

Parkcare Homes (No.2) Limited

Julians House

Inspection report

6 Julians Road
Stevenage
Hertfordshire
SG1 3ES

Tel: 01438751366

Date of inspection visit:
03 October 2017

Date of publication:
06 November 2017

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection was carried out on the 03 October 2017 and was unannounced.

Julians House is registered to provide accommodation and personal care for up to seven people. People living at the service had a range of learning disabilities and autism. At the time of our inspection, there were five people using the service.

When we last inspected the service on 24 January 2017 we found that they were not meeting all the regulations. These were in relation to governance systems which were not consistently effective as issues they had identified were not resolved. At this inspection we found that the necessary improvements had been made and the service was meeting all the standards.

The service had a registered manager in post. A registered manager is a person who is 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.

People showed us thumbs up when we asked if they felt safe. There were sufficient staff employed through robust procedures to meet people's needs at all times.

The service had safeguards in place to protect people from risk of harm. Full assessments were carried out before people moved into the service and staff were knowledgeable about how to keep people safe. People's care plans and risk assessments improved since our last inspection. Care plans were up to date, gave clear information to the reader and people's changing needs were promptly documented.

People were supported to access external healthcare services and staff had a good understanding of how to support people with a variety of conditions. People's medication was managed, stored and administered safely.

Staff received training which was relevant to their role and received regular supervision and support. Interactions between people and staff were positive and friendly and staff were knowledgeable about the people they supported. Staff were able to tell us about ways in which they gained consent to give care, and had a good understanding of the Mental Capacity Act 2008 (MCA) principles. Staff were given regular opportunities to contribute to the running of the service and develop their skills and knowledge.

People were involved in planning and preparing their meals. A visual menu was in place to promote choice for people who were not able to communicate verbally.

The registered manager and the provider's quality manager carried out audits to check on the quality of the services provided. We found that the issues they identified were addressed and followed through in a service

improvement plan.

The registered manager carried out regular health and safety checks to the premises and equipment. Regular fire drills occurred to ensure people and staff knew what to do in an emergency.

We could only observe how staff were interacting with people for a very short time due to the anxiety our presence caused to the people. Staff treated people with respect and dignity. Some people were unable to communicate verbally but their needs and preferences were understood by staff who were able to support people in a personalised way.

People had the opportunity to raise concerns or ideas for improvement at regular `Your Voice` meetings with their keyworkers. There had not been any recent complaints about the service.

The registered manager and the deputy manager had a visible presence within the service and worked with staff regularly to maintain an oversight of the service. Staff were clear about what was expected of them and their roles and responsibilities and felt supported by the management in the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were enough staff to meet people's needs at all times and recruitment processes were robust.

Risks relating to people's health and wellbeing had been assessed and staff were knowledgeable about how to protect them from harm.

Staff knew how to recognise and respond to different types of abuse.

Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff followed the principles of the Mental Capacity Act (MCA) when supporting people. Best interests were held when people lacked capacity to consent to care and support they received.

People were supported to understand what a healthy balanced diet meant and were involved as much as possible in preparing their own food and drinks.

Staff received induction, training, support and supervision to support people effectively.

There was guidance in place to support people with their healthcare needs. People regularly saw relevant healthcare professionals to ensure they stayed healthy and well.

Is the service caring?

Good ●

The service was caring

People were treated with dignity and respect and were encouraged to be as independent as possible.

Staff had a good understanding of people`s likes, dislikes and

preferences even when people were unable to communicate verbally.

People`s personal information was kept confidential.

Is the service responsive?

The service was responsive.

People's needs were assessed fully before they moved into the service and care plans were updated to reflect people`s changing needs.

People were supported to pursue their hobbies and interest and live fulfilling lives.

The provider had an effective system to handle complaints.

Good ●

Is the service well-led?

The service was well- led.

Regular audits were carried out by the registered manager and quality manager and identified issues were dealt with promptly.

The registered manager and deputy manager had a visible presence in the service and staff felt supported by them.

Staff understood their roles and responsibilities and were proud of working for the provider.

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 03 October 2017 and was unannounced. It was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we could only observe how staff supported people for a very short time as our presence caused anxieties for people. We spoke with one person, the deputy manager, two members of staff and a visiting health care professional. Following the inspection we also asked two relatives about the service people received.

We looked at two people's care plans and the associated risk assessments and guidance. Medicine records together with other records relating to the management of the home.

Some people were unable to tell us about their experience of care at the service we therefore used the 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. However we were only able to do this for a very short time due to people feeling anxious around visiting strangers.

Is the service safe?

Our findings

People indicated to us that they felt safe by showing `thumbs up`. Relatives told us they were happy with the care and support people received in Julian`s House and they felt the service was safe. We observed people were comfortable in the presence of staff and when they showed signs of happiness or distress staff knew how to support them in a safe way.

Staff were knowledgeable about safeguarding procedures and how to protect people against the risk of avoidable harm and abuse. They told us there were clear processes and procedures in place to monitor and report their concerns. Staff were also knowledgeable how to report their concerns to local safeguarding authorities or CQC under the whistleblowing procedure.

Staff were knowledgeable about risks associated with people`s daily living. Staff told us they knew people well and knew how to mitigate and manage risks to keep people safe. We observed staff safely supporting people some of whom had very complex needs. Staff assessed people regularly and care plans were developed around every identified risk to help ensure these were appropriately mitigated. For example we found that a person was at high risk of having anxious behaviour when something happened which they were not prepared for or planned in advance. Staff supported the person effectively to go out on a train and use the underground only planning at the last minute. Due to staff knowing the person well they quickly identified the possible risks involved in the journey and there were no incidents. The person successfully completed their trip.

People living in Julians House had behaviours which could have been challenging at times. We found and a health care professional told us that staff and management were very skilled in managing these behaviours which in time led to fewer incidents. A health care professional told us, "Some people here have very difficult behaviour. They [staff] manage these very well." The deputy manager told us, "We always try to identify why people behave in a certain way. Sometime they are just trying to communicate something through their behaviour so we need to understand the cause and respond accordingly." On the day of the inspection one person had been anxious and upset, crying and shouting. The deputy manager explained to us why they thought the person was behaving this way. Staff and the deputy manager successfully supported the person to calm down talking about things the person liked.

There were enough staff to meet people`s needs effectively. People living in Julians house had complex care and support needs which meant that there were people who needed two or three staff members to support them whilst they were out in the community. We found that there were enough staff on duty to ensure the support people needed was delivered. Staff rotas confirmed that the registered manager and the deputy manager were at times counted to work with staff and cover for staff`s absences. The registered manager and the deputy manager took turns on being on-call out of office hours and over the weekends for staff to request help if and when needed.

Recruitment was completed robustly with all appropriate pre-employment documentation being sought. This included written and verified references, criminal record checks and eligibility to work in the UK.

The registered manager carried out regular health and safety checks of the environment and equipment to make sure it was safe to use. These included ensuring that electrical and gas appliances were safe. Water temperatures were checked to make sure people were not at risk of getting scalded. Regular checks were carried out on the fire alarms and other fire equipment to make sure they were working properly. People had a personal emergency evacuation plans (PEEP) and staff and people were regularly involved in fire drills.

There were appropriate arrangements in place for obtaining, recording, administering and disposing of prescribed medicines. Medicines were stored securely and at the correct temperature. Medicines were dated when opened so staff knew how long they had been in use for and to ensure they could easily reconcile the amount of medicines used. The registered manager carried out regular spot checks to ensure that medicines were being administered correctly. Medication Administration Records (MARs) were fully completed, showing people received their medication as and when they needed it. Some people had medicines on an as and when required basis (PRN). There was guidance for staff in the medicine file on when these should be administered.

Is the service effective?

Our findings

People living in Julians House had complex health and support needs and staff were knowledgeable about these. Staff followed guidance from health and social care professionals to ensure people received the care and support they needed. Relatives told us they felt staff were knowledgeable and well trained.

Staff received a variety of training which was regularly updated and refreshed. We spoke to a member of staff who said, "I have all the training I need to understand how to support people here." We saw training records that confirmed that staff received a large variety of online and face to face learning courses. These included mandatory training in medicines, moving people safely and safeguarding, and specialised training in areas such as autism, diabetes, epilepsy and positive behaviour management. One visiting health professional told us, "Staff here has good training and we [health care professionals] provide positive behaviour support training and develop the positive behaviour support plans which staff follow. I am very happy with how staff are supporting people."

Newly employed staff had an induction training which included working alongside more experienced staff until they felt comfortable working independently. One staff member told us, "I felt welcome here from when I came for the interview. I had induction training and worked with other staff until I learned how to support people and their routines."

Staff told us they felt supported by their managers and that they had the opportunity to attend staff meetings and one to one supervision meetings. One staff member said, "The support from the managers is good. We have supervisions and appraisals and also day to day support." Another staff member said, "We have regular meetings but the managers are always around and work with us so I do feel supported."

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

Staff had a good understanding of the principles of the MCA and how to enable people to take decisions. The registered manager submitted applications to the local authorities in case there were any restrictions applied to people`s freedom in order to keep them safe. Where people lacked capacity to understand and take decisions for example in regard to finance management, mental capacity assessments were in place and best interest discussions were held. People`s care and treatment was based and followed the principles of the Mental Capacity Act 2005 to ensure that decisions were made in people`s best interests. We observed staff seeking consent from people in relation to everyday tasks, for example whether to go out or not, choice of activity, what to have for lunch. People who were able also signed consent to care and

treatment forms to confirm they understood and agreed to the care and support they received.

People were supported to eat and drink and to maintain a healthy balanced diet. They were involved in planning their individual menus for four weeks in advance. Staff told us they used pictures and spent time with people to establish what they wanted to eat. We found that people`s weight was monitored by staff and if needed people were encouraged to choose health meals. We observed that people were supported to participate in preparing their breakfast and their own drinks. We spoke with a person who we met when we last inspected the home in January 2017. At that time they were trying to eat healthier and exercise more to be healthy. We observed that the person lost weight and appeared physically fit. The deputy manager confirmed that the person was eating healthier food and exercised more.

Is the service caring?

Our findings

People nodded and said `yes` when we asked them if staff were kind to them. Relatives told us that staff were good, caring and always made them feel welcome when they visited.

We observed staff being kind and smiling to people whilst encouraged them to do things for themselves like making toast. We also heard staff talking to people in a calm and unhurried way and their calm and relaxed behaviour helped people to relax and feel less anxious.

Staff were knowledgeable and they could describe to us how people communicated with their body language or facial expressions and how they knew what people wanted to communicate through their actions. We heard how staff effectively supported a person to feel less anxious. Staff were able to describe what people liked and disliked and care plans evidenced this.

People were supported to maintain relationships important to them. Staff supported people to visit their families and also welcomed visiting relatives at the home.

People had their dignity and privacy promoted by staff. People had their own bedrooms where they could spend private time if they wanted. We found that staff educated people in how to stay safe in their bedroom when they wanted their private time. They developed a `social story` for people on how to do things safely whilst they wanted their privacy.

Care plans showed that staff responsible for care planning had obtained people's views regarding their needs. Confidentiality was well maintained by staff and information held about people's health, support needs and medical histories were held securely. Staff understood the importance of confidentiality and respected people's privacy.

Is the service responsive?

Our findings

People told us that staff supported them in the way they wanted. One person told us they liked to play football and we saw that there were arrangements in place for them to do so.

Staff supported people to live an active life and the provider ensured there were enough staff to enable people to do what they liked on a daily basis. People took part in a range of activities inside the service and out in the community. For example, one person liked to play computer games and at times they asked staff to help them progress in the game they were playing. Another person liked to watch movies and go for regular walks. A third person liked to plan and use the underground in London and travel with a train to the seaside. Staff took time and supported people with the activities they liked to do. Staff also gave feedback about these activities and the impact this had on people to visiting health professionals so a positive behaviour support plans could be developed to maximise people`s well-being. For example staff observed that a person who was supported to go swimming became anxious and agitated on the day of this activity. Their behaviour and anxiety levels put the person at risk of self-harm. After consultation between the staff team, managers and the person this activity was discontinued and other alternative activities were considered.

Everyone had a care plan that was personal to them and their individual needs and wishes. Care plans gave staff information about the help people needed, including how and when they liked to be supported. Care plans were very descriptive of people`s health and social needs and these were personalised to each individual living at the home. For example each plan explained to the reader how the different conditions people lived with affected their moods, health and general well-being and how staff should provide care and support to promote well-being. Most care plans were regularly updated by people`s key workers and people who were more recently allocated their key workers had reviews meetings planned.

Staff knew people well and knew how to communicate with them effectively. Some people were able to communicate verbally and some people had additional communication needs. When people could not communicate using speech there was information in their care plan about how to communicate with them and staff understood what they wanted. Staff also received training to learn basic Makaton sign language to be able to communicate with people who used sign language.

Is the service well-led?

Our findings

Relatives and health professionals told us they felt Julians House was well managed and it was a nice place for people to live. At the time of the inspection the registered manager was away on a training course and the inspection was facilitated by the deputy manager. We found that the deputy manager demonstrated an open, transparent and inclusive leadership style and provided visible direction to the staff team. Staff understood their roles and knew what was expected of them. Staff were supported by the registered manager and deputy manager who were skilled and experienced in providing personalised care to people. The deputy manager knew people well and had worked with people with learning disabilities and autistic spectrum disorders for several years. Staff told us they felt well supported and felt comfortable asking the managers for help and advice when they needed it.

People were visibly at the heart of the service and this was sustained by a caring and considerate ethos, promoted by the management team. Every staff member we spoke with and observed was visibly proud to work in the service and were enthusiastic and committed to providing a high standard of care to people. One staff member told us, "This is the best place I ever worked in. We are really committed to support the guys [people] the best possible way."

People`s care records were up to date and where anything needed updating this was identified and communicated back to the staff team by the managers. This demonstrated that the registered manager and deputy manager regularly checked care plans to ensure these were up to date and accurately reflected people`s needs.

There were regular audits carried out by the management team at the home and by the provider`s quality team. We found that when issues were identified these were added to a service improvement plan which was closely monitored and checked by the managers and the provider to ensure actions were in place to resolve the issues. For example we found that an audit identified that the home needed re-decoration and some areas were in need of re-furbishing. This work had been approved by the provider and work had been scheduled. This was done taking in consideration the impact of strangers being in the home and causing distress to people. Effective planning took place to have strangers in the home when most people were out so the impact was not significant.

The registered manager asked people for their feedback on the service they received monthly. There were regular `your voice` meetings where people could discuss anything they liked or disliked. We saw that in one meeting people asked who will be moving in the spare bedroom in the home. They were reassured that before anybody was to be accepted to move in the home people would have the opportunity to meet them and spend a day in the home together. This demonstrated that people were listened to and their views were acted upon.