Intelligent Care Limited

Queens Park View

Inspection report

102 Park View
Bolton
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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

Overall summary

Queens Park View is a care home providing accommodation for up to six people with a mental health illness. The home is a large semi-detached property situated in a residential area of Bolton. It has gardens to the front and rear of the home and car parking is available at the front of the home. The home offers six single bedrooms. There is a communal lounge, kitchen and dining area and bathrooms and toilets. At the time of our inspection five men were living at the home.

This inspection took place on 17 December 2014 and was unannounced. The last inspection took place on 2 April 2013; we did not identify any concerns with the care provided to people who lived at the home.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they have a legal responsibility for meeting the requirements of the Health and Social care Act 2008 and associated Regulations about how the service is run.

On the day of our visit the registered manager was on duty and the provider was also present for some of the time. People living at the home required minimal

Summary of findings

support. They are able to go out unaccompanied and were encouraged to help the staff with daily living tasks for example cleaning their own rooms and with meal preparation.

We found the home to be warm, clean and tidy. The home was preparing for the Christmas festivities.

We saw that the home had appropriate safeguarding policies and procedures in place for staff to refer to if required. Staff had undertaken training in the protection of vulnerable adults and were able to recognise and report and abuse or poor practice.

The registered manager and the provider had a thorough knowledge of the Mental Capacity Act (MCA) 2005 and in Deprivation of Liberty Safeguards (DoLs), which is used when a person needs to be deprived of their liberty in their own best interests.

Staffing levels were determined by what commitments and appointments people living at the home had planned.

Robust recruitment systems were in place to help ensure that people were employed following suitable employment checks.

Regular staff supervisions took place and records of supervisions meeting were in seen in the staff files we looked at.

We observed good interactions between staff and people who lived at the home. Staff were seen to treat people with kindness and with respect.

We looked at two care records and these contained information to guide staff how people living at the home wished to be supported, their preferences and wishes.

We saw that the home had systems in place for the safe storage, administration and recording of medicines.

A numbers of audits and checks were carried out on a regular basis to monitor the quality of the service.

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?

Good

The service was safe.

People we spoke with told us they felt safe living at the home. Staff had received training in vulnerable adults safeguarding and had access to policies and procedures.

Staffing levels were sufficient to meet the needs and commitments of people who lived at the home.

Staff had undertaken training in medication to help ensure that people received their medication safely and in a timely manner.

Is the service effective?

Good

The service was effective.

It was clear from the care records we looked at that people had been involved in deciding what care and support they required. We saw that referrals to other healthcare professionals had been made to help ensure that people had their individual needs met.

We looked at staff personal records and saw that staff had received regular supervision sessions.

Menus and preferred choices of food were planned with people who used the service to try and encourage a balanced and nutritional diet.

Staff training and development was on going.

Is the service caring?

Good

The service was caring.

People told us they were happy living at Queens Park View.

We saw that people got up when they wanted. People were able to attend to their own personal care and to prepare their own breakfast and lunch. Staff on duty prepared the evening meal and people were encouraged to dine together.

Staff had a good understanding of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards.

Care plans included information of how people were to be cared for and supported. People living at the home were able to give their consent to care and support and were involved in decision making.

Is the service responsive?

Good

The service was responsive.

People were able to go out unaccompanied if they wished. Group activities were also planned.

We saw that records were kept up to date. Any changes to the plan of care was discussed with the individual and were recorded.

People living at the home were able to discuss with the staff if they were unhappy or had any concerns about their care and support.

Summary of findings

Is the service well-led?

Good

The service was well – led.

The service had a registered manager who had been in post for a number of years. The provider of the service was at the home at the time of our inspection and told us they were actively involved in supporting people.

Staff were supported with supervision sessions. Comments and suggestions from staff were welcomed and encouraged by the manager.

We saw that the registered manager completed regular audits and checks. This helps to ensure the smooth running of the service.

We saw that surveys were given to people living at the home, their relatives and other healthcare professionals to ascertain their view and opinions on the quality of the service provided.

Queens Park View

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 checked 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 14 December 2014 and was unannounced.

As this is a small service the inspection was carried out by one adult social care inspector from the Care Quality Commission (CQC).

Prior to our inspection we reviewed information we held about this service. This included statutory notifications and any safeguarding referrals. We also contacted two external professionals to find out their views about service. We reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR is a form that asks the provider to give us information about the service what the service does well and what improvements they plan to make.

During our inspection we spoke with two people who lived at the home and with the registered manager and the provider. Throughout the day we observed how people were supported and how staff interacted with people. We looked around the home and with the permission of people living at the home we looked in some bedrooms. We looked at two care records and two staff files.

Good

Is the service safe?

Our findings

People we spoke with confirmed they felt safe living at the home. Most of the gentlemen had lived together at the home for a number of years and we had spoken with them at our previous inspections. We spoke with one person who told us, "I have not been here that long, I am happy now I have all my own things around me".

We looked around the home and saw the environment was well maintained. We saw that fire safety procedures were in place and regular safety checks had been completed and recorded. The home had a 'no smoking policy', people living at home had to go outside the home if they wished to smoke.

People living at the home were expected to carry out daily living tasks for example cleaning their own bedroom, doing their own laundry and in the shopping and preparation with meals. People made their own breakfast and lunch. Risk assessments were in place for the safe use of equipment. Staff were on hand to assist in supporting people with tasks if required. The evening meal was prepared by the staff who welcomed assistance from people living at the home.

We observed that people went out of the home unaccompanied to the local shops or into the town centre which was in walking distance from the home. We saw in the two care records we looked that risk assessments had been completed for people going out of the home.

We saw there was a safeguarding policy in place and all staff received training in this area to ensure they knew what action to take if they had any concerns. The training matrix provided by the registered manager confirmed what training staff had completed and when refresher updates were due.

We saw that the staffing levels were planned around the needs of people living at the home and what commitments people had planned for the day. On the day of our visit the registered manager was on duty and a member of the support staff team. The provider was also present for some of our visit. On some days there only one staff member on duty, with a member of staff 'on call'. If people had hospital appointments and staff were requested to attend with them for support this would be accounted for in the numbers of staff required. The same system would apply for trips and outings. One member of staff was on night 'sleeping' duty with on call support.

We looked at the home's systems for the safe administration and storage of medicines. We saw that the medicines were securely stored and the Medication Administration Record sheets (MARs) had been completed accurately. The home used a system called Biodose. This where medicines are contained in a 'pod'. Each pod can contain tablets or liquid medication. Photographic identification was on the front of each tray which helped to minimise medication errors. Medicines and MARs were double checked and signed by staff after each medication round to make sure all medicines had been administered correctly. All staff had completed medication training. At the time of our visit there were no controlled drugs kept in the home.

We looked at two staff personnel files and saw that staff had been suitably recruited. Staff files contained an application form, references and a Disclosure and Barring Service (DBS) check. A DBS check helps the provider to ensure people are suitable to work with vulnerable adults.

Good

Is the service effective?

Our findings

We viewed two care records and saw documentation that showed us the process and planning to help ensure people's needs could be met by the staff prior to people moving in to the home. Part of the assessment was to check compatibility with other people already living at the home. We saw that people's care records were reviewed and any amendments required to people's care had been discussed with all relevant parties and this was reflected in the care plans. In the care records we looked at we saw that consent had been sought by people living at the home for the care and support they received.

We saw that the care records contained information from other healthcare professionals who were actively involved in the care and welfare of people living at the home for example social workers GPs and community psychiatrist nurses (CPNs).

We spoke with a healthcare professional who told us, "The overall care is of a good standard. I can't think of any areas where the care for my client needs to be improved".

We found the home to warm and clean. The home was not equipped with a passenger lift so people living at the home had to ambulate as bedrooms were upstairs.

We saw that there was a well equipped kitchen and food was available in ample supplies. Staff tried to promote a healthy eating plan, however people living at the home were capable of making decisions about what food the wished to eat and when. We saw people making their own hot or cold drinks during the day and helping themselves to snacks.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS), and to report on what we find. A DoLS is used when a person needs to be deprived of their liberty in their own best interests. At the time of our inspection we were informed by the registered manager there was no one at the home who required a DoLS authorisation.

We asked the registered manager about training and development for staff. We saw from the training matrix that staff completed an induction programme when they started work at the home. There was evidence that showed us staff had undertaken training in safeguarding vulnerable adults, training in MCA, food hygiene, first aid, health and safety and challenging behaviour. We saw in the staff files we looked that staff had received regular supervision meetings with the registered manager and this had been documented. One member of staff spoken with told us, "I have completed all the necessary training relevant to my role. I have regular meetings with the manager to catch up and discuss any issues".

Good

Is the service caring?

Our findings

We saw that people at the home where supported by staff when required. People were encouraged by staff to be as independent as possible. Some people required more assistance than others.

We saw the care records contained information on how staff were to support people living at the home. All the people living at the home could attend to their own personal care needs and staff support was minimal. We saw that people living at the home were involved and participated in decision making about their care and support.

When we arrived at the home the registered manager told us some people were still in bed having a lie in. There was an agreement between staff and people living at the home about the time of returning to the home at night and when communal areas of the home closed. This did not mean that people could not have the TV on in their rooms and some people had kettles for making drinks and snacks in their rooms. If assistance was required during the night, for example if someone felt ill, staff were available to assist.

We saw that people's privacy was maintained and keys were provided so they could lock their bedroom doors if wished. People living at the home did not enter other people's rooms unless invited.

We heard that throughout the day there was a good, respectful and friendly rapport between people living at the home and the staff. We saw a comment from a person living at the home on a returning a satisfaction questionnaire which read, 'Very satisfied with the care and the attitude of the staff'. A visiting professional had completed a feedback survey, their comments read, The care provided is of a high standard, my client receives excellent care'.

The registered manager and most of the staff had worked at the home for a number of years. Most of the people living at the home had lived there for some time. From our conversations with staff it was apparent they had a good understanding of the people they were supporting.

Good

Is the service responsive?

Our findings

We asked the registered manager what information and support was provided to help people with the transition of moving people into Queens Park View. Sometimes this was from another care setting or by a referral by the person's CPN.

We saw that prior to admission; people were invited to the home to look around and meet the staff and perhaps stay for a meal. Some people may decide that the home was not the right place for them. Planning meetings with a multi-disciplinary team were arranged to ensure that the move was properly managed with the least disruption to the person.

We saw an information booklet was available to prospective people and their family detailing the conditions of stay and what the home offers and about the staffing structure.

In the care records we looked at we saw that people's preferences and choices were recorded and staff adhered to these preferences.

We asked the registered manager about what activities were available. There was no set activity programme. The age of people living at the home ranged between 36 years to 73 years of age, therefore people's interests varied considerably. The staff and people living at the home made decisions together about what they wanted to do. Some people prefered to stay in their rooms; some went out shopping, others were happy to sit together in the lounge area. The registered manager said sometimes they had a take away meal or there was a selection of DVDs and board games.

The registered manager told us that no one living at the home was in employment or attending any educational activities at the time of our visit. The registered manager told us this was something that could be discussed and possibly arranged with the individual if so wished. People living at the home could verbalise their views and opinions and make their own decisions about how they wished to spend their day.

We viewed the complaints policy and the complaints file. There had been no complaints made about the service or the care provided within the last 12 months.

Good

Is the service well-led?

Our findings

There were management systems in place to ensure the home was well-led. The home had a manager who was registered with the Care Quality Commission and they were supported by the provider and a staff team.

This was a small service with a small staff team. One member of staff spoken with told us they worked well together and helped one another out. The home did not use agency staff, as this could be unsettling for the people living at the home.

The registered manager told us that the staff on duty met daily to discuss any issues or concerns or changes to people's care and support. This was recorded.

We saw from care file documentation that minutes of meetings with other professionals were recorded. The registered manager and the provider worked well with external agencies and other professional visitors at the home.

We saw there were a variety of quality assurance systems in place. Any accidents and incidents were recorded and monitored to help prevent reoccurrence. We saw that it was staff responsibility to check that medicines had been given in a safe and timely manner after each medication round. A full audit of medicines was then seen to be completed monthly. Other audit checks were completed including personal spending and allowance, environmental checks including fire safety and water temperature checks. We saw that portable appliance testing (PAT) had been carried out in June 2014.

We discussed with the registered manager about notifiable events that the CQC must be notified about, these included serious accidents/incidents, safeguarding referrals and death notifications. The registered manager was fully aware of the procedures to follow if and when required.