Park Care Limited

Park Cottages

Inspection report

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Date of inspection visit: 24 August 2015
Date of publication: 02/10/2015

Ratings

Overall rating for this service	Requires improvement
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?	Requires improvement

Overall summary

Park Cottages provides accommodation for 12 people with learning disabilities. Park Cottages is in a residential area close to Barnsley and is close to a bus stop and some local amenities.

There was a manager at the service who was registered with CQC. 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 requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Our last inspection at Park Cottages took place on 30 September 2013. The home was found to be meeting the requirements of the regulations we inspected at that time.

Summary of findings

This inspection took place on 24 August 2015 and was unannounced. On the day of our inspection there were 11 people living at Park Cottages.

People spoken with were positive about their experience of living at Park Cottages. They told us they felt safe and staff were “Nice,” “lovely,” and “friendly.”

Healthcare professionals spoken with had no concerns with the home and told us they found the staff to be caring. One professional told us, “The care provided, in the main, has been second to none.”

Overall the home was reasonably clean. However we saw that some communal areas, people’s bedrooms, bathrooms, and toilet areas and the garden area were not well maintained. The garden was overgrown with weeds and brambles at bedroom window height on the ground floor.

We found systems were in place to make sure people received their medication safely.

Staff recruitment procedures were thorough and ensured people’s safety was promoted.

Staff were provided with relevant training to make sure they had the right skills and knowledge for their role.

The service followed the requirements of the Mental Capacity Act 2005 (MCA) Code of practice and Deprivation of Liberty Safeguards (DoLS). This helped to protect the rights of people who may not be able to make important decisions themselves.

People had access to a range of healthcare professionals to help maintain their health. People told us a varied and nutritious diet was provided and their preferences were taken into account so their health was promoted and choices could be respected. However, the food served was not being recorded. The unit manager gave assurances that in future the recording of main meals served would be recorded so people’s nutritional needs could be fully monitored.

People said they could speak with staff if they had any worries or concerns and they would be listened to.

We saw people participated in a range of daily activities both in and outside of the home which were meaningful and promoted independence.

Quality assurance systems were not fully in operation to assess, monitor and improve the quality and environment of Park Cottages.

We found breaches in two regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were breaches in; Regulation 15; Premises and Equipment and Regulation 17; Good governance.

You can see what action we told the provider to take at the back of the full version of the report.

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?
The service was safe.

People told us they felt safe. Staff had received the training they needed to maintain people's safety.

Appropriate arrangements were in place for the safe storage, administration and disposal of medicines.

There were effective recruitment and selection procedures in place.

Good

Is the service effective?
Some areas of the service were not effective.

Some areas of the home were in need of refurbishment and redecoration.

Staff were appropriately trained and supervised to provide care and support to people who used the service.

Staff understood their responsibilities in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards.

Requires improvement

Is the service caring?
The service was caring.

Staff respected people's privacy and dignity and knew people's preferences well.

People said staff were caring in their approach.

Good

Is the service responsive?
The service was responsive.

Staff understood people's preferences and support needs.

A range of activities were provided for people which were meaningful and promoted independence.

People were confident in reporting concerns to staff and felt they would be listened to.

Good

Is the service well-led?
The service was not always well led.

There were only limited quality assurance systems in place which were inconsistently applied.

Staff said they were a good team who were supported by each other and the unit manager.

Requires improvement

Summary of findings

The service had a range of policies and procedures available to staff but some of these policies were not up to date.

Park Cottages

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 registered 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 24 August 2015 and was unannounced. This meant the service did not know we were going to carry out an inspection on the day. The inspection team consisted of two adult social care inspectors.

Before our inspection, we reviewed the information we held about the home. This included correspondence we had received about the service and notifications submitted by the service. We asked the provider to complete a Provider Information Return (PIR).This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was returned as requested.

We contacted Barnsley Local Authority, social work teams who support people at the home and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We received feedback from health and social care professionals and commissioners and this information was reviewed and used to assist with our inspection.

During our inspection we spoke with six people living at the home to obtain their views of the support provided. We spoke with five members of staff, which included the unit manager, and four support workers.

We spent time observing daily life in the home including the care and support being offered to people. We looked round the home and saw some people's bedrooms, bathrooms, the kitchen and communal areas. We spent time looking at records, which included three people's care records, three staff records and other records relating to the management of the home, such as training records, health and safety records and monitoring reports.

Good

Is the service safe?

Our findings

People we spoke with told us they felt "safe" and had no worries or concerns. Their comments included; "'I do feel very safe, no problems there," "I'm not worried about anything" and "I am safe enough, I get on with all the staff."

People told us that if they did have a worry or any concern they would tell a member of staff and they were confident they would deal with the concern appropriately.

People told us staff responded to their calls for assistance and told us they thought there was enough staff to deal with their support needs. People said, "Staff are around all the time, spoilt for choice" and "Staff are around at night, I know where they are."

People told us they received their medicine on time and staff supported them to take their medicines.

We saw records showing that regular servicing of gas appliances and fire safety equipment were carried out.

The service had an 'environmental risk assessment' in place which confirmed that, 'All hot taps were fitted with thermovalves to prevent scalding, all windows have stays to prevent them being opened too far and prevent risk of residents falling out, lighting is good in all areas and in the kitchen all harmful chemicals are locked away.' The document states risks will be reviewed as required.

The registered provider had safeguarding policies and procedures in place to reduce the risk of abuse to people who received the service. We spoke with all staff about their understanding of keeping people safe and how they would act if they had any concerns that someone might be being abused. The staff we spoke with were aware of different types of abuse and the signs that could indicate that abuse had occurred. Staff were aware of their responsibilities towards people and were clear how they would act on any concerns. One staff member told us, "I know what to do if I saw anything at all that was wrong, I would report it straight away to a manager." Staff were confident that the unit or registered manager would take any action needed to make sure people were safe. The registered provider had a policy for whistleblowing. Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice.

We looked at three staff files to check how staff had been recruited. Each contained an application form detailing employment history, two references, proof of identity and a Disclosure and Barring Service (DBS) check. All of the staff spoken with confirmed they had provided references, attended interview and had a DBS check completed prior to employment. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the home. This information helps employers make safer recruitment decisions.

We looked at three people's care plans and saw that each plan contained risk assessments that identified the risk and the support they required to minimise the risk. We found risk assessments were either individual to risk or contained within the person's support plan. The risk assessments had been evaluated and reviewed to make sure they were current and relevant to the individual.

The service had a policy and procedure on safeguarding people's finances. We checked the financial records and receipts for three people and found they detailed each transaction, the money deposited and money withdrawn by the person. We checked the records against the receipts held and found they corresponded. The unit manager told us they checked these records regularly to make sure monies tallied with records. This showed that procedures were followed to help protect people from financial abuse.

At the time of this visit 11 people were living at Park Cottages. Five people regularly attended day services and were at these services between 8.30 am-4pm. We found that two support staff and a unit manager were on duty. Two support workers who had worked the night shift were leaving as we arrived. We saw people received support when requested and staff were visible around the home, supporting people and sharing conversation. We spoke with the unit manager about staffing levels. They said that these were determined by people's dependency levels and occupancy of the home. We looked at the homes staffing rota for three weeks prior to this visit which showed that the calculated staffing levels were maintained so that people's needs could be met.

People and staff told us that the two support staff who worked the night shift had a 'sleep in' period which commenced when the last person went to bed until 6.45am. Staff and people confirmed the staff could be

Good

Is the service safe?

woken at any time and people told us they were happy and felt safe with this arrangement. The service's Statement of Purpose and Service User Guide did not identify this arrangement and should be amended so that prospective new people and health professionals are fully aware and clear of staffing arrangements at night.

We looked at the arrangements in place for the administration and management of medicines and found that these were appropriate. Medicines were stored securely in a locked cabinet. We checked Medication Administration Records (MAR) and medicines for three people. Medicines stored tallied with the number recorded on the MAR records.

Training records showed staff that administered medication had been provided with training to make sure they knew the safe procedures to follow. Staff spoken with were knowledgeable on the correct procedures for managing and administering medicines. Staff could tell us the policies to follow for receipt and recording of medicines. This showed that staff had understood their training and were following the correct procedure for administering and managing medicines.

Arrangements were in place for the storage of controlled drugs. Entries in the controlled drugs book had two staff signatures.

We found the food chopping boards which were stored in the kitchen were stained and chipped. We made the unit manager aware of the condition of the boards and they were replaced with new ones by end of the day.

We found that policy and procedures were in place for infection control. Training records seen showed that all staff were provided with training in infection control. We saw that a detailed infection control audit was undertaken, although this was in July 2013. Further audits should be undertaken to ensure people are protected from acquired infections.

Requires improvement

Is the service effective?

Our findings

Overall the home was reasonably clean. However we saw that some communal areas, people's bedrooms, bathrooms, and toilet areas and the garden area were not well maintained.

The garden was overgrown with weeds and brambles at bedroom window height on the ground floor. Therefore this garden area was not accessible to people. One person said, "I keep telling them [registered provider] about the state of the gardens, they are a mess, they could be beautiful, someone started hacking down the weeds a few months ago then stopped, nothing ever gets done."

One health professional told us, "The environment needs updating."

There had been some refurbishment in the home but a number of areas were looking very tired. For example, we found one stair carpet had been worn down to the floorboard on several facing steps, the linoleum in two bathrooms did not fit flush to the wall or bath and was torn in several places. The ceiling in the lounge and one bedroom were stained due to recent water damage. The splashback tiles in the first floor bathroom were damaged and chipped and the grouting between tiles was marked and/or missing. Walls around the home were stained and marked and exposed plaster was showing in the main kitchen area. Above are just some of the areas of the environment requiring attention we saw and are not exhaustive.

There was no documentation available to show plans for further upgrading and redecoration of the home. Staff told us, "Things just get done when they are really bad otherwise, well it's left, and we have even done bits of painting ourselves." We found the provider had failed to develop a refurbishment and/or maintenance plan.

We saw a maintenance employee was working on the day of our inspection but they also covered work in the 'sister home' Park Grange which is in the same grounds of Park Cottages. However, our findings during the inspection showed that the amount of refurbishment and maintenance currently required at Park Cottages would require additional staff to bring the premises up to standard and properly maintained.

We found that the provider had failed to maintain the standard of the premises for the purpose for which they are used.

These findings evidenced a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Premises and Equipment.

People living at the home said their health was looked after and they were provided with the support they needed. Comments included, "Staff make sure and remind me to keep my hospital appointments" and "I go and see the doctor down at the surgery when I need too."

Two healthcare professionals contacted us prior to this inspection, in response to our request for information. None had concerns about the care and support provided at Park Cottages. Comments included, "The atmosphere is very pleasant and relaxed. The feedback to us from service users has been very positive. A number of service users who left the cottages often return to visit for tea and to meet up with the staff again" and "Staff have always accommodated service users where possible. The care provided, in the main, has been second to none. Staff liaise on a regular basis with us should they have any concerns."

During our observations, we saw that meal times were flexible and individual to each person's preferences. People said they helped with the shopping, preparation and cooking of some meals. People said "I enjoy my food; we have a hot meal, sandwiches at lunch or tea time. There is always lots of fresh fruit and we can have snacks like toast when we want."

We could see that people's independence and living skills were being supported and promoted by staff by people undertaking day to day activities such as shopping and cooking.

The unit manager told us they and staff assisted people with planning menus to ensure they were healthy and balanced but in the main people chose what they wanted to eat. This demonstrated that people were encouraged to be independent in all areas of their own meal choices. However because menus were not always planned and menus were decided on a daily basis there were no records of the food cooked and served to people each day which meant that peoples nutritional health could not be

Is the service effective?

adequately monitored. The unit manager said that the meals served would now be recorded so staff could monitor that the meals served were varied and nutritionally balanced.

People were frequently making drinks for themselves and the hub of the home centred on the kitchen where people and staff sat around the table chatting to each other.

Staff told us they were provided with a range of training that included people moving people, infection control, safeguarding, food hygiene, and end of life care. We saw records of this training in the three staff files we checked. Staff spoken with said, "We are always having training," "Training is very good here," and "Any training we want we get sent on."

Records we checked showed that staff were provided with supervision and annual appraisal for development and support. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually. Staff spoken with said supervisions were provided regularly and they could talk to the unit manager at any time. Staff were knowledgeable about their responsibilities and role.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the MCA (Mental Capacity Act 2005) legislation which is in place for people who are unable to make all or some decisions for them. The legislation is designed to ensure that any decisions are made in people's best interests. Also, where any restrictions or restraints are necessary, that least restrictive measures are used. The unit manager and staff we spoke with understood the principles of the MCA and DoLS. Staff also confirmed that they had been provided with training in MCA and DoLS and could describe what these meant in practice. This meant that staff had relevant knowledge of procedures to follow in line with legislation. The unit manager informed us that where needed DoLS would be referred to the Local Authority in line with guidance, however at the current time this had not been necessary.

We looked at three people's care plans. They all contained an initial assessment that had been carried out prior to admission. The assessments and care plans contained evidence that people living at the home had been asked for their opinions and had been involved in the assessment process to make sure people could share what was important to them. People said they were aware that they had a care plan but two people said, "I'm not bothered, I'm happy enough" and "I have seen staff with it (care plan) but I don' really want to look at it."

The care records showed that people were provided with support from a range of health professionals to maintain their health. These included, GPs, mental health services, chiropodists and dentists. People's weights were monitored monthly. Staff said they weighed everybody every month as it was a good way of monitoring people's health.

Good

Is the service caring?

Our findings

People spoken with made positive comments about the staff and told us they were treated with dignity and respect. Their comments included, “staff are very nice,” “It’s a good place to live, I reckon,” “We have lovely staff here” and “everybody’s is really friendly, I would tell people to live here.”

We saw staff interacted well with people. People were given choices and staff were aware of people’s likes and dislikes. We observed staff supporting people whist encouraging them to be independent with daily activities such as vacuuming, washing up and helping with meal preparation. There was a friendly relaxed feel to Park Cottages. We saw a staff member laughing with a person as they tried, together, to work out how to use the extension lead on the vacuum.

We did not see or hear staff discussing any personal information openly or compromising privacy and we saw staff treated people with respect.

All of the staff spoken with said they would be happy for their loved one to live at Park Cottages.

The health and social care professionals and commissioners of service we contacted had no concerns with the home and told us they found the staff to be caring.

We spoke with staff about how they preserve people’s dignity. Staff responses showed they understood the importance of respecting people’s dignity, privacy and independence. They gave clear examples of how they would preserve people’s dignity including offering people privacy in their own space. People had keys to their own rooms and we observed staff always knocking on people’s doors and waiting before going into rooms.

We looked at three people’s support plans. These contained information about the person's preferred name and identified the person's usual routine and how they would like their care and support to be delivered. The records included information about individuals' specific needs and we saw examples where records have been reviewed and updated to reflect people's wishes. Examples of these wishes included meal choices and choosing the social activities they wanted be involved in.

We saw and heard staff asking people their choices and preferences about what activities they would like to do.

The unit manager told us and we saw evidence that information was provided to people who used the service about how they could access advocacy services if they wished. Leaflets on advocacy services were available in a ‘resident folder’ which was stored on a cabinet in the entrance hall of the home. An advocate is a person who would support and speak up for a person who doesn’t have any family members or friends that can act on their behalf.

Good

Is the service responsive?

Our findings

People living at the home said staff responded to their needs and knew them well. They told us they chose where to spend their time, where to see their visitors and how they wanted their care and support to be provided. People told us they could choose when to get up and go to bed.

We saw people getting up at various times during the morning and coming into the kitchen to have their breakfast. Comments included, “I tend to have a lie in, that’s fine here.”

People participated in a range of daily activities many of which were meaningful and promoted their independence in and outside the service. One person said they helped with ‘household chores’ such as vacuuming and cleaning which they enjoyed doing but could choose not to if they didn’t want to.

Five people were attending day centre on the day of our visit. Staff told us people regularly accessed day services and they could utilise the homes minibus to attend these services as well as for other leisure activities. Records showed people had visited wildlife centres, heritage centres and other local leisure facilities. People told us, “I go shopping in town,” “Watch Television and play music” and “Go into town for a coffee and to look around,”

People said they maintained good links with their family and friends. One person said, “I have just come back from staying with my brother and I go and see my mum most weekends.” People said they also went on holiday every year and said they were going to the coast again next month for a short break.

Throughout our inspection we saw and heard staff asking people their choices and preferences, for example, asking people what they would like to drink, if they would like to sit outside or if they would like to go out anywhere.

We checked three peoples care files. Peoples care records included an individual support plan. The support plans seen contained details of people's identified needs and the actions required of staff to support these needs. The plans contained information on people's life history, preferences and interests so these could be supported. Health care contacts had been recorded in the plans and plans showed that people had regular contact with relevant healthcare professionals. This showed people’s support needs had been identified, along with the actions required of staff to meet identified needs.

Staff spoken with said people's support plans contained enough information for them to support people in the way they needed. Staff spoken with had a good knowledge of people's individual health and personal care needs and could clearly describe the history and preferences of the people they supported.

We did find the support plans were indexed in a very disjointed way which made them difficult to navigate. Important information required was contained within the plans and they were up to date. However, due to the disorganisation of the plans there was a risk that staff could miss important or updated information relating to a person’s support needs.

We found that staff had made daily updates in people support plans. However, these entries were dated but not time. Good practice is that all entries made in people’s notes should be date and timed.

The unit manager gave assurances that the issue highlighted relating to people’s support plans would be discussed with staff and immediately addressed.

There was a clear complaints procedure in place and we saw a copy of the written complaints procedure on display in the entrance area of the home. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. We saw that people were provided with information on how to complain in the ‘service user guide’ provided to them when they moved into Park Cottages. This showed that people were provided with important information to promote their rights and choices. We saw that a system was in place to respond to complaints. A complaints record was maintained and the unit manager conformed that there had been no recent complaints made about the service.

Requires improvement

Is the service well-led?

Our findings

There was a manager registered with CQC. They were registered for Park Grange and Park Cottages. However, the day to day management of Park Cottages was being conducted by a unit manager. During the day of the inspection we had no contact from the registered manager or provider.

During our inspection we saw good interactions between the staff on duty and people who lived in the home. We observed the unit manager and staff around the home and it was clear that they knew the people living at the home very well.

People said," She [pointing toward the unit manager] is very good, lovely."

Staff said they were a good team who were supported by each other and the unit manager. They told us they enjoyed their jobs. Comments included, "I love my job, we're like a family here" and "[The unit manager] is great."

We found there was no quality assurance policy in place. We saw some audits were undertaken by the Unit manager as part of the quality assurance process. The unit manager had undertaken 'bedroom audits' on a regular basis. During these audits the cleanliness, bedding and general environment of peoples bedrooms were checked. The unit manager had completed a medication audit in December 2014 but there were no other recorded care plan, medication or environmental audits available. Gaps in quality monitoring, audits and monitoring visits meant that quality assurance systems were not fully in operation.

People and staff said they saw the registered provider on a regular basis but they had little 'input' from the registered manager. People said, "The manager is [naming the unit manager]."

People said, "We see the owner but nothing we want doing in the cottages (decoration) seems to get done anyway."

People could not remember if 'formal resident 'meetings took place but they said they saw the unit manager and registered provider on a regular basis. We saw minutes of the last 'residents meeting' which took place on 20 July 2015.

Surveys to people using the service and their representatives to formally obtain and act on their views, had not been undertaken as part of the quality assurance process. We discussed this with the unit manager who informed us that they could not recall surveys being sent to people, relatives, health professionals or staff in the past two years.

Staff said staff meetings did take place to share information and obtain feedback from staff. However, we looked at the staff meeting minutes and found that the last meeting was held in July 2014. Staff and the unit manager assured us a meeting had been held more recently than this date.

We found the systems used to file records was very disorganised ,we found some staff training records in other members of staff's personal files. The services policies and procedures were duplicated, held in several different files and some had not been updated from between 2007-2013. This meant that staff could not be kept fully up to date with current legislation and guidance.

Our findings during the inspection showed the provider had not ensured there were robust systems in place to assess, monitor and improve the quality and safety of the home.

These examples demonstrated findings evidenced a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises How the regulation was not being met: The provider had not ensured that the premises were maintained to an appropriate standard. The provider had not ensured suitable arrangements were in place to purchase, service, maintenance, renewal and replacement of premises (including grounds) and equipment.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: Service users were not protected against the risks of inappropriate or unsafe care or treatment because the provider did not have effective systems to monitor the quality of the service provision.