Parkcare Homes (No.2) Limited

Wingfield Road

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Good**

Summary of findings

Overall summary

This inspection took place on 17 November 2016 and it was unannounced. At the previous inspection which took place in August 2014 we found that remedial action was needed to parts of the property and equipment was in need of repair. We made a requirement notice and asked the provider to make improvements. The provider sent an action plan telling us about the improvements. At this inspection we saw the property was better maintained.

This service supports adults who have learning disabilities, some of whom may have autistic spectrum disorder. The home is registered to provide personal care for a maximum of five people.

A registered manager was in post. This registered manager also had management responsibilities for three other locations. 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.'

We saw areas of the property were in need of remedial attention. We saw one bedroom lacked ventilation and placed the person at risk from poor infection control. The registered manager subsequent to the inspection informed us of the improvements made.

Care plans were inconsistent and in places and at times included information that was opposing. Staff knew the likes and dislikes of people and recognised developing relationships with people was important.

On the day of our inspection we found a calm atmosphere. People gave us their opinion of the service and we saw them communicate well with staff. The views of people was gathered during house meetings but their suggestions for activities had not been actioned.

Staff said there were shortages of staff and people told us activities were restricted when staffing levels were reduced. The registered manager said the service was fully staffed and the focus for improvements was staff attendance.

Where staff administered medicines, the medication administration records (MAR) charts were signed to indicate the medicines administered. Protocols were not devised for all when required medicines (also known as PRN). This meant members of staff were not given guidance on consistently administering PRN medicines. Subsequent to the inspection, protocols were devised for PRN medicines.

People were supported with their ongoing healthcare conditions. People had access to health and social care professionals which meant they had specialist support from these professionals.

Staff told us there was training courses which they had to attend and included understanding autism,

safeguarding of vulnerable adults, Mental Capacity Act (MCA) and infection control. Staff had opportunities to discuss their personal development during their one to one meetings with their line manager.

People said they mostly felt safe with each other and the staff made them feel safe. Members of staff said they attended safeguarding from abuse training. These members of staff were able to describe the procedure including the types of abuse and the actions they must take for suspected abuse.

Risks management systems were in place. The staff knew the types of risk associated with each person and risk assessments were in place on how to minimise the risk.

People at the service were able to make daily living decisions and were not subject to continuous supervision. People were given individual food budgets and there was an expectation they prepare meals and their refreshments.

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

The service was not consistently safe.

We found strong odours in one bedroom within the home.

Staff knew the actions needed to minimise risks identified. Risk assessments were in place for risks identified.

There were shortages of staff and staffing levels were maintained with permanent and agency.

Staff knew the procedures they must follow if there were any allegations of abuse.

Systems of medicine management in placed people were safe.

Is the service effective?

Good

The service was effective

People were assisted by staff to make day to day decisions. People's capacity to make specific decisions was always assessed.

People's dietary requirements were catered for. People were supported to develop menus and to prepare meals.

Members of staff attended mandatory training set by the provider. This training increased staff skills and knowledge on meeting people's needs.

Is the service caring?

Good

The service was caring.

People benefitted from a person centred culture and the staff were committed to providing a service which put people at the centre of their care and treatment.

People were supported by a team of staff who recognised the importance of building trusting relationships.

Is the service responsive?

Requires Improvement

The service was not fully responsive

Care plans in place were not consistently person centred. Care plans were inconsistent and we found information was duplicated.

Activities were taking place and people were able to participate in individual activities but people said they were restricted when staffing levels were low.

People were aware of the complaints procedure and felt able to raise their concerns with the registered manager

Is the service well-led?

Good

The service was well led.

Systems were in place to gather people's views.

Members of staff worked well together to provide a person centred approach to meeting people's needs.

Quality assurance systems to monitor and assess the quality of service were in place and protected people from unsafe care and treatment.

Wingfield Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014

This inspection took place on 17 November 2016 and was unannounced.

The inspection was completed by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). 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 reviewed information we hold about the service, including previous inspection reports and notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us.

During the visit we spoke with four people, two staff, the positive behaviour practitioner, the registered manager and the acting regional manager. We spent time observing the way staff interacted with people who use the service and looked at the records relating to support and decision making for three people. We also looked at records about the management of the service.

Requires Improvement

Is the service safe?

Our findings

People undertook household tasks including cleaning their bedrooms. We saw a downstairs bedroom that was in need cleaning and did not provide adequate ventilation. This bedroom was dirty, there were strong unpleasant odours. We saw debris of food and waste matter on the floor, bed and walls. Although the bedroom had a door into the rear of the property there was no window for ventilation. Staff explained attempts to support the person with cleaning their bedroom were often rejected. However, there were no clear guidelines to staff the actions they must take when offers of support with the cleaning tasks were refused. During our visit a member of staff came on duty to clean the bedroom while the person was away from the home. The infection control audits that had been completed did not include people's bedrooms. This meant staff lacked an understanding of their roles and responsibilities in relation to infection control.

We discussed the poor standards of infection control in one bedroom during feedback with the registered manager. They explained the flooring was to be replaced and agreements had been made with the person on the support staff were to provide with cleaning the person's bedroom. Following our visit we received confirmation that the flooring was to be replaced and extractor fans were to be installed.

We observed window restrictors on all the windows. Fire exits were well sign posted. Corridors were well lit although there was a faulty light on the first landing.

One person said that staff supported them with their medicine as necessary during the day and made sure they were taken. Another person explained they were completely self-medicating. They said the staff checked with them that they had taken their medicines. This person was responsible for filling their own dosette box weekly and managed their prescriptions reordering.

We looked at the medicines for one person. The medicine profile for this person included the prescribed medicines, the directions along with guidance for staff to seek consent before administrating the medicines. Protocols for administering when required (also known as PRN) medicines included the direction and the maximum dose to be administered. However, not included was the purpose of the medicine and the signs and symptoms the person must exhibit for the staff to administer the medicines. We also noted a discrepancy between the numbers of tablets that should have been in stock when compared to those that had been signed as given.
We discussed medicines during feedback with the registered manager. The registered manager agreed to investigate the missing medicines and update protocols for PRN medicines. Subsequent to the inspection the registered manager told us protocols were updated and discussions with the team leader and with the support staff took place and all staff were asked to read the updated information.

People told us they felt safe living at the home. One person told us the security of the property made them feel safe. Members of staff said they had attended safeguarding from vulnerable adults training. These staff said the training helped them recognise the signs of abuse and the actions they must take for alleged abuse.

A member of staff said risks were assessed and categorised. Another member of staff said there were risk assessments for using cooking equipment as some people needed support with preparing meals.

Risk management plans identified the level of risk to the person by the use of traffic light system. For one person the risk assessment had identified them at high risk of developing diabetes and was vulnerable in the community. Members of staff were to support the person in the community by providing advice and prompts and to provide advice on food purchases.

The risk assessment for self-administering their medicines was in place. The action plan was for the person's competence to be checked and for staff to audit their medicines. For another person their medicine risk assessment was for staff to carry out daily checks to ensure medicines were taken.

The Personal Emergency Evacuation plan (PEEP) in place described the person's ability to leave the building in the event of an emergency which included the assistance from the staff for safe evacuation of the property. For one person the PEEP stated the person was unlikely to respond to alerts and the staff were to prompt the person. For another person their PEEP stated the person responded to alarms, was able to leave the building independently and would congregated at the assigned point.

Staff told us there were staff shortages and agency staff were used to cover vacant hours. A member of staff said "staff are under pressure and were experiencing problems covering vacant hours". They said there was a "negative attitude, low morale amongst the staff. Everyone is a bit fed up".

A member of staff said "people were struggling with the time staff have with people." Another member of staff said there had been staff shortages but new staff had been recruited. They said activities were taking place because the home was fully staffed. It was also stated that although three staff were usually on duty at times, there were two on duty.

Good

Is the service effective?

Our findings

People told us they liked the staff and they all agreed the staff knew how to care for them. People's comments included "I like living here. I'd be happy to live here all my life", " They [the staff] help me out", "I like this house" and "The staff are all very nice – they will help you".

New staff received an induction to prepare them to work at the home. Staff said they completed the Care Certificate. A member of staff said their induction programme included familiarisation around the property and shadowing more experienced staff. Another member of staff told us they had an induction pack which they completed over six weeks and were assigned a mentor. They said on the first day of working at the service they were shown around the property, they were supported by more experienced staff and read documentation which related to the people living at the service.

Staff said training was provided for them to increase their skills and knowledge to deliver personal care and treatment to people. A member of staff said there was a combination of class based and online training. They said training attended included safeguarding of vulnerable adults from abuse, level 3 autism training, positive behaviour management, first aid and Mental Capacity Act (MCA). Another member of staff said they had attended positive behaviour management, medicine competency and Deprivation of Liberty Safeguards (DoLS) training.

The training analysis showed 74.3 percent of staff had attended the courses set as mandatory by the provider. We saw from the analysis that mandatory training attended included safeguarding of vulnerable adults from abuse, Mental Capacity Act 2005, DoLS, infection control and introduction to autism spectrum disorders.

Staff said one to one meetings to discuss their personal development with their line manager were regular. A member of staff said their one to one meeting was with a "senior" and before the meeting they composed an agenda of issues to discuss. They there was an action plan which they achieve by the next meeting. Another member of staff said during their one to one meetings there were discussions on their progress, concerns and performance.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS)."

People living at the service had capacity to consent to daily living decisions and they signed agreements to share information with social and healthcare professionals. Mental Capacity Act 2005 (MCA) assessments were completed to assess people's capacity to make specific decisions such as administering their medicines. Staff said people were able to make their day to day decisions which included activities, meals, their clothing and times to rise and retire. Another member of staff said people had capacity to make decisions about their medicine, meal preparation and personal care and treatment. They said people were not subject to continuous supervision and were able to leave the home without staff support.

A member of staff said there were people who at times became aggressive towards staff and others. A member of staff told us of triggers and actions they must take when behaviours escalated. This member of staff gave us examples on the actions they took when people became aggressive. For example, they ensured the vicinity was clear of people. Another member of staff said "Positive Range of Options to Avoid Crisis" (PROACT-SCIP) training had helped them develop strategies based upon an individual's needs characteristics and preferences.

The member of staff with positive behaviour practitioner lead role explained their role involved supporting some people with social skills, developing positive behaviour management (PBM) plans and analysing incident reports. They said part of the role was to discuss with people the challenging incident and to debrief staff following incidents. It was also stated that the debrief with staff included looking at the "build up" to the incident and to determine the reasons for the incident escalating. The lessons learnt from a recent incident were explained and we were told too many people in the office and the general volume of people in the office led to an aggressive incident. In future the number of people in the office would be restricted.

People told us that they prepared their meals. Staff said people were provided with individual budgets to purchase their groceries. A member of staff said people prepared their meals during the week and on Sundays the staff prepare the "roast". They said some people prepared weekly menus while others preferred to prepare shopping lists. They also said some people were helped with healthy eating options for example, choosing alternatives such as fruit bars instead of chocolates.

One person told us about their eating and drinking needs. Staff told us they were encouraging this person to go out into town and have meals in restaurants.
A member of staff said they made GP appointments for people and accompanied them on their appointments. They said healthcare professionals were involved with people. For example, regular dental check-ups and psychologists This meant people had access to specialist healthcare professionals..

Health Action Plans were in place for people to ensure there was planned support from GPs and the primary healthcare team. Action plans ensured people healthcare needs were met and ensured people had access to the relevant health and social care professionals. The health action plan for one person listed food items not suitable to have for their health condition and the communication method used to ensure the person understood the importance of maintaining healthy eating. For another person the action plan was for a behaviour nurse referral.

Good

Is the service caring?

Our findings

People told us they knew the staff and got on well with them. Three people told us they found the staff very approachable and friendly. One person said "They are all very nice. If you want anything they will do anything for you." This person also told us how staff always told them if they were all going out and always left a contact number and when they were to return. This occasionally happened when staff were supporting people one to one in the community. This person said she was happy with this and had her own mobile telephone.

We observed interactions that were kind, patient and sensitive. There was a friendly and professional attitude shown between members of staff. Overall the atmosphere was very calm. Staff were polite and respectful when talking to people. People were not rushed to make decisions and were given time to transition from one activity to another. We observed a member of staff give several gentle reminders to one person that they were due to go out for a GP appointment. One person told us "Staff ask daily if I'm ok and if there is anything I want and what I have planned."

A member of staff said people were not forced and staff initiated conversations. They said the staff had a positive approach, used open body language to give people a feeling of openness and people appreciated staff's attention. In addition, the keyworker system where specific staff were assigned to people helped develop relationships, gave people a feeling they mattered to them. Another member of staff said they spent time with people and discussed shared interests. This member of staff said " I speak to people about their interests. It's about putting the time in and getting to know people". They also said that listening to people "give them full attention and people were not ignored helped to develop trust".

We attended a house meeting that coincided with the day of our inspection which two people and two members of staff attended. People were asked about what was important to them. Staff listened carefully and responded appropriately. People responded to requests for feedback and one person said "It feels like what activities we agree on - they don't happen. It gets written in the diary but I reckon the diary doesn't get read ". Another person said "Not enough staff so can't go out when I want". Staff reassured people they were "100 percent entitled" to do activities and they would make sure staff read the diary consistently. Staff were very patient and waited for people to speak and allowed them to gather their thoughts. Staff told us the minutes would be written up and displayed in the office. A copy would be sent to the Manager and she would decide what activities were possible

There were several information notices on the hall wall encouraging people to voice their views and how to stand up for what's right which included contact names and numbers of organisations that could be contacted to help them do this. On the notice board were the recent CQC reports, SWAN advocacy information, Safeguarding for adults at risk procedures and Code of Practice for Social Care workers.

A member of staff gave us examples on how they respected people's rights. They said knocking on people's bedroom doors before entering ensured people were respected. Also by ensuring staff met people's needs

and enabling people to make decisions. Another member of staff reinforced the comments of staff and added that respecting people's confidentiality ensured their rights were promoted.

Some people had visits from family and friends. On the day of the inspection one person was going on an overnight visits to relatives. People furnished their bedrooms in their preferred style and they had staff support them to choose the décor. One person told us their room was redecorated before they moved to the home.

Requires Improvement

Is the service responsive?

Our findings

Care plans were developed from assessments of needs which people signed to indicate their agreement with the plan of action. However, some documentation was repetitive. For example, a communication dictionary was developed for people and was to be used for people that "do not use words to communicate". However, the people at the service were able to communicate verbally. We found some information was included in the dictionary was not included within the appropriate plan .This meant not all the information was documented within the appropriate care plan.

The stoma (a surgically constructed opening, especially made in the abdominal wall to permit the passage of waste) care plan for one person stated the person was able to manage the care of the stoma and gave instructions in the event the person required assistance from the staff. Staff told us the person often refused their assistance. However, there was no evidence that staff had offered assistance for support. It was evident from the observations of this person bedroom they required assistance from staff.

Care plans were not always up to date. The daily routines plan for one person dated 28 February 2015 was for this person to begin their day in a positive manner. Described was the person's ability to manage their personal care and the guidance to staff was to ensure they were consistent with the support delivered in line with the person's preferred structure and routine. We saw the care plan was reviewed and staff had recorded the plan was not effective. We saw recorded on the 24 April 2016 that "at times it can be a struggle to follow the daily routine plan. The plan will have to be reviewed." On the 10 July 2016 staff had documented additional prompts were needed for the person to undertake personal hygiene. This meant staff feedback for more up to date guidance was not taken seriously or acted upon.

Personal profiles described people's ability to manage their personal care, communication abilities, family and friends, behaviours that were exhibited at times and social interaction. Also included was the person's life story that described their background history prior to moving in to the home. The life story for one person included their education, medical diagnosis and how this impact on their daily living. This meant staff were provided with information about the person which ensures they were view people as individuals.

Daily routine care plans were in place and detailed the person's abilities to manage their personal care and included guidance on the assistance staff were to deliver to support the person. The care plan for one person with mental health care needs gave staff guidance on how to support the person. For example, members of staff were to provide reassurance when the person sought confirmation from the staff. The communication care plan for another person included the person's ability to communicate and their understanding on how to convey information. For example, the person's ability to interact socially and the predictable behaviour such as being repetitive with questions.

The community care plan for one person stated the person enjoyed daily visits to the pub and staff were to support the person on their visits. The action plan stated the person made daily decisions on the activity and during periods of high anxiety two staff were to accompany the person as they were reluctant to deviate from the chosen activity. .

A member of staff told us the keyworker and team leaders compiled the care plans with the involvement of the person. Another member of staff said people's care was centred on the person and stated "always and everything is derived from people's wishes". People told us a keyworker [staff assigned to specific people] system was in operation. One person said "I haven't got a keyworker - I've been waiting some time for one". Another person said "I have a keyworker and we have meeting together". A member of staff said there were keyworker meetings and at these meetings they discussed the care plans. They said people's support needs which included likes and dislikes were discussed and where changes had occurred, the care plans were updated. The keyworker reports for one person were based on the progress made with meeting their set goals, care plans, health and future plans.

Staff said handovers happened at the beginning of each shift. They said staff documented events during their shifts to update staff arriving on duty and stated that previously staff handover formats included comments from the staff. This format gave staff a better overview on the people during their shift. Another member of staff said during handovers discussions were based on the tasks to be completed and people's activities and appointments.

On the day of the inspection people had made plans for the day and knew what was going to happen. A member of staff said the staff organised activities for some people. Another member of staff said they organised the activities people had suggested. They said one person was in part time employment and other people had allotments and attended social groups.

The activity programme for one person included visits to a working farm and attended clubs and groups. For another person, food shopping was part of their activity programme and stated the person preferred to go without staff support on times when the shops were not crowded.

People we spoke with said they knew the registered manager and saw them regularly. They said they were happy to speak to her about any complaints they had. Three complaints were received at the home since the last inspection and were resolved to a satisfactory outcome.

Good

Is the service well-led?

Our findings

The organisation used surveys to seek the views of people using the service. We viewed the last survey results. Positive responses from people were received about the care and treatment and about the staff. However, the analysis of the surveys were for four houses that were within close proximity of each other. This meant it was not possible to determine the specific comments and views of the people living at this service.

Staff meetings were used to keep staff informed of policy changes and to enable staff to reach agreements about the running of the service. A member of staff said team meetings were regular and to ensure that staff were able to attend they were given the option of times of the meeting. Another member of staff said the values of the organisation included integrity, respecting people's rights and promoting family values.

Staff said the team was good and they worked well together. A member of staff said the registered manager was "good". Another member of staff said all staff were keen to help and the registered manager was approachable.

A registered manager was in post and had managerial responsibilities for four separate locations (houses). The registered manager explained to build the team and to create improvements there was to be more delegation. This manager said seniors were to be assigned to each service to provide management presence and the Positive Behaviour Management (PBM) practitioners had been appointed with responsibility for supporting the team with difficult situations. The registered manager told us that she was confident about the position of the service as the feedback from professionals was positive, particularly about the introduction of PBM practitioners. However, recruitment and attracting suitable staff for the service was a challenge.

Quality assurance arrangements were in place to assess the service people received. The registered manager told us there had been changes in the quality assurance system. They said self- assessments were to be carried out by the registered manager and action plans to be developed where standards were not met. Internal audits were part of the assessment and included food, infection control and medicine systems. The medicine and infection control audit showed action plans were developed for standards not met. For example, staff were not to wear jewellery and staff must consistently check the temperature of medicine cabinet.

The registered manager analysed reports of accidents and incidents to identify patterns and trends. The registered manager said internal meetings with seniors were organised to discuss and learning from the analysis of the patterns and trends. They said an online system for reporting safeguarding referrals, accidents and incidents was introduced and produced high risk areas for the manager. It was also stated these systems identified trend and patterns and opportunity for learning. For example, staff learnt from a recent medicine error not to prompt people in the presence of others as this had increased the person's level of anxiety