

Parkcare Homes (No.2) Limited

Julians House

Inspection report

6 Julians Road
Stevenage
Hertfordshire
SG1 3ES
Tel: 01438 751366
Website: www.craegmoor.co.uk

Date of inspection visit: 13 May 2015
Date of publication: 11/06/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 13 May 2015 and was unannounced.

Julians House is registered to provide accommodation and personal care for up to 6 people who have autistic spectrum conditions with behaviour that may challenge. At the time of our inspection 4 people lived at the home.

There was a registered manager in post. 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.

Julians House was registered in December 2013 and this was their first inspection.

People and their relatives were positive about the care and support provided. Their views were listened to and

Summary of findings

acted upon. However one person presented with times of significant behaviour which whilst staff were responsive and people were kept safe the atmosphere in the home changed and this was reflected in some feedback.

Care provided was good and staff were knowledgeable about people's needs. Staff had received appropriate training and supervision.

People were given choices and their privacy and dignity was respected. They were supported to be as independent as possible and continually worked on goals to develop their abilities. Staff developed good relationships with people, were kind and caring and worked as a team to create the best for each person.

People had access to healthcare professionals such as GP's and mental health specialists when needed. They were given appropriate levels of support to maintain a healthy balanced diet and were looked after by staff who had the skills necessary to provide safe and effective care.

Care Quality Commission (CQC) is required to monitor the operation of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are put in place to protect people where they do not have capacity to make decisions and

where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection applications had been made to the local authority in relation to people who lived at the service. The managers and staff were familiar with their role in relation to MCA and DoLS.

Leadership and management of the home was good. Systems were in place to monitor the quality of the service and promote continuous improvement, which included learning from incidents by reviewing what had happened, learning from them and taking any action required. There was an open culture which encouraged all involved in the home to voice their views and concerns.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe as staffing was not always available at crucial times.

People received care from a staff team who were safely recruited.

People were protected by staff who understood the safeguarding procedures and would report concerns.

People's medicines were managed safely.

Requires improvement



Is the service effective?

The service was effective.

Staff were trained and supported and had the skills and knowledge to meet people's needs.

People were supported to access health care services when they needed them.

People's nutritional needs were met. They had access to food and drinks of their choice in the home and often went out for meals.

Good



Is the service caring?

The service was caring.

Staff were kind and compassionate and promoted a happy, relaxed atmosphere.

Staff knew people well and used praise and encouragement to support people.

Staff listened to people and involved them in decisions about their lives using innovative ways to help communicate their choices.

People's independence was promoted and privacy and dignity was respected.

Good



Is the service responsive?

The service was responsive.

People's care was responsive to their individual needs.

People could choose how they spent their days and were involved in activities outside the home.

People who lived at the home and their relatives were confident to raise any concerns and that they would be dealt with appropriately.

People were asked for their feedback about the quality of service they received.

Good



Summary of findings

Is the service well-led?

The service was well led.

The home had a registered manager who provided effective leadership which focussed on improving the quality of service for people.

People's views were sought and robust quality assurance systems ensured improvements were identified and addressed.

Good



Julians House

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 13 May 2015 and was unannounced. The inspection team consisted of a lead inspector and an expert by experience with expertise in learning disabilities. 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 we reviewed the information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We received feedback about the service provided from healthcare and social care professionals.

We used a number of different methods to help us understand the experiences of people who lived in the home. Although some people could not communicate their views with us verbally we did not use a Short Observational Framework for Inspection (SOFI). SOFI is a specific way of

observing care to help us understand the experience of people who could not talk with us. This was because people's routines meant they were spending time out in the community and when they were at home they tended to move around and spent less time in one place. We also

felt the use of SOFI in such a small setting would have been intrusive. So we spent time with people in different areas of the home observing daily life including the care and support being offered.

We spoke with all the people who were living in the home, six support staff, the registered manager and the deputy manager. We spoke with three relatives. We looked at two people's care records, two staff files and staff training records as well as records relating to the safety and

management of the service. We looked round the building and saw some people's bedrooms (with their permission), bathrooms and communal areas.

Is the service safe?

Our findings

One person signalled they were happy with living at Julians house and felt good about it. Family comments included, “What I have seen so far is safe” Another family expressed concern that although staff do their best, there are times, when their relative becomes distressed, they feel are not safe as they could injure themselves. A staff member said, “Any risks are managed positively”.

People were safe as staff knew how to manage people’s care needs so that risks were managed in a way which ensured people had as much freedom as possible. Staffing levels meant people received the support they needed to follow their chosen routines and go out into town. However when people required extra support to go out it was not always available. Equally when a person, required extra support when distressed, staff were drawn from other people in the home to support them. This was discussed with the manager who said they were in negotiations for extra support for a person.

People were involved in assessments to help manage risks that could occur in many areas of their lives. For example, within the environment such as when working in the kitchen, or when outdoors such as road and stranger awareness as well as areas around how people behave. There were risk assessments which identified the triggers which could initiate behaviour which challenge, which detailed how staff should manage these situations to ensure the safety of the individual as well as other people who may be present. However we were made aware of a situation outside of the home where the risk assessment was not adhered to and it led to an incident which required outside intervention to keep the person and the environment safe.

We observed interactions during the day and how staff managed various situations. We observed how staff would leave people who they were working with on a one to one basis to manage a situation. Staff remained calm and ensured the safety of the person by following clear guidelines and encouraging them to a safer space. We saw staff later checked on the other people in the home and the impact on them to the incident. We discussed with the managers the impact on other people in the home when

staff needed to give extra support at the times when a person’s behaviour was challenging. The managers had discussed with staff, family and outside professionals and were constantly reviewing the situation.

Staff had a good understanding and knowledge of how to safeguard people against the risk of abuse. They knew people well and were able to describe the individual changes in people’s mood or behaviour and other signs which may indicate that something was wrong. They understood the procedure to follow to pass on any concerns and felt these would be dealt with appropriately by senior staff or the manager.

We saw when a concern had been raised, staff responded appropriately and records were made and analysed by the provider to minimise risk. The manager had made a number of safeguarding referrals and these had been managed well. For example after one significant incident in the community the staff had a debrief session to review the situation and see if any action was required. Staff said debriefs after any incident were now common practise for them and part of their training and support. The organisations positive support team also visited the following day.

Everyone living in the home had a safeguarding protocol which set out their understanding and involvement in keeping safe and in working in partnership with staff to maintain their safety.

Staff were and were aware of whistleblowing procedures and how to use them and said they were encouraged to speak out and would have no hesitation in doing so.

Each person in the home had individual support; one person required two staff to maintain their safety and that of the others within the home. The manager explained they no longer required agency staff as they had a full complement of staff as well as bank staff to cover any emergencies or leave cover. A further two bank staff and a full time night worker had just recently been appointed.

The home used a robust recruitment procedure. This included a face to face interview, written references which are verified and criminal records check. Two of the people living in the home take part in the interview process.

People’s medicines were managed safely. We saw staff explained to people about their medication and they received it on time. Only Senior staff administer medication

Is the service safe?

and have received the required training. There were clear guidelines for staff to follow in safe storage and administration so that people received their medicines safely. There were suitable arrangements for the safe storage, management and disposal of people's medicines. We saw that medicine administration records (MARs) were in place and the recording of medication was accurate.

The home had a good system to keep people safe from fire hazards. There were regular evacuation drills and people responded well. One of the people who lives in the home

attended the fire marshal training with staff. The home had a small fire in one of the electrical meters that was dealt with quickly by staff and people were safely evacuated. People were found alternative accommodation whilst the electricity supply was checked and restored. One of the relatives, who was present at the time of the fire, wrote to compliment the staff stating how impressed they were with how it was dealt with, how calm the staff were and how well the people knew how to evacuate the home.

Is the service effective?

Our findings

People were supported by staff who had received the appropriate training for their role. Relatives told us “Staff ‘seem to know what they are doing they seem to want to do their best’”. One staff member said “Staff teams are coordinated and we are more organised and effective as a team.”

We observed staff supporting people confidently throughout the day. They related in a relaxed easy manner and managed moments of behaviour that challenged calmly and with skill.

Staff told us they received the training and support they required to carry out their roles. They said they received regular supervisions and we saw evidence of this in the records we reviewed. Staff were knowledgeable about the needs of the people they supported and knew how those needs should be met.

New staff completed a week’s induction before they started work in the home, followed by a shadowing period. This was confirmed by one new staff member who described their induction training as thorough and said the support they received from staff during their shadowing period was very good and “it’s an excellent team”.

Core training had been provided in subjects such as autism awareness, infection control, fire safety, equality and diversity and first aid. We also saw training had been provided to meet the specific needs of the people who used the service, such as training in positive techniques to avoid crisis and strategies for responding to different types of behaviours. One of the staff said “behaviour is only challenging when you don’t have training”.

The manager and staff all had a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). They were able to describe how they put it into practise and we observed them asking people for their consent before providing care and support. The manager had applied for a DoLS application for all four people living in the home. This meant that people’s freedom to go out alone was restricted to help maintain their safety. We saw each person had been assessed individually prior to applications being made. We also observed good practise of people being supported in the least restrictive way when they expressed behaviour that challenged.

People were encouraged and supported to be actively involved in any decisions about their life. When people were unable to give their consent a best interest decision was made with key people in their lives. For example one person had a clear best interest decision made regarding managing their finances and medication.

We saw how people were helped to make choices about menu options. Most days there are two choices and we observed charts on the kitchen wall. The two choices had a photo and each person placed their photograph under the dish they chose. A full roast choice was offered on a Sunday and staff joined people to eat.

Whilst consideration was given to the age of people in the home and meals their peers would enjoy staff were mindful about the need to support healthy eating. For example they had begun growing some vegetables in the front garden and their goal of the week was to drink a smoothie each day. A staff member said “All staff encourage people to eat fruit” We saw fresh fruit was available in the dining room. People had breakfast and lunch at a time best for them and their plan for the day.

The staff created recipes for one person with dietary needs which meant they could eat the same type of meals as the other people in the home if they wished. There was good information about any specific dietary needs. One of the relatives said how they felt there were no issues with diets whilst another relative was concerned as their relative had put on weight. However staff monitored people’s nutritional intake and had involved speech and language therapists (SALT) and dieticians to work with people when required.

We saw there was a take away night on a Friday. A poster of six different take away dishes was available to choose from. Each person could decide on their own meal even if this meant the staff had to visit several outlets to buy the food. A home cook meal was on offer if a person did not want a take away meal.

Drinks were offered and people could ask for drinks at any time. We observed a hot drink being offered to person. The staff member showed a tea bag and the coffee jar. The person touched the coffee. “Coffee” confirmed the staff. Later we asked why the person had not been offered a cold/hot drink choice and was told the person could not tolerate cold drinks.

Is the service effective?

People were supported to maintain good health and access relevant healthcare services where necessary. Staff helped people understand, manage and cope with their health needs by sharing information and supporting them at appointments. Staff explained the dietician had been in the home recently and had 'praised the staff for their support of a person who needed a special diet'.

Also there was a good relationship with the local GP surgery. "The GP will make a house call if needed".

One of the relatives preferred to accompany their relative to medical appointments and this had been facilitated as long as staff were made aware of the outcome and any action required. There were close links with all the health

and social care professionals working with the people living in the home. The manager said they wanted to work in partnership with all parties to ensure the best outcome for people. We received positive feedback from professionals about the support the staff offer people in the home.

One person led us on a tour of the home. There were two bedrooms on the ground floor with a lounge, dining room and kitchen. The other four bedrooms were upstairs along with an office. A large rear garden had a trampoline and other equipment was being sourced. Several staff referred to the garden as an important resource for people in the house. Plans were in place to develop the garage into a sensory room.

Is the service caring?

Our findings

Relatives of people who used the service made positive comments about the staff team. One person said, "The family and extended family and friends are all welcome. Another relative told us, "The staff have helped and supported us as a family too allowing us to still be a big part of our relatives' life."

Although people were not always able to communicate their views about the staff with us verbally we observed relationships were positive. We saw staff were kind and empathetic towards people and understood how to relate to each individual.

Staff were caring, they took time to understand people and the atmosphere within the home was warm and open. Staff used all their skill and humanity to relate to people and make them feel valued and they encouraged people to try new things. For example one person who had rarely spoken or related to people prior to moving to the home was seen talking and relating well to staff and engaging with other people in the home.

People were able to walk around freely and spend time in different parts of the home. The only exception was when a person was having a crisis and the atmosphere was dominated by their behaviour. However staff were mindful of other people in the house and supported them.

We observed staff were patient and calm when communicating with people, they explained things clearly and slowly and gave them time to respond. We saw that staff encouraged people and gave positive praise at every opportunity. We saw people were comfortable around staff. For example, one person with non-verbal communication showed when they were happy by giving a thumbs up sign and this was seen frequently throughout the day.

The office was always open when staff were inside unless there was a confidential issue. One of the people enjoyed joining staff in the office and was included in conversations but gently guided to another activity when privacy was needed.

A relative called into the home and was welcomed. They were not expected but said they felt able to call at any time and were certain staff would welcome them. Family members were encouraged to share information and continue to be important in the lives of people.. Staff encouraged people to continue contact with their families via supporting home visits, to phone calls and making sure families feel welcomed at all times.

All staff were observed knocking on doors before entering people's rooms. They were able to give good examples of how they maintained people's dignity and privacy. When staff spoke about relatives, they spoke with respect and empathy. They tried to see a situation from all sides, from the person living in the home, the family and staff.

People helped to write their personal life stories in an accessible format with good use of photographs and designs and also a one page profile stating what people see and like, what was important to them and how to support them. People's care records clearly detailed their preferences and showed how they liked things done. We observed staff using the information when they were relating to people.

Relatives and staff both spoke of the tenants meetings which were held monthly and relatives were invited. An agenda was prepared and a person living in the house chaired the meeting supported by a member of staff. One meeting spoke about the garden and what could be added as well as discussing holidays. Everyone had access to an advocacy service if required.

Is the service responsive?

Our findings

A family member explained how their relative was involved in planning their care and support. Relatives acknowledged the improvement of [relative] at Julians House they explained the staff listened to family stating “Staff listened and changed practice”.

Everyone had a one page at a glance profile which explained what they liked what was important to them and how to support them. These were then explained in greater detail within their plan of support. People helped to create their own plan of care and their pictorial life story. All were accessible to each individual with relevant pictures and photographs. There were examples of what a good and bad day looked like. There were clear guidelines on how people were involved in everyday life for example in meal preparation or shopping. One person’s care plan stated ‘I am able to make drinks and sandwiches. I may refuse to do so but staff can try again later.’

People had contracts for areas in their life which they could find difficult to control. For example one person had a contract around their use of the computer so that they could use but not overuse it. The contract stated timings and explanations of why and the person had signed it.

Two people wrote their own daily record book describing their day’s activities and events. Everyone had a goal of the month, something to work towards for example, have a bath every day, actions which were achievable and positive. One person enjoyed going to the tip in the car and was able to show the staff what needed taking. Another person enjoyed helping around the home and was encouraged to do tasks. They showed us a photograph of them helping to build a bookcase.

We observed a person living in the home obtain money for going out. The deputy manager took out two notes and

asked the person how much they wanted saying ‘It is your money and you can choose’. The person chose the money and was able to indicate they were happy with the arrangement.

Another person showed us a brochure of where they were going on holiday. A support worker explained how they were trying to prepare the person and enable them to understand the time frame as it was still some time away. They decided with the person they would buy a new tee shirt each week leading into the holiday.

Staff spoke with people and their relatives, when appropriate, about what they wanted to do, what help they would need and who to involve to make it happen. People were involved in deciding how they wished to plan their day and week. The manager said people were encouraged and supported to lead fulfilling and active lives both in the home and the local community. We saw the weekly activity plan people had made which was in their rooms.

Activities were created around each person’s preferences which meant that group outings were not so frequent. Occasionally two people would share an interest and be supported together.

A compliment was received from a worker who was in the home for two weeks carrying out maintenance stating it had been a pleasure to work in the home and the staff and people in the home were fantastic.

The families said they would speak to the manager about any concerns. Equally people could raise concerns at the tenants meeting. The manager said they had not received any formal complaints apart from people in the area who were concerned with the noise when a person had a crisis. This had been responded to. They said themselves, the deputy or staff try to sort out any ‘concerns’ as they arise. These would be noted in the people’s communication book. It was suggested to the manager to record the ‘concerns’ raised and the actions taken in a separate book as part of their auditing.

Is the service well-led?

Our findings

Relatives, staff and professionals who had visited were all positive about the manager and deputy and the way the home was run. Some of the staff comments were: “The manager is fantastic very hands on and the deputy is great. They are easy to approach”

“The managers are way above any I have ever worked with. They are supportive, constructive when you need it and you can always talk with them. ”

Staff were positive about the leadership and management of the home. They knew what was expected of them and the managers led by example. They told us they were encouraged to share their views about the home and how it could be improved. The manager had organised case studies for the staff team to talk through and learn together. They said they were supported in their roles through staff meetings, individual supervision as well as more informally on a day to day basis. This was reflected in the records seen.

People who lived in the home and their relatives had a voice and there were regular meetings to provide them with the opportunity to share their views. Within the meetings actions were followed up for example they were in the process of getting a swing for one person and making a summer house for everyone.

Staff told us that both the manager and deputy manager were in the home at key times. For

example, early mornings, evenings, and they carried out night and weekend visits to ensure the home was running to a high standard. Both managers had altered their hours to make sure both a person whose behaviour was

challenging and the staff were supported. There were open discussions with the managers and staff about managing a challenging situation and striking the balance of giving people freedom to express themselves whilst maintaining the safety and quality of life for everyone in the home. We also discussed with the manager about being sure they were able to meet the needs of everyone in the home at all times without placing restrictions on people particularly if staff focus was directed at just one person at various times of the day

Systems were in place to monitor the quality of the service and promote continuous improvement, which included learning from incidents by reviewing what had happened, learning from them and taking any action required. For an example, the manager changed the kitchen by taking out a fixed block in the middle to enable people to have more space and to be able move more safely in the kitchen. All the staff were involved in regular case studies to go into depth and share learning and experiences so as to enhance the experience of people living in the home.

The manager and deputy were building bridges with the local community and trying to resolve any issues neighbours had when some of the people in the home may have behaviour which is challenging and very loud.

There was an open culture which encouraged all involved in the home to voice their views and concerns. The manager had a clear vision based on person centred care, independence and empowerment. These were central to the care provided and were clearly understood and put into practice by staff for the benefit of everyone who lived at the home. The managers welcomed the inspection process saying they were constantly striving to achieve more for the people they support. of findings