

Parkcare Homes (No.2) Limited

Devonshire Road

Inspection report

43 Devonshire Road
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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This comprehensive inspection was undertaken on 5 October 2015 and was unannounced.

During our last inspection on 14 September 2014 we found no breaches and the service was compliant with all regulations.

Devonshire Road provides accommodation and support with personal care for up to five people with learning disabilities.

The service has a registered manager appointed. 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 legal requirements in the Health and Social Care Act 2008 and the associated regulations on how the service is run.

We found that Devonshire Road provided personalised person centred care, which people were in control of the support they received and contributed in decision-making on the support they receive. People were encouraged to be independent and there was a family type culture that promoted independence.

Summary of findings

Medicines were stored and administered correctly. Staff administering medicines were trained to ensure they were competent and safe.

Staff were trained in safeguarding adults and had a good understanding in keeping people safe. They knew how to recognise abuse and who to report to and understood how to whistleblow. Whistleblowing is when someone who works for an employer raises a concern which harms, or creates a risk of harm, to people who use the service.

Care plans were personalised to the people and was working well. Both the people and their relative were involved in planning of care and the care plan was then signed by people to ensure they are happy with the care and support listed on the care plan.

Risk assessments were not completed for one person that required assistance with moving and handling. Feedback was provided to the registered manager and a risk assessment was completed promptly.

People enjoyed the food and were given choices on what they would like to eat during mealtimes and we found that their needs and preferences were taken into account.

The service was not routinely monitoring people's weight as we found that some residents experienced weight loss. A nutritional assessment was not undertaken on what to do in the event someone was losing weight such as monitoring food intakes or making immediate referrals to the GP.

People had access to healthcare services such as the General Practitioners (GP) and dentists. People were supported to make healthcare appointments and regular visits were made with the assistance of staff. A GP also visited the home to undertake annual health checks. We saw individual 'health action plans' were not updated. The registered manager told us they were in the process of being updated.

People were able to consent when receiving care and support and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty and Safeguarding (DoLS).

MCA and DoLS is a law protecting people who are unable to make decisions for themselves or whom the state has decide their liberty needs to be deprived in their own best interests

Systems were in place to ensure staff received regular supervision and appraisal. Staff received induction training and also received regular training to ensure that people are safe and the care provided is effective.

Complaints had not been made by service users or relatives about the service however people were aware on how to make complaints and staff knew what to do in the event a complaint was made.

People enjoyed a number of activities such as going to the daycentre, restaurants, swimming and bowling.

People's privacy and dignity was maintained. People were encouraged to be independent and we saw people helping around the house and people told us they enjoyed helping. Support was provided with personal care and other tasks however they were encouraged to do as much as they can themselves.

Robust systems were in place for quality assurance and continuous improvements. The registered manager conducted regular audits, which included spot checks to ensure quality and used the findings for continuous improvement. This was then communicated to staff by the internal communication book and at staff meetings.

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?

People were safe. Risk assessments were in place to protect people against known risks for most people. Risk assessment in moving and handling was not completed for one person with mobility issues.

People felt safe at the home. There was a safeguarding procedure. Staff were trained and knew how to identify abuse and the correct procedure to follow to report abuse.

Recruitment procedures were in place to ensure staff were fit to undertake their roles and there were sufficient numbers of staff available to meet people's needs.

There were suitable arrangements for the management of medicines.

Good



Is the service effective?

Some aspects of the service were not effective. Nutritional assessments were not undertaken particularly for people at risk of losing weight.

Staff had received the relevant training to ensure they had the skills and knowledge to care for people.

Supervision was carried out in line with the homes supervision policy.

People told us they enjoyed the food and drink at the home and were offered choices.

Individual health action plans were not updated regularly. People had access to community services and healthcare professionals such as the GP and Dentist.

There were suitable arrangements in place to meet the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguarding. Staff understood people's right to consent and the principles of the Mental Capacity Act 2005.

Requires improvement



Is the service caring?

The service was caring. We observed positive relationship between staff and people. People confirmed that staff are caring and treated them with respect and dignity.

People and relatives were involved in the planning of their care and reviews were undertaken regularly. Staff had good knowledge and understanding on people's background and preferences.

Care plans were person centred and took into account people's choices and preferences. Details of people's background and personal information were recorded on the care plans.

Good



Summary of findings

Is the service responsive?

The service was responsive. Care plans included people's care and support needs and staff acted on them.

People participated in activities such as going swimming and bowling.

There was a complaint system in place. People and relatives knew how to make a complaint and staff were able to tell us how they would respond to complaints.

Good



Is the service well-led?

The service was well-led. People and staff told us that the manager was supportive and approachable.

There were appropriate systems in place to monitor the service and make any required changes. Regular audits were undertaken by the registered manager.

The service sought feedback from people and staff through meetings and surveys.

The registered manager promoted an open and family type culture, which encouraged people to be independent.

Good



Devonshire Road

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 function. 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.

The inspection took place on 5 October 2015 and was unannounced. The inspection was undertaken by one inspector.

Before the inspection we reviewed relevant information that we had about the provider including any notifications

of safeguarding or incidents affecting the safety and wellbeing of people. We also made contact with the Local Authority for any information they had that was relevant to the inspection.

During the inspection we spoke with three people, two relatives and two staff members, and the Registered Manager. We observed interactions between people and staff members to ensure that relationship between staff and the people is positive and caring.

We reviewed five staff files and five care plans, which included risk assessments. We looked at other documents held at the home such as medicine records, quality assurance audits and residents and staff meeting minutes.

Is the service safe?

Our findings

People told us that they felt safe and had no concerns about the service. One comment included "I feel safe here." Another person said, "Staff are very nice to us, they help us." A relative told us, "I have no concerns about [my relative's] safety."

Staff had undertaken appropriate training in understanding and preventing abuse and up to date training certificates were in staff files. Staff were able to explain what safeguarding is and who to report to. Staff also understood how to whistleblow and knew they could report to outside organisations such as the local authority. There was information on whistleblowing on the service's noticeboard. We looked at the provider's safeguarding and whistleblowing procedure, which provided clear and detailed information on types and signs of abuse and how to report allegations of abuse.

Care plans included risk assessments on mental health and individual risks such as threatening behaviour that may impact on staff and people's well-being. Where a risk had been identified the registered manager and staff looked at ways to mitigate the risk by listing actions to prevent the risk from occurring. For example, where someone had been identified as being at risk of choking because they eat too fast, the risk assessment included measures to reduce the risk. Observations confirmed staff followed the risk assessment. Risk assessments were reviewed regularly with the involvement of people and where possible with their family members.

The risk assessments for one person had not been completed in full. The person needed support with moving and handling, and we did not see a risk assessment in moving and handling. We gave feedback to the registered manager and this was communicated with staff and a moving and handling risk assessment was completed promptly. The registered manager told us there has been no incidents in moving and handling involving the person and the accidents and incidents book did not list any incidents on moving and handling involving the person.

Staff files demonstrated the service followed safe recruitment practice. Records showed the service collected two references from previous employers, proof of identity, criminal record checks and information about the experience and skills of the individual. The registered

manager made sure that no staff members were offered a post without first providing the required information to protect people from unsuitable staff being employed at the home. This corresponded with the start date recorded on the staff files.

People and their relatives did not have any concerns about staffing levels. The service has recently introduced a programme of work experience for students studying towards a qualification in care. We saw a student at the home during our inspection who helped with supporting people. The registered manager confirmed that staffing levels were adjusted according to the needs of people and records confirmed that additional staff were deployed when needed.

Staff received training in handling challenging behaviour respectfully. Staff told us they had not used physical intervention to manage behaviour which challenged the service. They described how they used de-escalation techniques to support people. We observed staff listening and providing reassurance to support someone to become calm when they were distressed. This meant that people were protected against unlawful control or restraint.

Risk assessments and checks regarding the safety and security of the premises were up to date and had been reviewed. This included a fire safety policy, fire risk assessments and weekly fire tests for the home. The provider had also made plans for foreseeable emergencies including a fire evacuation plan for each resident at the home. Staff members were able to tell us what to do in an emergency, which corresponded with the fire safety policy. This meant that people were appropriately protected in the event of an emergency.

We saw evidence that demonstrated appropriate gas and electrical installation safety checks were undertaken by qualified professionals. Checks were made in portable appliance testing, hot water temperature and legionnaire disease to ensure people living at the home are safe.

Medicines were administered and stored correctly. Medicines were stored in a locked cabinet. Medicines and recording sheets showed people were given the required medication and on time. People told us that they receive their medication on time and staff explained what the medicines are used for.

Staff received appropriate training in medicines to ensure they are competent and safe. Staff confirmed that they

Is the service safe?

were confident with managing medicines and we saw that the service regularly audits the management of medicines. This meant that the service had appropriate checks in place to ensure that medicines are administered safely.

Is the service effective?

Our findings

People and relatives told us staff were skilled and knowledgeable. One person said, "They [staff] look after us very well" and a relative told us "They do a difficult job very well."

Staff had induction training before they started working at the service. Staff told us they received training to help them with their jobs. Staff had undertaken training in epilepsy, fire safety, medicines management, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). The service had systems in place to keep track of which training staff had completed and future training needs. Staff told us that they have easy access to training and had received regular training. Training needs were discussed during appraisal and on formal one-to-one supervision.

Staff were positive about the support they received in relation to supervision and training. One staff commented about the registered manager "since she has been here, I have completed my NVQ level 3" and "She has given me more responsibilities, she is good."

Staff confirmed they received regular supervision from the registered manager. They told us they could talk about any areas where improvements can be made. Records showed that the registered manager maintained a system of appraisals and supervision. Formal individual one-to-one supervisions were provided regularly, which addressed current issues and follow up actions. Appraisals were scheduled annually and we saw that staff had received their annual appraisal in 2015.

Staff had a good understanding of the Mental Capacity Act (MCA) and understood the principles of the act. One staff commented "You have to ask for consent" and "If someone lacks capacity, they have to be assessed." People confirmed that staff ask for consent before providing support, one person commented "They ask for our permission before they do anything." We saw evidence that capacity assessments were completed where people did not have capacity to make a particular decision at a specific time. A best interest review was undertaken with the person and with relatives to discuss what would be in the best interest of the person before making a decision.

Four people were under Deprivation of Liberty (DoLS) authorisation. DoLS are put in place to protect people's liberty where the service may need to restrict people's

movement both in and outside the home. For example, if someone left the home unaccompanied and there may be risk to their safety due to a lack of road awareness, a member of staff would accompany the person. We saw applications were made with the Local Authority for people to be assessed for a DoLS authorisation.

People told us that they liked the food at the home. One person said, "I like the food" and another person told us, "They feed us very well." Records showed people were given choices during meal times and food was discussed during residents meetings. Food diaries were used for each person and showed people's preferences and cultural needs were taken into account. For example, one person who does not eat pork due to religious beliefs would not be given pork. Records showed that people are given different meals during meal times based on their preferences and it was varied, nourishing and fresh. One person told us, "Food is different every day, we get choices here." During meal times we observed staff and people interacting well chatting and laughing creating a relaxed atmosphere.

Care plans showed that people had weight management issues. The service had recently introduced systems to record and monitor people's weight but these were not in place for all people. The records in place did not include information on what action staff should take if people lost weight. We recommend that in order to reduce the risk of harm from malnutrition or unexpected weight loss the service should ensure that people's weight is kept under review and the appropriate action is taken at the right time to keep people in good or the best of health.

We saw each person had a 'health action plan' focussing on aspects of people's health, which included diets, medication, hearing, vision, mobility and communication. We noted the plans were not updated regularly as people's health and medication may have changed over time and fed this back to the registered manager, who told us they would be updated.

We saw records that people have been referred to healthcare professionals such as the GP and dentists. Outcomes of the visit were recorded on people's individual's records along with any letters from specialists and an appointments matrix was included that listed appointments with healthcare professionals.

Is the service effective?

People and relatives confirmed that there is easy access to healthcare professionals when needed. One person said, "They take me to scans and staff make appointments for me." One relative told us, "[my relative] see's dentist regularly and the doctor when needs to."

The registered manager told us that staff know when someone is unwell or has health issues especially if people

are unable to communicate and gave us an example of one person who became withdrawn and quiet and staff were able to identify the person was not well, and take the person to the GP. This meant that appropriate action was taken to manage people's healthcare needs and protect people from risk of deteriorating health.

Is the service caring?

Our findings

People told us they are supported by staff and are treated with respect and dignity. One person told us "I like them [staff]" and "I love it here" and another person said "Staff are very nice to us."

The staff we spoke to had been working at the service for a long time and had built up a good positive relationship with people. We observed interactions throughout the day and saw people were relaxed with staff and were regularly chatting with staff. We observed people hugged staff and staff members hugged back with a smile. One staff member told us, "We are like a family, we are close." Another staff member commented, "They have confidence in me, we talk." Relatives told us that they have no concerns about the staff. One relative commented, "They look after him immaculately, I hope he can stay indefinitely."

All care plans had a personal profile outlining the communication methods, diets, behavioural support, identity, culture, and mobility. There was a 'life story sketch' for each person providing information on people's background and upbringing and a section on 'what would you like staff to know about you' listing significant events that are important to them.

Staff had a detailed understanding of the people living at the home and used the care plans to get to know the person when required. Staff were able to tell us the background of the people and the support they required. They told us they always encourage people to do as much as they can to promote independence. We saw people were helping staff at meal times such as setting up the table and the clearing up the table afterwards, staff confirmed that people enjoy helping.

People were involved in planning their care and regular key working meetings were undertaken with staff. The care plans and key worker meeting notes were signed by the people to ensure they agree with the information on the care plan and notes. People's needs were reviewed monthly and care was planned and delivered in line with their individual care plan. People and relatives confirmed that they are involved in the planning of their care and reviews, one person told us, "Staff do reviews with me."

People told us that staff respected their privacy and dignity. One person commented, "I got my own room." Another person told us, "I open my letters and they knock on my door before coming in." People can freely go into their rooms when they want and close the door without interruptions from staff and people.

The service had equality and diversity policy and staff were trained on equality and diversity, we observed that staff treated people with respect and equally such as complimenting people when someone assisted in setting and clearing the table during meal times. Cultural and religious beliefs were discussed with people and their relatives. Their preferences were recorded in care plans. We saw people's preferences in food according to their spiritual beliefs were recorded and this was reflected on the food diaries. The registered manager told us that one person likes cultural music and this is played at the home.

People had contact with family members and details of family members were recorded on their care plans. One relative told us, "They encourage [my relative] to call me." People visited their family and showed us pictures of their family members in their rooms with pride. The registered manager told us which people had family members and referred to them by name.

Is the service responsive?

Our findings

People and relatives told us that the home is responsive to their needs and preferences. One person told us, "Staff listen" and a relative commented, "They are pro-active and responsive."

People were assessed before moving into the home in order to ensure the service can cater for their needs. We looked at five people's care plans in detail and found that they were personalised and person centred to people's needs and preferences.

Care plans were reviewed regularly and this was with the involvement of people and where possible family members, the people and relative confirmed this. Care plans were signed by people to ensure they agree with the information on their care plan. A system was in place to review individual needs and the required support every month. We saw evidence that a person had developed continuous back problems and staff have supported the person to make GP appointments and assist the person to the GP practice followed by hospital appointments, the person confirmed this and told us staff have been very helpful. This showed that the service is responsive to people's well-being and changing needs.

We saw a 'daily log' book, which recorded key information about the people daily routines and the support provided by staff. Staff told us that the information is used to communicate between shifts on the overall care people received during each shift and if a particular person should be closely monitored. This meant that staff can summarise the care needs of the people on each shift and respond to any changing or immediate needs.

We looked at the accidents and incidents recording book and saw incidents have been appropriately managed outlining the level of risk, lessons learnt and if required an action plan. We saw that the accident and incidents recording book was used to complete risk assessments, which was included in care plans. For example, a dispute took place at mealtime between two people; a risk assessment was completed to ensure a member of staff is always present during meal times.

People told us they like the activities in the home, one comment included, "I go college and do cooking, I like cooking." Another person commented, "I go bowling and swimming" and "I will be going Tenerife soon." We saw people going out to make a hair appointment and go to their local bank. The registered manager told us they support people out to lunches at restaurants and the pub, and people and records confirmed this. One member of staff told us, "In summer we go to the park and do shopping." Relatives told us that the service undertakes regular activities and they are happy with the arrangements in place.

Records showed no complaints were made by people or their family members since the last inspection. People and relatives told us that they do not have any complaints about the service and felt they can raise concerns if they need to. One person told us, "I have no concerns, I am happy." When we spoke to staff on how they would manage complaints, they told us that they would record the complaint and inform the registered manager and deal with the complaint as much as possible.

Is the service well-led?

Our findings

People told us they enjoyed living at the home and staff told us they enjoyed working at the home. One person told us, "I don't want to leave" and a staff member commented "We [staff and people] are close." The registered manager told us that culture in the service is one of a family, where it is the people's home. We observed people interacted well with each other, chatting and laughing and going out together. Staff told us the culture is open and honest, one staff commented, "Culture is good, we have no problem."

Both staff and people were positive about the registered manager, one person commented "She is lovely, all staff make us laugh." One staff member commented, "She is on point, she is good." Relatives were happy with the management at the home, one relative told us "She talks well with service users" and another relative told us "She is good and respectful."

Staff told us that they are supported by the registered manager and were comfortable to contact the registered manager when needed. One staff said, "She supports me" and another commented, "Manager always listens." The interactions between staff and the registered manager were professional and respectful. The relationship between the people and the registered manager was positive, people talked to the registered manager with ease and with a smile.

Monthly staff and residents meetings, enabled people who used the service and staff members to provide a voice and express their views. Resident meeting minutes showed people discussed how to keep safe and recognise abuse.

People also talked about food and their preference and we saw that people's preferences were accommodated. Staff meeting minutes showed staff discussed training needs, safeguarding and about the people living at the service.

The service has a quality monitoring system which included surveys for staff and people. People confirmed that the service regularly asked for their feedback. We saw the overall results of the last survey, which was very positive.

There were policies and procedures to ensure staff have the appropriate guidance, staff confirmed they can access the information. The policies and procedures were reviewed and up to date to ensure the information was current and appropriate.

The service had a robust system in place for quality assurance and continuous improvements. We saw that a number of audits were undertaken by both the registered manager and regional manager in medicines, infection control, financial and building reviews. An action plan was included after audits for continuous improvement, for example a health and safety audit identified damp in the basement and the action plan listed for the damp to be cleared. We saw that an audit was undertaken by the regional manager under the Care Quality Commissions five domains highlighting areas where improvements can be made.

The services vision and values was to provide high quality care and to be fair and equal, treating everyone with respect. Staff told us that vision and values are communicated in staff meetings and supervisions. The registered manager undertook spot checks and out of hours checks to ensure high quality care is being delivered and people are being treated with respect.