

Transitions Care (West Midlands) Limited

Parkfield House

Inspection report

32 Taylor Road
Wolverhampton
West Midlands
WV4 6HP

Tel: 019024907

Date of inspection visit:
25 April 2019

Date of publication:
06 June 2019

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: Parkfield House is a residential care home that was providing personal care to one person at the time of the inspection.

People's experience of using this service:

The care service had been developed in line with the values that underpin the 'Registering the right support' and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary life as any citizen.

The service delivered safe care, risks to the person's health and safety were continually assessed to ensure their home environment was safe and when accessing the community and its facilities measures were in place to ensure the person was protected from harm. Staff understood how to protect the person from harm. There were enough numbers of safely recruited staff.

The service delivered effective care, that ensured staff had the skills and knowledge to meet the person's care and health needs. The person's legal rights were protected, and their nutritional needs were met. Healthcare professionals were accessed when needed.

Staff were kind and caring. Staff were empathetic and kind and had built good relationships with the person receiving care and support. Staff prioritised the person's needs constantly.

The service was exceptionally responsive to the needs of the person living at the home. Care was tailored to meet the person's varying daily needs; with a wide range of person-centred activities. The staff ensured the person was pivotal to the management of their daily life encouraging and developing their independence. This ensured the care and support was consistently personalised to meet the person's individual needs.

The service was well-led, the registered manager received positive feedback from staff and the relative of the person living at the service. Staff were knowledgeable about their roles and felt supported. Effective quality audits systems were in place that ensured the care provided was innovative and continually improving.

Rating at last inspection:

This was the first time we had inspected this service.

Why we inspected:

This was a planned inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Parkfield House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was undertaken by one inspector.

Service and service type:

Parkfield House is a care home. People in care homes receive accommodation, nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service notice of the inspection site visit because it is small, and we needed to be sure that they would be in.

What we did:

We reviewed the information we received about the service. This included details about incidents the provider must notify us about, such as abuse or serious injuries. We assessed the information we require providers to send us at least annually to give information about the service, what the service does well and the improvements they plan to make. We used this information to plan our inspection.

During the inspection we spoke with one relative to ask their experience of the care provided. We spoke with three members of care staff and the registered manager.

We reviewed a range of records. This included one care and medicine record and one recruitment and training record for staff. We also reviewed the records relating to the management of the service including checks and audits.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- One family member commented, "I am very contented [person's name] is very safe."
- The registered manager and staff were clear of their responsibilities in ensuring the person living at the home was kept safe from the risk of harm or abuse. One member of staff said, "There is always someone to report concerns to, either [the registered manager or nominated individual]."
- The provider had an effective system in place to monitor and manage allegations of abuse or harm; any concerns had been reported to the local authority safeguarding team and appropriate action had been taken.

Assessing risk, safety monitoring and management

- Robust person-centred care and risk assessments plans were in place; including guidance for staff to follow as to how to respond in the most effective way.
- Risk assessments were reviewed regularly, and potential risks were anticipated both within and outside of the home.
- The person living at the home was monitored continually to ensure changes in behaviour were responded to effectively. Staff accommodated any potentially heightened behaviour in a caring and safe manner.
- Environmental risks such as fire and personal safety were acted upon. We found Personal Emergency Evacuation Plans (PEEPS) were up to date detailing ways in which the person living at the home could leave the building safely.

Staffing and recruitment

- Staffing levels were set consistent with the person's dependency needs to ensure that they were supported safely.
- Staff had been recruited safely to ensure they were suitable to work with vulnerable people. For example, Disclosure and Barring Service checks (DBS) were completed. DBS checks helps providers reduce the risk of employing unsuitable staff.

Using medicines safely

- The person received their medicines at times that they needed them and in a safe way.
- Medicines were stored securely, and stock balance checks were completed daily to ensure medicine quantities were accurate.
- Medicine Administration Records (MAR) were accurately completed and included a photograph of the person and any healthcare advice.

Preventing and controlling infection

- We saw the environment was clean and staff had access to personal protective equipment when required.

Learning lessons when things go wrong

- Accident and incidents were recorded by staff. Information was analysed by the management team and used to identify any patterns or trends.
- Action had been taken to reduce the risks of incidents re-occurring and were used as a learning opportunity for staff.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- A comprehensive assessment of the person's needs was completed before they moved into the home; this included staff visiting the person regularly and the involvement of health care professionals. This ensured the person's needs were accounted for and expected outcomes identified.

Staff support: induction, training, skills and experience

- Staff received a range of training, which ensured they had the skills required to meet the person's needs. One member of staff said, "I have completed lots of training and I definitely feel I have the skills to look after [person's name], there is always someone or information to refer to."
- Staff told us they received regular one to one meetings to support them in their roles. One member of staff commented, "I feel very well supported."
- New staff completed an induction that included the opportunity to work alongside more experienced staff.
- Staff new to care completed the Care Certificate. This is a nationally recognised qualification set as an induction standard for staff working in care settings.

Supporting people to eat and drink enough to maintain a balanced diet

- Individualised meal time plans were in place which considered the person's food likes and dislikes.
- A range of different food choices were available throughout the day.

Staff working with other agencies to provide consistent, effective, timely care

- The provider ensured that other agencies were consulted when required to enhance the care the person received.

Adapting service, design, decoration to meet people's needs

- The person's living space reflected their care and support needs.
- Risks in relation to the building and equipment were well managed and identified.

Supporting people to live healthier lives, access healthcare services and support

- Healthcare professionals were consulted when required to ensure the person's healthcare needs were met.
- Effective systems were in place such as handover meetings, to ensure staff were up to date with people's health and support needs.

Ensuring consent to care and treatment in line with law and guidance

- 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 Act 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met."
- When the person did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- Staff gained consent before completing any tasks and were clear on their role in supporting the person to make decisions. Staff knew how to recognise facial expressions and body language to determine whether a person consented to their care.
- Staff had a good understanding of the MCA and the registered manager had a system in place to monitor DoLS authorisations to ensure the person's liberty was not unlawfully deprived.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff provided exceptional care and support ensuring they met the person's diverse needs and requirements. The person's care was centred on achieving the best possible life for them.
- A relative commented, "I am 100% happy with the care provided, the staff are excellent they know how to manage [person] and staff are very caring."
- Staff knew the person very well and used different methods to communicate with them along with several different strategies to help overcome a range of issues. For example, recognising when the person required some personal time. This had had a positive impact on the person's life.

Supporting people to express their views and be involved in making decisions about their care

- As far as possible the person living at the home, made choices about their everyday life such as when they wanted to get up and the clothes they wore.
- As the person was unable to verbally communicate their choices, or wishes staff used a variety of methods to understand their views. For example, body language and picture cards.
- The relative felt consulted about their family member's needs; explaining the provider and staff were excellent at sharing information about their relative's care and, how they supported them to express their wishes along with challenges they had overcome.

Respecting and promoting people's privacy, dignity and independence

- The person's dignity and privacy were promoted, and all aspects of care were carried out in ways that met the person's individual preferences.
- The person's independence was continually promoted as the registered manager and staff had worked extensively to ensure as far as possible the person had control over their daily life.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The person who lived at the home had complex health care needs and had varying ways of expressing their needs. Staff were able to explain the person's individual cues, gestures and body language to anticipate their needs as well as distracting when needed. This enabled them to maximise the involvement the person had in all areas of their life.
- Staff were able to tell us about how they worked with the person to reduce any anxieties they might have. Staff explained they looked for cues and facial expressions to understand the person's wants and needs to ensure the person received the care and support required.
- Staff continually looked for activities to support the person to have new opportunities, experiences and gain new skills. For example, before the person came to the home they were unable to drink from a cup, staff encouraged this activity and the person now can drink from a cup. This means their fluid intake can be monitored to ensure they remain healthy. Prior to moving into Parkfield House, the person was not able to readily go outside of where they lived for reasons of their health. In order to address this, the provider had secured a mobility car and ensured the areas they visited were safe for the person to access. This meant staff undertook an environment check to ensure the person's safety.
- The person was supported in a way that was person-centred and tailored specifically to their needs. Triggers had been identified that might cause anxiety and measures had been put in place and were followed by staff. This had resulted in excellent outcomes for the person. For example, staff recognised when the person wanted time alone or when sensory stimulation was required such as time spent in the sensory room.
- Staff knew the person's interests, hobbies, interests and preferences and supported them to take part in as many varying activities as possible. For example, time spent listening to particular music or enjoying water activities. The person was encouraged to be as active as possible in their choice of hobbies and interests.
- Regular opportunities occurred to involve family members in the person's care. Staff knew the person's life history and things which were important to them. This provided staff with detailed information and ensured the person received bespoke personalised care.
- A relative told us about the staff and how responsive they were to the person's needs; they explained the difference staff had made to the person's life since living at the home. They said staff had developed ways to communicate with the person to understand their needs and as a result their quality of life had greatly improved.
- Communication systems were effective and ensured staff had up to date and clear information about any changes in the person's needs including any behaviour patterns.
- The garden area was safe and secure and was checked each time before the person accessed it. The garden was designed to support the person to do things they enjoyed. For example, a sunken trampoline

and swing were available. A sensory room was also available which provided additional sensory stimulation.

- Care records were detailed, and information was available to staff to ensure the person received an exceptionally high standard of care that was personalised to them. Staff went the extra mile to support the person to have a fulfilling life.
- Information had also been developed about the person's health needs and person-centred documents were in place so that healthcare professional's staff would be aware of the person's needs.
- Staff and the registered manager were aware of the Accessible Information Standard (AIS). All organisations that provide adult social care are legally required to follow the AIS. The standard sets out a consistent, specific approach to identify, record, flag share and meet people's information and communication needs. The standard aims to make sure that people who have a disability or sensory loss are given information in a way that they can understand to enable them to communicate effectively.
- The person was supported by communication strategies that were tailored to meet their needs. For example, pictures that enabled the person to understand and make their own choices.

Improving care quality in response to complaints or concerns

- The person living at the home would be unable to say if they had any issues or concerns. However, staff knew the person extremely well and were able to tell us signs that might indicate the person was unhappy.
- The relative we spoke with knew what to do if they had any concerns about the service provided. They commented, "If I had any issues I would feel happy to complain, communication is very good, and the registered manager is always available. They keep me informed about everything."
- The provider had a complaints policy in place, any complaints or concerns that had been raised were investigated in line with their policy. Relationships with complainants were strengthened through positive engagement.
- A process was in place to monitor patterns or trends.

End of life care and support

- End of life care was not provided at the time of our inspection.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- A relative told us the service was well led and the registered manager open and approachable. This was confirmed by the staff we spoke with.
- Staff told us the registered manager was supportive and led by example to demonstrate their expectations about how the person should be cared for.

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

- The provider and registered manager had a good oversight of the service and had systems in place to identify and manage risks to the quality of the care provided. For example, processes were in place to monitor any incidents or accidents that occurred and identify patterns or trends.
- The person's experience of care and support while living at the home were the focus of the providers quality assurance activities. Checks and audits were completed regularly in all aspects of service delivery.
- The registered manager understood their legal responsibility to notify CQC of serious incidents and safeguarding's.
- Staff were supported to understand their roles through regular supervision and meetings.
- There was a clear management structure in place and staff were aware of who to report any concerns to. For example, staff were aware of the provider's whistle blowing policy. A whistle blowing policy is intended to encourage employees to raise concerns where people are put at risk of harm.

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

- The registered manager and staff engaged regularly with the person's relative through visits, meetings and reviews. Feedback was used to plan activities and make improvements within the service.
- Regular staff meetings occurred; meetings discussed the aims and goals of the service.
- Staff were aware of the assessable information standard and information was communicated in a way a person would understand.
- The culture in the home reflected the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Continuous learning and improving care

- The provider and registered manager demonstrated a commitment to driving improvements and was eager to learn and understand areas they could develop the service.
- The provider and registered manager ensured staff had the skills and knowledge to support the person's care and social needs by ensuring regular training and checks were completed.

Working in partnership with others

- The registered manager and staff worked in partnership with the person's relative, hospital consultants, social workers and other health and social care professionals to ensure the care and support the person received was person-centred. This was confirmed by the person's relative and our observations.