated to the team.

Regular meetings were held so people could discuss their views and receive feedback about the service. We saw from 'service user meeting minutes' discussions were held around what could be better, what things people would like to change, meal choices, new activities and any other discussion points. Some people had put forward ideas for meals and these had been included on the menus. Staff meeting minutes showed everyone had discussed communication, report writing, paperwork, the on-call system, staff training and CQC inspections.

The provider had carried out surveys which were sent to us after the inspection. These were completed by people who used all of the provider's services so were not specific to people who lived at Park Crescent. The results showed people had overall provided positive feedback and said they were happy with the service they received and happy with their home. A staff survey had been completed in 2015; the registered manager said another staff survey was being sent out at the end of October 2016.

In the PIR the provider gave examples of how they ensured the service they provided was well led. They told us they had 'shift plans environmental security checks, health and safety checks, audits, manager monthly reports, emergency protocols, business continuity and Investors in People bronze award.

The registered manager completed a monthly management report which was sent to the provider, and enabled them to monitor the service. We saw information was recorded about staffing, support plan reviews, complaints, safeguarding, supervisions, notifications, staff meetings, training and accident and incidents. Staff told us representatives of the provider visited the service and spoke with people who used the service and members of staff on duty. One member of staff said, "[Name of area manager] visits very regularly, sometimes once a week. He will ask if everything is ok."

We looked at other records that showed regular audits and checks were carried out. For example, we saw

health and safety audits covered areas such as the condition of the environment, fire safety equipment, first aid, lighting, security and clinical waste. We concluded from reviewing the records and discussions effective monitoring systems were in place

Before the inspection we contacted 'Healthwatch Manchester' and Manchester City Council 'quality, performance and compliance team' and asked for feedback about Park Crescent; they did not share any concerns about the service.