

Parkcare Homes (No.2) Limited

Leonard's Croft

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Leonard's Croft is a residential care home providing personal care to up to 8 people. The service provides support to younger adults living with learning disabilities and/or autism. At the time of our inspection there were 7 people using the service.

People's experience of using this service and what we found

Right Support

People were supported by staff who recognised and reported the risk of abuse. People's risks were assessed, monitored, and managed. People were supported by enough staff who were safely recruited to work in the service. People's medicines were managed safely. There were effective systems to prevent and control infections.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care: People's care records were person-centred, and their care was tailored to their individual needs and preferences. Processes were in place to record any accidents and incidents and people's care was reviewed in line with any identified support or need.

Right Culture

People were supported by staff who shared a positive culture which provided them with good outcomes. The provider and staff were clear about their roles and responsibilities. The registered manager understood their obligation under the duty of candour. People and staff were involved and engaged in the service and the provider was continuing to learn to improve people's care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 22 January 2020).

Why we inspected

We received concerns in relation to safeguarding and staffing. As a result, we undertook a focused

inspection to review the key questions of safe and well-led only.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has remained good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Leonard's Croft on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

Leonard's Croft

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by 1 inspector.

Service and service type

Leonard's Croft is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us.

Leonard's Croft is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 1 person and 1 relative of a person who uses the service about their experiences of care, and we observed people's interactions with staff. We spoke with 6 members of staff, including the registered manager, deputy manager and care staff. The Provider's Associate Director of Quality also attended the service during the inspection to provide support to the registered manager.

We spoke with 2 external health professionals including a Learning Disability Nurse who worked with people using the service.

We reviewed a range of records, these included 2 people's care plans and medication records, and elements of other people's care records. We looked at 2 staff files in relation to recruitment and induction. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse through reporting processes in place.
- Staff recognised and reported the risk of abuse and confirmed the process they followed if they had any concerns. This included documenting their concerns and raising information for required referrals.
- People's relatives confirmed they felt people were safe. One relative told us, "I have never had any issues or doubts, [Person's name] is safe there." Safeguarding documents were also available in easy read formats to provide people with access to information if required.

Assessing risk, safety monitoring and management

- People's risks were assessed monitored and managed.
- People had person-centred risk assessments in place which were up to date and reflected their current needs. Staff were provided with clear information on how to safely support people. One person told us, "Staff know me and the risks I have."
- The provider had a specific role designated to oversee and support staff to safely manage people's needs and risks. We received positive feedback from external professionals of the effectiveness of this role and the impact it had on people using the service.
- Risks associated with the environment were regularly checked and reviewed. Any required actions were taken to ensure the safety of the building.

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 MCA 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 when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- The registered manager had a process in place to review and apply for any required DoLS applications. Whilst applications were awaiting approval risk assessments were implemented and regularly reviewed.

Staffing and recruitment

- People were supported by enough staff who were safely recruited to work at the home.
- The staff group were made up of mostly agency staff, however they were only employed by the service, this helped ensure people received consistent care. The provider reviewed agency profiles and thorough inductions were in place to support staff in their role.
- The provider was actively recruiting permanent staff with incentives to increase the number of applicants. The registered manager and deputy manager were available throughout the day to interview at times to suit the applicant.
- The provider completed pre-employment checks prior to staff employment. The checks included Disclosure and Barring Service (DBS) checks. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People's medicines were managed safely.
- People's medicines were safely stored and monitored, through staff following effective processes. People's medicine administration records were completed to ensure people received their medicine as prescribed.
- Where people received as required medicines, protocols were in place to inform staff of specific information relating to the medicine.
- One person was supported with the reduction of antipsychotic medicine. An external health professional we spoke with informed us of the positive support provided to this person, which resulted in the review and reduction of their medication.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

People had visitors in line with current government guidance.

Learning lessons when things go wrong

- The provider had effective systems in place to learn lessons when things went wrong.
- A specific member of staff was assigned to review and analyse any accidents and incidents to identify any themes or trends. People's care records were updated following any incidents and strategies were put in place to reduce the risk of them happening again.
- Following a recent incident, the provider had reviewed their processes to ensure staff were informed of any updated information. The registered manager reviewed their 'what's new?' folder, which they found was not being utilised effectively. Staff now regularly updated and reviewed the folder to ensure they were

provided with up-to-date information to support people and meet their needs.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff and managers shared a positive culture which was person-centred and provided good outcomes for people.
- People were supported by staff who were passionate about the quality of life and tailored care people received. One member of staff told us, "We are really working to reduce restrictive practice, the agency staff are also passionate about that."
- The provider was supporting the registered manager to recruit permanent staff. Weekly meetings were held for updates, and the provider assigned a member of staff to complete recruitment requirements in place of the registered manager. This meant the registered manager could focus on other areas of the home to help achieve good outcomes for people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff were encouraged to be open and honest when things went wrong, and the registered manager understood their obligation under the duty of candour.
- Staff confirmed information was shared with people, their families, and the registered manager as and when required. One staff member told us, "Staff talk with people's families, we are good at passing information on."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Managers and staff were clear about their roles and responsibilities.
- Staff confirmed the registered manager was visible and supportive. One staff member told us, "The registered manager and deputy manager are supportive and always there when you need them."
- Staff had the opportunity to discuss their roles and any further support or training they required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, their relatives and staff were involved and engaged in the service.
- Staff confirmed they had the opportunity to share suggestions to improve the care people received, through one-to-one meetings and informal discussions with the registered manager or deputy manager.
- People and their relatives completed feedback on the service and suggestions for improvement. We

reviewed recently completed feedback forms, where people's relatives shared any views or concerns, they had. The form included detail of action the provider took in response to the concerns raised. This helped improve the care people received.

Continuous learning and improving care

- The provider had systems in place to help learn and improve people's care.
- The registered manager and deputy manager completed regular audits for different aspects of the service. We found action was taken, however, there was not always a system in place to record when actions had been completed. The registered manager confirmed they would implement this to ensure clear record keeping for the date actions were completed.
- The provider completed regular audits to review the systems in place and help identify any areas for improvement. The registered manager and deputy manager worked to action any shortfalls.
- The provider was in the process of transferring from paper to electronic records. The registered manager confirmed this would help the oversight of the service, as currently some records were duplicated through paper recording and electronic recording.

Working in partnership with others

- The provider worked in partnership with other health and social care professions to help ensure people received effective care.
- Staff made required referrals and followed guidance from specialist health agencies. These included, General Practitioners (GPs), district nurses, the learning disability team, and occupational therapists. External health professionals provided positive feedback about the staff and how they supported people to increase their independence.
- People's relatives confirmed staff worked well with them to meet people's needs. One relative told us, "The communication is great, staff keep me informed and ask me about [Person's name's] wishes."