

Parkcare Homes (No.2) Limited

Bannister Farm Cottage

Inspection report

220 Longmeanygate
Midge Hall
Leyland
Lancashire
PR26 7TB

Date of inspection visit:
25 January 2019

Date of publication:
19 February 2019

Website: www.craegmoor.co.uk

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? | Good  |
| Is the service well-led? | Requires Improvement  |

Summary of findings

Overall summary

About the service:

Bannister Farm Cottage is care home which provides accommodation for people who require nursing or personal care and living with a learning disability. It is comprised of three en-suite bedrooms within the main house and two self-contained annexes attached to the main building. At the time of our inspection there were four people who lived there permanently and one person who attended each week day and stayed overnight every Monday.

Our last inspection report for this service was published on 01 October 2018 and the rating was 'Inadequate with five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to person-centred care, safe care and treatment, safeguarding service users from abuse and improper treatment, good governance and staffing. We also found one breach of the Care Quality Commission (Registration) Regulations 2009, in relation to notification of other incidents.

Following the last inspection, we met with the provider to confirm what they would do and by when to improve all the five key questions to at least good. The provider also wrote to us to tell what action they would take to comply with these regulations. At this inspection, we found that the provider had made considerable improvements and there were no longer breaches of the regulations. However, we found continuing areas for improvement and the service remains 'Requires Improvement'.

This was a scheduled inspection based on the service's previous rating.

People's experience of using this service:

There had been a reduction in the number of incidents involving use of physical restraint, however there were continuing incidents of assaults against staff. There had been improvements to ensure people were protected against abuse, neglect and discrimination. Risk assessments were in place and incidents were analysed and de-briefs. However, we found some of the debriefs were not robust to aid any learning. We were unable to speak to people using the service due to their limited communication however their relatives were positive and acknowledged that improvements had been made.

Oversight on incidents from the manager had improved but needed to be consistent.

Improvements were required to ensure people were adequately supervised while undertaking chores and activities to prevent risks of injuries and ensure their safety.

There had been improvements to people's records. Records had been re-written and were well organised and checked to make sure they included up to date and accurate information about people's needs. Information from audits, incidents and quality checks were used to drive improvements to the service people received.

People were assisted to have choice and control of their lives.

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways; promotion of choice and control, independence, inclusion. For example, people's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Improvements had been made to ensure staff were providing effective care for people through person-centred care planning, training and supervision. Consideration had been made for the provision of best practice guidance and support to meet people's individual needs.

There were also good practices within the service and people were treated with compassion and dignity by care staff.

We observed a homely and friendly atmosphere throughout the inspection.

Staff spoke passionately about their roles and wanting to provide quality care.

There was good evidence that equality and diversity had been considered, in particular around those with protected characteristics such as disability, race, culture and religion.

People received personalised care that was responsive to their needs.

Staff knew people well. They had developed good relationships with people. People clearly enjoyed the presence and attention from the staff.

Governance systems had improved, and a new manager had been employed. There was commitment from senior management to improve people's outcomes.

For more information please see the Detailed Findings below.

Rating at last inspection: The service was previously rated Inadequate.

Why we inspected: This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

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 consistently safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not consistently well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Bannister Farm Cottage

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 checked 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 was conducted on 25 January 2019.

Inspection team: This inspection was conducted by two adult social care inspectors.

Service and service type: Bannister Farm Cottage 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.

The service did not have registered manager. The registered manager had left before our last inspection. A new manager had been appointed and was in the process of registering with the Care Quality Commission. This means that they and the provider will be legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection was unannounced.

What we did: Our plan took into account information the provider sent us. We also considered information about incidents the provider must notify us about, such as abuse; and we looked at issues raised in complaints and how the service responded to them. We obtained information from the local authority commissioners and safeguarding team and other professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we observed interactions between staff and people who used the service. We also spoke with four relatives of people using the service to ask about their opinions and experience of the care provided. We were unable to speak to people who used the service due to limited communication and

complex needs.

We spoke with the manager, deputy manager, regional director, a quality improvement lead and three care staff members. We looked at four people's care records and a selection of medicines administration records (MARs). We looked at other records including quality monitoring records, recruitment and training records for three staff members and records of checks carried out on the premises and equipment.

Details are in the key questions below.

The report includes evidence and information gathered by both inspectors.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Some aspects of the service were not always safe and there was limited assurance about safety. There was a risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- At our last inspection people were not protected against the risk of improper treatment. This was because there were a significant number of physical assaults against people who lived in the home. There were staff shortages which impacted on the delivery of safe care. People's human rights were not always observed. Incidents of staff misconduct were not adequately dealt with and risks of self-harm had not been managed properly. There was no means for staff to summon for help in emergencies and arrangements for the use of 'as required' (PRN) medicines was not effective.
- At this inspection records showed that risk management plans and arrangements for protecting people from abuse and improper treatment had improved. Any allegation of abuse against staff had been dealt with and action taken to remove staff who were found to be unprofessional from the service. Where necessary, additional care plans and risk assessments had been put in place.
- Accidents and incidents had been documented and staff had taken action to support people where required. There had been a reduction in incidents of assault and staff had refreshed their training in dealing with incidents and the use of physical restraint. There was a follow up procedure to discuss incidents that involved staff and people also known as debriefs. Care records, such as care plans, were updated following any accident or incidents. There was reflective practice to analyse incidents, to identify patterns and reduce risks of re-occurrences at the service. However, we noted that some debriefs were not effectively undertaken. For example, on one occasion a member of staff conducted a debrief on their own which is not the recommended practice. While there had been a reduction in incidents we noted there were still a number of incidents of staff being attacked during care provision.
- People were monitored while undertaking activities and chores however improvements were required to ensure that staff effectively supervised people if they needed one to one support for certain tasks. We discussed with the manager the importance of promoting people's independence at the same ensuring adequate supervision is in place to maintain people's safety.
- Emergency procedures for keeping people, staff and others safe were in place and they were regularly reviewed and updated as required. These included personal emergency evacuation plans (PEEPs) which had been improved and a business continuity plan.

Supporting people to stay safe from harm and abuse

- People's relatives told us they felt their relatives' safety had improved.

- Staff were trained in safeguarding and knew what to do if they were concerned about the well-being of the people using the service. Lessons from any safeguarding enquiries were shared with care staff during staff meetings and reflective workshops.

Staffing levels

- There had been improvement to staffing levels and the use of agency staff had reduced. Relatives we spoke with were confident there were enough staff employed to meet people's needs. Staff told us, "Staffing levels are more than adequate, it means we can help residents access the community more and maintain a normal lifestyle as much as possible."

- Records showed staff were safely recruited with the appropriate checks carried out to ensure they were safe to work with people who use care services. The relevant pre-recruitment checks, such as disclosure and barring service (DBS) checks had been undertaken. References were sought before to check potential staff's suitability.

Using medicines safely

- Our review of medicines records showed that people received their medicines safely from trained members of staff whose competence had been checked. Medicine administration records (MARs) had been completed accurately and in full. Records and guidance relating to 'as required' medicines were in place that guided staff on the safe administration of these. There had been improvements to ensure staff could give people 'as required' medicines if they felt they needed it. At our last inspection staff were required to contact managers before giving these medicines which caused delays to people receiving their medicines.

- There were safe systems in place for ordering, administering and monitoring medicines. Care workers were trained and assessed as competent before they administered medicines. One staff member told us, "Medicine systems are very good, no errors and there is always a manager on call if you need to ask their advice."

- Regular medicine audits were being completed to ensure any concerns were highlighted promptly.

Preventing and controlling infection

- There had been improvements to the environment and cleanliness of the home. At our last inspection there were concerns relating to the cleanliness of some parts of the home. We saw care staff had completed training in infection control and food hygiene.

- Care staff were provided with protective equipment such as gloves and aprons.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Staff skills, knowledge and experience

- At our last inspection we found the provider had failed to deploy sufficient numbers of staff, who were suitably qualified, competent, skilled and experienced to meet the needs of those who lived at the home, and who had received appropriate support, training, professional development and appraisal, to enable them to carry out the duties for which they were employed.
- During this inspection we found significant improvements had been made. All staff had received adequate induction to orient them to their role. Relevant training associated caring for people living with a learning disability and autism had also been provided. Staff involved in physical restraint had received appropriate training including regular agency staff. Supervisions were being held on a regular basis to support staff in their roles. This included group discussions. One staff member told us, "Training is great, lots of courses and specific to the type of support people need."
- The service's training matrix showed that staff completed a wide range training courses including autism awareness, medicines management, health and safety, moving and handling, the Mental Capacity Act 2005, equality and diversity.
- Relatives felt that staff had improved their skills, knowledge and experience to meet people's needs. One parent commented, "Staff are more engaged and responsive to [names] needs. And "The improvements don't only benefit [name] they really benefit us as parents."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff providing consistent, effective, timely care within and across organisation

- People had been assessed before they started using the service to ensure their needs could be met. Assessments covered people's health and social care needs. Care was delivered in line with national guidance. Assessments included a one-page profile containing personalised information about the person, for example their life histories, allergies and how they wanted their needs met and what was important to them.
- Improvements had been made to ensure people received one to one support that was linked to their needs and where additional hours were required relevant authorities had been involved to provide additional funding.
- All care plans had been re-written following our last inspection. Regular reviews were undertaken that ensured staff had access to current information about people and how to deliver effective care to them.

- Relevant referrals had been made to external professionals such as learning disabilities nurses, and speech and language therapists. Assessments obtained from these health and social care professionals were also used to plan effective care for people.

Ensuring consent to care and treatment in line with law and guidance.

- 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 to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Records showed people's mental capacity assessments had been considered. The care records we sampled contained clear information about people's ability to consent and what aspects of their care and support they could consent to. All people living at the home had DoLS authorisations in place. Any conditions set by the authorising bodies in relation to the DoLS had been met. We discussed the need to ensure evidence of how the conditions were met was clearly recorded to ensure it can be audited or presented to authorities if requested.

- Staff had a good understanding of the MCA and encouraged people to make decisions for themselves. We saw examples where a person was given choice and at times declined support. Staff respected their wishes and choose the right moments to offer their support again. When people couldn't make decisions for themselves, best interest decisions had been considered in consultation with families and professionals.

Adapting service, design, decoration to meet people's needs

- The environment had been adapted to meet the needs of people living at the home. Adequate living space was provided and furnished to help maintain people's safety, independence and comfort. There were plans to renovate the premises especially one of the annexes.

Supporting people to eat and drink enough with choice in a balanced diet

- People had nutritional assessments and care plans to ensure care workers knew how to meet their nutrition and hydration needs. Nutritional assessments also included personalised information on how people liked their food presented, what types of food they liked to eat, and any ethnic, religious or cultural dietary requirements they had.

- We noted staff had been provided with specific guidance where people needed additional support to manage their diet and where this could be linked with their behaviour.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported

- At our last inspection we found people who lived at Bannister Farm Cottage were not always treated with dignity, respect or compassion. We found a lack of kind and caring attitudes towards people who used the service. We also found relatives and advocates were not always kept informed of changes in people's needs or significant events. People's choices were recorded however practices in the home showed this was not met during day to day care provision. We made two recommendations regarding involving people's advocates and families and also about staff training in equality, diversity, dignity and respect.

- During this inspection, we found all staff had received training in dignity and respect as well as equality and diversity. The provider had acted and ensured staff involved in any unprofessional behaviour towards people were dismissed. One staff member told us "Residents get very good care and support, it has improved so much."

- Staff promoted people's independence and encouraged them to do things for themselves.

- Confidential information was being stored securely and in line with The General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals.

- Care staff knew people's likes and dislikes and always found the time to talk with them. Relatives told us they were more involved and consulted. One relative said "We feel very much involved and the telephone is always ringing with staff updating us daily."

- Staff understood how best to communicate with people, for example, speaking slowly, clearly and using pictures to support people's understanding.

Supporting people to express their views and be involved in making decisions about their care

- Observations throughout our inspection, showed staff supported people who used the service to make decisions about their care and support.

- The amount of information contained in care records demonstrated the views of people (where possible) advocates and family members had been sought. Information about people's background, history, favourite past times and life experiences had been captured in care records.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- At the last comprehensive inspection in July 2018, we found people were not receiving person centred care, the provider and staff were not responsive to people's needs. People were not adequately supported with leisure activities which had led to an increase in behaviours that challenged others. Some care records were too brief, ineligible and not fit for purpose. They had not been regularly reviewed and did not reflect people's care needs. Requirement for specialist health support had not always been followed up. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During this inspection in January 2019, we found improvements had been in various areas of people's care to reflect a person-centred approach. This included care records, staff training, the way people were supported to access the community and activities of their choice. There was a more responsive approach to ensure people received the support they needed from external agencies where necessary. This was done in a timely manner.

- Care plans reflected people's choices, wishes and preferences and things that were important to them. This supported staff to care for people effectively.

- Relatives gave us positive feedback about the changes. Comments included, "Communication has improved, it can still at times be a little hit and miss but generally much better and we feel involved." And, "They are helping my [relative] to be engaged in activities more."

- People's needs, including those related to protected characteristics, were identified. We saw details around equality and diversity were included in care plans and staff had received training in equality and diversity.

- The manager was aware of the legal requirement, 'Accessible Information Standard' (AIS). The AIS aims to ensure that people with a disability, impairment or sensory loss are provided with information that is accessible and that they could understand. They had improved on the use of picture exchange communication system (PECS). The picture exchange communication system, or PECS, allows people with little or no communication abilities to communicate using pictures. People using PECS were taught to approach another person and give them a picture of a desired item in exchange for that item. This helped to ensure the person can continue to make their choices known to staff.

End of life care and support

- No one was receiving end of life care and support at the time of our inspection.

- Improvements were required to ensure people were offered the opportunity to discuss their end of life

preferences. While the service was providing care to younger adults, staff needed to be trained to have awareness of end of life care. The manager informed us they would be having these conversations with people and their relatives once they have settled into their new role.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure in place.
- Relatives told us they were able to raise any concerns if they needed to. We saw three complaints had been received. We discussed the need to ensure complaints are acknowledged and written outcomes of complaints were given to people. The manager took action and informed us they would meet with people who raised complaints in addition to writing to them.

Is the service well-led?

Our findings

Well-led -The service was consistently managed and well-led.

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

- At our last inspection in July 2018 we found there was a significant lack of managerial oversight of Bannister Farm Cottage. The systems for assessing and monitoring the quality of service provided were weak and management support for those who lived at the home and the staff team was poor. Audits were not robust to identify shortfalls and drive improvement. Staff were not supported and monitored to ensure they provided people with dignified and effective care and training. This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

There was a failure to notify the Care Quality Commission of significant incidents that had occurred in the home. This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- During this inspection we found improvements had been made to the governance processes however some of these were still in the early stages and needed to be sustained over a period of time to ensure people can receive consistent care. Staff and relatives told us there had been a noted improvement and people's outcomes had also improved. Comments from relatives included, "Incidents are far and few between now.", "The staff are more consistent and enough of them." And "So far, we think the new manager is very good, we just want to see sustainability of the improvements."

- A new manager had been appointed and they were in the process of registering with CQC to become a registered manager. This 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.

- The registered provider had ensured that notifications had been submitted to CQC where this was necessary.

- The leadership at the service were working hard to create a caring culture which support the delivery of high-quality, person-centred care. There was support for the manager from senior management and the provider's quality improvements team had worked to rectify any shortfalls. This helped maintain a safe service.

- Staff we spoke with felt the service was well managed and they were supported in their roles by the manager. Comments from staff included, "There's lots of support from the senior management team, [the manager] is really helpful and approachable. It never felt like an inclusive place, now it feels like a family." And, "Management are approachable, they listen and very good at organising our work. All staff we spoke with demonstrated a desire to provide quality care for people using the service."

Continuous learning and improving care

- A variety of regular audits and quality monitoring was taking place. Findings were recorded and included the actions taken to improve the service. These included medicines audits. There was also an organisational wide learning exercise on incidents and any significant events. The provider's internal quality team had undertaken internal inspections to identify areas of improvement.

- While improvement had been made we found they were at an early stage. There were areas that needed further improvements. For example: the management of incidents and the oversight provided by the manager on incidents to ensure this was more robust and the effective supervision of people so that they remained safe. Further improvements were also required to show that the manager had oversight on incident reports to check if staff had taken appropriate action.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- Improvements had been made to promote openness and transparency throughout the staff team. Policies, procedures and best practice guidance was available and accessible to staff to support them in their roles.

Engaging and involving people using the service, the public and staff; Working in partnership with others

- Records we looked at showed staff meetings were being held. There were monthly governance meetings for staff and management.

- Surveys were due to be given to family members, so they can have a say on the quality of the service. Meetings had taken place between staff and relatives.

- Evidence we looked at demonstrated the service had made improvements to ensure they worked in partnership with the wider professional team. Records noted the involvement of GP, Learning disabilities nurses, social workers and commissioners of people's care.

- Evidence we saw confirmed the staff team and the manager had worked collaboratively with other professionals to improve outcomes for people.

- Care workers were given information on local health and social care and community services, so they knew what was available for the people they supported and could tell them about the services they could access.