

Parkcare Homes (No.2) Limited

Primrose Villa

Inspection report

250 Fishponds Poad
Fishponds
Bristol
BS5 6PX

Tel: 01179519481
Website: www.craegmoor.co.uk

Date of inspection visit:
01 March 2017
02 March 2017

Date of publication:
03 April 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

At our last inspection in January 2016 we had found that training in challenging behaviour had not been completed. This placed both the staff and people living at the service at risk. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the provider had completed their action plan and staff were all now trained to respond to behaviours that may challenge.

There was a registered manager for the service. 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.

Two people at the home reported an allegation to us during our visit. It was alleged a staff member could be harsh and abrasive towards people. The registered manager took action at the time of our visit to ensure that people were safe.

People were supported with their range of needs by enough staff to provide them with safe and suitable care. The staff rotas showed and the registered manager told us, that staffing numbers were increased when it was needed. If people's needs changed due to being physically unwell, or there were extra community based events taking place there would be additional staff rostered to work.

The provider had a system in place to aim to protect the rights and freedoms of people at the home. The provider ensured that the requirements of the Mental Capacity Act 2005 were implemented when needed. This legislation protects the rights of people who lack capacity to make informed decisions about different aspects of their lives.

Staff received support and training to carry out their roles effectively. The staff said they felt supported by the registered manager and deputy manager. People also told us they felt they could raise issues or concerns to management. There was a procedure in place to manage and respond to complaints. The complaints procedure helped to ensure that complaint would be taken seriously, investigated and resolution to the satisfaction of the person concerned.

People said that they liked the meal choices, and we saw they were encouraged to prepare and cook meals, snacks and drinks. Care plans showed how to support people who had specific nutritional needs.

We saw staff were caring and friendly in manner toward the people they supported. People told us they had built up close and caring relationships with the staff. We saw staff ensured that privacy and dignity were respected. The staff provided people with explanations and information so they could make choices about aspects of their lives.

Care plans explained how to meet the care and support needs of the person that they were written about. If people chose to they were involved in the planning and writing of their care plans. This was to help ensure that people able to say how they wanted to be supported and in the ways they would prefer.

People were well supported to eat and drink enough to be healthy. To help people to be independent people were encouraged to buy and prepare meals and snacks with the support of staff.

People were able to take part in a variety of individual social activities both in and out of the home. Some people told us that they went to college during the week as well as out for trips into the local area.

The provider had a system in place to help to ensure that complaints were investigated and responded to properly. People knew how to make their views known and they had up to date information available to help them to make a complaint. The registered manager knew people very well and they said that she was a "very nice person" who they could speak to at any time.

There was a programme of quality monitoring and checking in place. Where issues were identified as a result of this, action was taken to improve the overall quality of the service. A recent quality monitoring check had found an issue in relation to the information that was written in care plans about people. The registered manager had put in place an action plan to address this shortfall in care planning.

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 ●

Some aspects of the service were not fully safe.

Two people felt a staff member treated people in a way that made them feel unsafe.

People were supported by staff who knew what they should do to keep them safe from abuse.

The provider's recruitment system helped to ensure that only staff that were suitable to work with people were employed.

Medicines were managed and given to people safely.

The needs of people at the home were met by enough suitably competent staff to provide safe care and support.

Is the service effective?

Good ●

The service was effective.

The rights of people were protected because the requirements of the Mental Capacity Act 2005 were followed in the home.

People benefited because they were supported by staff who knew how to provide them with the care and support they needed.

People were supported to eat and drink the food and drinks of their choosing. Staff supported people when needed to eat and drink enough to stay healthy.

People were well supported with their health care needs and GP's and healthcare professional's provided guidance and treatment when needed.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were warm and friendly in

their approach towards them.

People were assisted by staff who knew them well and were aware of their individual choices and preferences.

Is the service responsive?

Good ●

The service was responsive

People's preferences, likes and dislikes were known by the staff who understood the needs of the people they supported.

People were able to take part in a variety of activities both in the home and the community.

People and their relatives were asked for their views of the service. The feedback people gave was acted upon and improvements were made when needed.

Is the service well-led?

Good ●

The service was well led

The staff team felt they could approach the management. The registered manager had a trusting relationship with people at the home.

The quality of care and service people received was monitored to make sure it was safe and suitable.

The organisations visions and values were understood by the team.

Primrose Villa

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. The inspection took place on 1 and 2 March 2017 and was unannounced. One inspector carried out the inspection.

Before the inspection, we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

We read the Provider Information Record (PIR) and previous inspection reports before our visit. The PIR was information given to us by the provider. This enabled us to ensure we looked closely at any potential areas of concern. The PIR was detailed and gave us information about how the service ensured it was safe, effective, caring, responsive and well led.

We met six people who were living in the home. Staff we spoke with included the registered manager, the deputy manager, and two support staff.

We viewed the care records of two people, staff training records, staff recruitment files, supervision records and staff duty rotas. We also checked a number of other records relating to the way the home was managed and run.

Is the service safe?

Our findings

One person told us that they had witnessed a staff member become angry towards another person who lived at the home. This was confirmed by the person concerned and the allegation was heard by the registered manager and other staff. The registered manager took immediate action to make sure people were safe. They also reported this to the Local Authority and to us as required. There were systems in place to reduce risks and protect people from potential abuse and harm. The staff had awareness of what the different types of abuse were that could occur. The staff knew how to report concerns about people at the home. The staff and the people who lived at the home explained that they would approach the registered manager or deputy manager if concerned about a person at the home. Staff had been on training and updates on safeguarding adults and said that safeguarding people was also raised at staff meetings and one to one support meetings. Staff understood what whistleblowing at work was and how they could do this. Staff knew they were protected in law if they reported possible wrongdoing at work. They had attended training and there was a whistleblowing procedure on display in the home. The procedure had the contact details of the organisations staff could contact.

Medicines were managed and administered safely to people. The medicines that people needed were stored safely in a secure cupboard with other medicines when not in use. Staff regularly carried out a check on medicines to ensure they were stored and kept safely. There were regular stock checks on the remaining balances of medicines that people had been given. Daily checks carried out and records kept of the fridge and room temperatures. This was to ensure medicines were stored at the temperatures needed to maintain their effectiveness. Staff had guidelines in place to refer to for people who had medicines prescribed to be taken as and when required. The guidance included when people may need medicine to manage their mood and anxiety levels. Body map templates were available if they were needed that guided staff as to when and where to apply creams and lotions

People were supported by a sufficient number of suitably competent staff to meet their needs safely. As a result people were supported with what they wanted to do in the home and in the community. The staffing levels were adjusted and raised on days that people went to community-based activities or to go out to see friends and family. Staff were readily available when people needed support to go out to community activities. The member of staff sat with people, spent time and engaged them in social conversation. People who needed extra assistance with eating and drinking were suitably supported by staff.

When an accident or an incident had happened that involved people at the home learning took place and care and support needs were reviewed. The staff recorded what had happened after any incident or accident. This information was used to make sure they reflected any changes to people's care after an incident. If a person for example showed behaviours that were challenging towards others changes to their care and support were put in place if required. Staff told us this information was raised at team meetings to ensure all staff were aware of the issues.

The provider had a recruitment procedure in place to keep people safe by minimising the risks of unsuitable staff being employed. We saw that all potential new staff were only taken on for employment after a

number of checks had been completed. These included references, proof of identification and criminal records and other checks to ensure staff were suitable to work with people. Staff we confirmed these checks had been undertaken. There was also a probation period that all new staff were required to work. This could be extended for a longer period of time if there were any concerns about the suitability of new staff to work at the home.

The premises were safely maintained and environmental health and safety assessments were carried out. Suitable actions were undertaken to minimise the likelihood of harm and to keep people safe. For example, the back entrance had been identified as a suitable area for people to safely smoke. Regular checks were carried out and actions put in place when needed to make sure the premises remained safe and suitable. There were also checks undertaken so that electrical equipment and heating systems were kept safe. Fire safety records showed that regular checks were undertaken to ensure fire safety equipment worked properly.

Is the service effective?

Our findings

At the last inspection we found that that training in challenging behaviour had not been completed. This placed both the staff and people living at the service at risk. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that all staff had completed a training course around how to safely respond to behaviours that challenge. The staff we met spoke positively about this training course. They said it helped them to put into action safe responses when people exhibited behaviours that challenged such as aggression towards them.

Staff confirmed that they had been on a variety of training and learning opportunities that were relevant to the needs of the people who lived at the home. Training records confirmed there was regular training provided for staff. Recent training sessions included caring for people with behaviours that challenge, nutritional needs, safeguarding people, health and safety and medicines management. This range of training helped to make sure staff had the skills and knowledge necessary to effectively meet the needs of the people at the home.

New members of the staff team were provided with a proper induction and were supported in their work. We saw that there was an induction-training programme for all new employees. The staff induction programme included areas such as how to support people with complex learning disabilities, safeguarding adults, medicines managements, and health and safety. The staff records showed that the registered manager had ensured that new staff had received suitable training before they began work with people at the home. People were positive in their views of the way they were supported and assisted with their needs. One person told us, "I should give the staff 10 out of 10". Other comments people told us included, "The staff help me, I like it here "and "My keyworker takes me out and they support me."

We saw staff assisting people in ways that showed they knew how to support people to meet their needs. This was demonstrated when staff used a calm manner and gentle approach with people who could become agitated. Staff gave people who felt anxious a lot of one to one time and support. This showed that staff understood how to provide people with effective support with their needs. The staff told us their role included motivating people with activities of daily living. We saw staff support people with shopping, laundry and cleaning their rooms. Staff were observed supporting people in the ways they explained and which were also set out in their care plans.

The staff told us that the registered manager or deputy manager regularly checked the manner and approach they used when supporting people. This was to make sure that staff provided care that was suitable for people and met their needs. We saw the registered manager and deputy manager provide direct supervision and guidance to the staff during our visit. The staff supervision records confirmed staff were formally supported and guided in their work. Staff told us that they met with the registered manager or deputy manager regularly. This was to discuss with them how they supported people and to review how they were performing overall. Training and support needs were also discussed at each meeting.

People received suitable support to meet their nutritional and hydration needs. We saw guidance from a

dietician recorded in one person's care records. This was to assist the staff in supporting the person with their particular nutritional needs. Care plans clearly set out what actions were required to help people to meet their identified nutritional needs. Staff knew how to effectively assist people in the ways set out in their care plan. We saw people make their drinks and snacks and one person helped staff to make the evening meal. People were able to choose what they had. Staff told us people who required special diets were also catered for and this was confirmed by the choices that were available. One person for example needed reduced sugar diet and this was provided for them. Information in care records set out how to support people with their nutritional needs. An assessment had been undertaken using a nationally recognised tool. This tool is used to identify people at risk of malnutrition or obesity. One person with specific nutritional needs was being supported by a health care specialist. The records confirmed staff monitored people's health and well-being.

People were offered choices about what they would like for their lunch and what activities they may wish to take part in during the day. To assist people make decisions about what they wished to do, staff used a variety of communication tools such as pictures, cards and signs. Staff understood how to obtain consent and the importance of ensuring the rights of people were maintained when they offered them care and support with their needs.

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 the best interests and as least restrictive as possible. Staff were trained around mental capacity and they were supported with policies and procedures to give them further guidance. Staff understood that a person's capacity needed to be assessed for a specific decision they were making. Some families could be involved if people were not able to sign their care plans and be involved in planning their care.

The registered manager told us how they ensured Deprivation of Liberty Safeguards (DoLS) was used appropriately. They told us that no one at the home was under an application at the time of our visit. They knew that the purpose of DoLS was to ensure that safeguards were in place to protect the interests of people in the least restrictive way. There was also DoLS guidance information available to help staff make a suitable DoLS application if required.

Is the service caring?

Our findings

Four people we met told us that staff were caring and kind toward them. One person said "I like all of the staff". Another comment was "They are nice." We sat with people and staff and spent time observing daily life for people at the home. All of the staff that we observed supported people in a manner that was patient, caring and warm towards them. This was apparent in a number of ways. We saw how staff sat next to people and stayed at the same height as them when they spoke with them. This was instead of standing over people, which can be an impersonal approach.

We saw staff used different types of warm, open body language with people .. They held the hands of people, or gently touched them on their arm or shoulders. The staff told us they knew people very well. The staff also told us they knew who liked this form of interactions with them. When the staff used these types of approaches people smiled and responded in a very friendly way. Staff spoke with a soft tone of voice and in a calm and gentle way. We also saw that staff did not ignore people and they engaged with each person for a consistent amount of time.

The staff told us about the types of caring approaches that they used with people. The staff said it was important to show a calm friendly approach when they supported people. They also explained how they read certain people's body language and facial expressions to anticipate their mood and their needs. Staff were observed caring and responding to certain people in the ways they had described to us.

People were involved with planning their own care and support and this was reviewed regularly with them if they wished to be involved. Recordings of these meetings clearly showed that the person had been able to make their views and wishes known about their care. Where it was appropriate families were also consulted at these reviews where the person was in agreement for them to be involved.

The staff also had a good understanding about what person centred care was. They explained that this idea meant to always respect and act on people's individual choices and wishes. The staff on duty communicated with each person in a manner that showed they treated them as an individual. This was also evidenced by how staff encouraged people to make choices such as what to eat, what time to get up, and what activities they wanted to undertake that day.

To help support staff to provide individualised care there was information in each care plan about the history of the person concerned as well as what was important to them in their daily life. This included the names of their important family and friends. The care plans included guidance and information so that staff were able to provide people with individualised care. There was information in people's care records about how people's preferences were met. These included what time they chose to get up each day, what time they wanted to go to bed, food likes and dislikes, and activities and interests they enjoyed.

Is the service responsive?

Our findings

People were happy that their individual needs were met in the home. One person commented that "The staff are very nice I go out with my key worker to the shops". Another person told us that the staff made sure they were up and ready to go to college for their courses each day that they attended. Another person also told us they went to college and this was very important to them.

The team of staff who supported people had a good knowledge of their range of different needs. Staff told us how they assisted people with physical care needs, emotional needs and their nutritional needs. Staff also told us how they supported people if they showed behaviours that may challenge such as being very angry. They staff said they tried to use a calm and consistent approach to support people and others safely. The staff told us they supported people to be able to take part in activities in the community. We saw the staff assist people with their care and support in the ways that were set out in their care plans. This was evidenced in a number of way, people were assisted to get up at times of their choosing, they were supported to eat meals that they enjoyed, and were supported to get to community activities that they liked to attend

Care plans included information about the likes, dislikes and preferences of the person they were about. These included how often and when they wanted support with personal care, and their preferred bed time and morning routines. Care plans had been reviewed and updated regularly, where possible with the involvement of the person who they about. There was guidance about what actions to take to support people with the care and support needs. The care plans showed people were encouraged to plan and decide what sort of care and support they wanted. The care plans explained how staff could support and motivate each person where appropriate. For example, information in certain care records that explained that some people needed motivation to manage their personal care.

People were supported to be a part of the community and went out regularly with the support of staff. During our visit three people went out to college to courses they regularly attended. One person told us they were taking a foreign language course and they said they enjoyed this. We saw photos of people on trips to pubs, coffee shops, community venues and on holidays. The staff also aimed to support people to go out, if possible, every day. On the second day of our visit a group of people went to the pub for lunch with the support of staff. Each person planned a timetable of activities that they liked to do each day.

We saw that some people were carrying out daily tasks in the home. The staff were seen supporting people to tidy their rooms and undertake household chores. Staff and people they were assisting looked engaged in the tasks together. Care plans reflected how to support and encourage people with these activities of daily living.

The people we spoke with knew how to make a complaint. Every person we asked said they would see the registered manager or the deputy manager. The staff explained that their role was also to assist people to complain and make sure management heard their views. We saw a copy of the complaints policy on display. There was guidance in picture format to make it easy to follow on how to complain. We looked at the

complaints records and saw that there had been no complaints since our last visit. We saw complaints would be dealt with promptly in line with the provider's policy.

People were actively encouraged to make their views known about the service. For example, people were asked for their suggestions for activities and the meal choices. . A service user and relatives survey was carried out on an annual basis. The result were analysed by the provider. The most recent survey had been positive. However, action plans were prepared to improve the overall service.

Is the service well-led?

Our findings

People were positive about the support they received from the registered manager and deputy manager. People and staff said they could raise issues or concerns and they would be listened to. During our visit we saw that the registered manager had an open door to their office and people frequently came in to speak with her. This helped ensure that the registered manager was visible and accessible. People also told us that the registered manager and deputy manager were open in their management approach. One person said that the registered manager was "Very nice". People also told us they were regularly told by the registered manager to go and see them at any time if they were worried about anything at all. We saw the minutes of recent house meetings. The registered manager emphasised to people that her door was always open and they could go and see her at any time.

We saw the registered manager spend time with people and with the staff during our visit. The staff said that the registered manager worked with them. Staff said that the registered manager was helpful when they needed extra support with people at any time.

The registered manager kept themselves up to date about current matters that related to care for people with learning disabilities. This was by going to meetings with other professionals and colleagues who work in the same field in social care. The registered manager told us that they always shared information and learning from these meetings with the staff team. We saw online articles and journals about health and social care matters on display for staff to read in the office.

There was an open management culture. Team meetings took place regularly and the minutes showed that the team were able to make their views known to the management. The minutes of recent minutes of staff meetings showed that they were used as a time to keep staff informed about changes and about how the home was run. Staff were also given time to say what their views were about the service.

The staff knew what the provider's visions and values for the service were. They included being person centred with people, supporting independence and respecting their diversity. The staff told us they tried to make sure they always used and followed these values when they assisted people.

Regular quality audits of the service and overall experience of life at the home were carried out. The areas that were regularly checked and monitored included the quality and overall content of care plans, health and safety, infection control management of medicines, staffing levels and training. A recent quality audit had identified that there were shortfalls in the way that some care plans had been written, they were not written in a way that was always person centred. The registered manager had put in place an action plan to address the overall quality of the content of care plans.