

Parkcare Homes (No.2) Limited

Combs Court

Inspection report

Edgecomb Road
Stowmarket
Suffolk
IP14 2DN

Tel: 01449673006
Website: www.prioryadultcare.co.uk

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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

Combs Court is a residential care home that can accommodate up to 29 people with a learning disability and/or autistic people. The service comprises of four houses on one site and one house is further subdivided into individual flats. There are also two separate self-contained flats. At the time of the inspection there were 29 people living at the service.

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

Right Support

People received safe care and they were supported by staff who knew how to protect them from the risk of harm and abuse. Staff were recruited safely and there were sufficient staff to meet people's needs.

Staff supported people to take their prescribed medicines and to access healthcare services. Staff were aware of people's individual risks and followed plans to minimise these while maintaining people's independence.

People could choose how they wanted to spend their time, whether they wanted to be with other people or in their own space.

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

There was a relaxed atmosphere in the home where staff were respectful and supportive in their interactions with people. Where people required support with personal care this was provided in a discreet way and promoted people's dignity and privacy.

Right Culture

People were enabled to influence the care and support they received. Staff demonstrated a positive person-centred attitude, promoted people's rights and independence and supported people to have equal access to services.

Staff told us they felt supported in their role and enjoyed working at the service. We saw they had formed

meaningful relationships with people they supported.

Rating at last inspection

The last rating for this service was good (published 13 May 2019).

Why we inspected

The inspection was prompted in part due to concerns received about staffing arrangements and management of medicines. A decision was made for us to inspect and examine those risks.

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 these concerns.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good based on the findings of this inspection.

Follow up

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

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

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>

Combs Court

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 3 inspectors, a CQC pharmacy inspector and CQC support services shadowing.

Service and service type

Combs Court 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.

Combs Court is a care home without 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 and professionals 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 visited the service on 17 May 2023 and 25 July 2023 during these inspection visits, we met with 7 people living at the service. We spent time in the communal areas observing the care and support people received.

We spoke with the registered manager, 2 provider representatives, the deputy manager and 5 care staff.

We reviewed 4 people's care records which included care plans, risk assessments and medicines records. We reviewed 5 staff recruitment records and other documents related to the running of the service which included staff rotas, audits, surveys, meetings, and quality assurance records.

After the site visits, we spoke with 7 relatives. We received electronic feedback from 4 staff members and 2 professionals involved with the service.

Inspection activity ended on 2 August 2023 when we gave feedback to the registered manager and a representative from the provider.

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. The rating for this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to help protect people from the risk of abuse. Staff had been provided with safeguarding training and had access to whistleblowing policies. They understood their responsibility to report any allegations of abuse.
- Staff told us they would have no hesitation in reporting any concerns to the registered manager or appropriate authorities and were confident that action would be taken to protect people.
- People told us they felt safe and shared how they would raise any concerns. One person said, "I am safe here, I know [all the staff]. They are nice, kind to me. Any problems I would tell them."
- A relative told us, "I think [family member] is safe and well protected here as the staff are aware of risks and look out for them."

Assessing risk, safety monitoring and management

- Risks to people were identified and assessed. There were individual risk assessments in place detailing risks to people's safety and advising staff on how to mitigate the risks.
- Staff told us the assessments provided them with the information they required to keep people safe, reduce the impact of risk, and provide appropriate support to people.
- Risk assessments had been reviewed regularly and updated when people's needs changed.
- Regular safety checks of the building and equipment took place, including fire safety equipment.
- Fire drills were regularly held, and people had individual personal emergency evacuation plans in place to guide staff in the event of a fire.

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.

Staffing and recruitment

- There were sufficient staff deployed to keep people safe and for the assessed level of support people required. This included one-to-one support for people to take part in activities and with accessing the community.
- People had a consistent team of staff to support them which enabled continuity of care. The service had been impacted with staff turnover notably during the pandemic but had taken steps through ongoing recruitment to address this.
- The recruitment processes in place supported the provider to employ staff of suitable character and experience to work with people living at the service.
- Recruitment files included an application form with employment history, references and right to work in the UK documentation where applicable.
- Appropriate recruitment checks were carried out so suitable staff were employed. This included Disclosure and Barring Service (DBS) checks, which provide information including details about convictions and cautions held on the Police National Computer. References were also sought from previous employers. This information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were being kept securely and at correct temperatures.
- Staff had received training and had been assessed as competent to give people their medicines.
- Records showed that people received their medicines as prescribed. However, we noted that when medicines were not given to people, they were not always recorded as disposed of.
- Written information about people's medicines was available for staff to refer to. However, when people were prescribed medicines on a when required basis (PRN), for some medicines there was a lack of written guidance and for others insufficient person-centred information available to help staff give people these medicines consistently and appropriately. The registered manager advised that the service was transferring care information onto a new electronic system and was addressing these inconsistencies.
- For people who could have their medicines given to them concealed in food or drink (covertly), assessments and best interest decisions had been formed, having consulted with relevant healthcare professionals. However, advice had not been taken from an appropriate clinician (e.g. pharmacist) to ensure that the preparation of each medicine in respective foods or drink was appropriate and safe.
- People living at the service received regular reviews of their medicines by prescribers in line with national guidance.

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 somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. We signposted the registered manager where we found some inconsistencies and action was taken to address this.

Visiting in care homes

- Visitors were able to visit their family members at the service and precautions were taken to minimise the spread of COVID-19 and other infectious diseases.

Learning lessons when things go wrong

- There were systems in place to ensure lessons were learned when things went wrong.
- The management team demonstrated pro-active practices when dealing with and reporting on accidents and incidents that occurred within the service so that learning and further development could be implemented.
- Each accident or incident had been clearly documented. This included details of the event, the actions taken and where required the updating of specific risk assessments to guide staff with prevention techniques for future events.

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 good. At this inspection the rating has remained the same. 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were considered equal partners in their care and a person-centred culture was visible in the service. Led by the registered manager, staff treated people as individuals, encouraging and supporting them to live their life on their terms.
- People were supported by staff to have access to the appropriate care that they needed, taking into account their personal choices and preferences. People's decisions were respected and acted on.
- Feedback about the service was encouraged by the registered manager and where people, relatives and staff had shared their views, through satisfaction surveys, care reviews and meetings their comments were followed up, acted on accordingly and used to develop the service.
- Regular staff meetings took place. We looked at a sample of staff minutes and saw that they covered numerous topics relevant to the service for discussions and staff were free to express opinions.

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

- The provider and registered manager understood when to notify CQC of significant events and incidents, in line with their legal requirements and responsibilities. They were aware of the duty of candour and their responsibilities to be open and honest with people and their relatives in the event of something going wrong or a near miss.
- Staff understood their roles, responsibilities, and duties. Staff performance was monitored through one to one supervision and competency checks. This underpinned professional development, best practice, and well-being.
- The safety and quality of the service was regularly assessed and monitored through checks and audits at both management and provider level. There were supporting action plans to drive continual improvement in the service.
- There were contingency plans in place which were detailed and included information about how to ensure provision of people's care in emergency situations.

Continuous learning and improving care; Working in partnership with others

- Action was taken when things went wrong. The management team and provider learned from incidents and ensured they were used in a positive way to improve the service.

- Staff and the registered manager worked in partnership with health and social care professionals to ensure people had the care and support they needed to maintain their health and wellbeing.