

Parkcare Homes (No.2) Limited

Autumn Leaf House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Autumn Leaf House is a residential care home providing personal care and accommodation in one adapted building for up to eight younger people with learning disabilities and autism. Eight people lived at the home at the time of our inspection.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of the safe, responsive and well-led key questions the service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Whilst we were not assured the provider was using PPE effectively and safely risks associated with people's care and support continued to be assessed and well managed. Staff knew how to manage risks associated with people's care and what they needed to do in the event of an emergency such as a fire to keep people and themselves safe. The management of medicines continued to be safe.

People received personalised and responsive care. When possible, people had been involved in planning and reviewing their care. The providers approach to care planning was outcome focussed and people achieved good outcomes. Care records contained detailed and up to date information to help staff provide the care and support people needed in line with their wishes.

People were supported to maintain relationships that were important to them which had a positive impact on their lives. People followed their chosen religions and were supported to embrace their cultural traditions.

People continued to feel safe living at the service and safeguarding systems protected people from harm or abuse. Staff were recruited safely, and enough staff were on duty during our visit to provide safe care. The recruitment of new staff was ongoing. As a temporary measure some agency staff, who knew people well, worked at the home.

The registered manager demonstrated a good understanding of their role and regulatory requirements. No complaints had been received about the service since our last inspection and lessons were learned when things went wrong.

Staff spoke positively about the culture of the service and morale. The provider demonstrated commitment

to sustaining a positive organisational culture to benefit people and their staff.

Effective quality assurance systems ensured people continued to receive high quality, safe care. People and their relatives had opportunities to share their views about the service they received. The management team worked with other organisations including social workers and health professionals to benefit people.

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

The last rating for this service was good (published 05 December 2019).

Why we inspected

The inspection was prompted in part due to concerns received about low staffing levels. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe
Details are in our safe findings below.

Requires Improvement ●

Is the service responsive?

The service was responsive
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led
Details are in our well-led findings below.

Good ●

Autumn Leaf 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two inspectors undertook the inspection.

Service and service type

Autumn Leaf House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This meant both 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

This inspection was unannounced.

What we did before the inspection

We looked at the information we held about the service and used this to help us plan our inspection. We also considered the Provider Information Return (PIR). This information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We also gathered feedback from local authorities who fund some of the care provided. We used all of this information to plan

our inspection .

During the inspection

We spoke with one person who used the service about their experience of the care provided. Due to their complex needs some people were unable or chose not to talk with us about the care they received, or the quality of the service provided. Therefore, we used other methods to understand what it was like to live at Autumn Leaf House. This included observing how staff supported people to help us understand people's experiences of living at the home. We spoke with nine members of staff including the registered manager, the regional assistant director, one senior support worker, five support workers and the administrator.

We reviewed a range of records. This included three people's care records and medication records. We reviewed a range of records relating to the management of the service which included completed audits and checks and staff rotas.

After the inspection

One person sent us a letter to share their experiences of the service. We gathered feedback via the telephone from one person's relative. We received some further information about the service from the registered manager and we met with them to gain assurance staff working at the service had been recruited safely.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were not assured the provider was using PPE effectively and safely. During our visit two staff members were not wearing their faces masks as required. One staff member was observed to not be wearing a mask and another staff member was observed to be wearing their face mask below their nose on several occasions. Whilst the registered manager took immediate action to address this issue the poor practice of staff had placed people at risk.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Staffing and recruitment

- Information we received in October 2021 alleged staffing levels at the home were too low. We had shared the information with the provider whose response assured us staffing levels were sufficient to keep people safe.
- During our visit enough staff were on duty to provide the care and support people needed. One person commented, "Staff are always on duty. Looking after us."
- Staff rotas for the three weeks prior to our visit confirmed the number of staff on duty corresponded with the number of staff that were needed.
- The registered manager was open and honest about the recruitment challenges the service faced. They explained the recruitment of new staff to fill vacant posts was one of their main priorities. A range of initiatives had been implemented by the provider, including pay initiatives in an attempt to overcome the challenges. As a temporary measure, vacancies were covered by consistent agency staff members. A staff member commented, "We have four agency staff that work with us, so that's good. They just get on with it now, they know people, you forget they are agency."
- Staff were recruited safely. The provider followed safe recruitment procedures to make sure staff working at the home were suitable.

Assessing risk, safety monitoring and management

- Risks associated with people's care and support continued to be assessed and well managed. Our discussions with staff confirmed they knew how to confidently manage risks to keep people safe. In addition, one staff member said, "Risk assessments are very detailed. We are kept informed of any changes and we spend time reading records and can ask any questions that we may have."
- People had personal emergency evacuation plans (PEEPs) and staff knew what to do in the event of an emergency such as a fire to keep people and themselves safe.
- Checks took place to ensure the environment was a safe place for people to live in. For example, checks of gas and electrical items took place in line with safety guidance and legal requirements.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at Autumn Leaf House. One person commented, "I feel safe, no worries here." A relative felt their family member was safe living at the home.
- Safeguarding procedures protected people from harm. The registered manager understood their responsibilities to keep people safe and they had shared important information with us (CQC) and the local authority, when required.
- Staff had completed safeguarding training and understood their responsibilities to keep people safe. One staff member said, "I would report concerns immediately. If I was the first staff member they had told, I would explain (to the person) I needed to report it, to ensure they were safe."

Using medicines safely

- The management of medicines continued to be safe. Medicine administration records confirmed people had received their medicines including 'as required' and controlled drugs with stricter controls as prescribed.
- People's medicines were administered by trained staff whose competency was regularly checked by managers to ensure they understood and followed of safe procedures.
- Medicine checks took place so if errors occurred, they could be identified and addressed.

Learning lessons when things go wrong

- Accident and incidents were recorded and continued to be analysed monthly in an attempt to identify triggers or patterns to prevent recurrence. Staff attended debriefing sessions following incidents to support continual improvement and reflect on what had happened.
- The registered manager and the staff team demonstrated they were committed to learning, when things went wrong to improve outcomes for people.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question has now deteriorated to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and Preferences

- People received responsive care from staff who knew them well. Discussion with a relative confirmed this.
- A staff member knew one person enjoyed going for long drives in their car and we saw that happened during our visit.
- Personalised autism profiles informed staff how autism impacted on people's lives, their strengths and the way staff needed to provide personalised care and support.
- The providers approach to care planning was outcome focussed. Peoples care records contained detailed information including their likes, dislikes and particular routines that were important to them.
- Relatives and where possible people had contributed to the planning and review of their care. Care records were regularly reviewed to ensure information was correct and up to date to ensure people's needs continued to be met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships that were important to them. One person explained they had recently been supported by staff to visit their family member which they had enjoyed.
- People followed their interests and chose how they spent their time during our visit. One person went shopping, another listened to music and others went on a day trip to the seaside. One person said, "I go to all of the places that I want to."
- People followed their chosen religions and were supported to embrace their cultural traditions. For example, one person's food was stored and prepared in a particular way and another person chose to wear brightly coloured clothing.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information within people's communication plans and communication dictionaries described in detail people's preferred methods of communication. Our observations confirmed staff understood what people's nonverbal communication, including body language, gestures and facial expressions meant.
- People were provided with information in a format they could understand, and signage helped people to locate their way around their home.

Improving care quality in response to complaints or concerns

- People had been provided with a copy of the provider's complaint procedure in a format they could understand. One person said, "I would tell (Registered manager) if I had a complaint. They would sort it for me."
- No complaints had been received about the service since our last inspection in July 2019.

Is the service well-led?

Our findings

Well -Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People received person-centred care from consistent staff who knew them well. Good outcomes were achieved, and people maintained positive links with people who were important to them.
- A relative was happy with the service provided and felt communication with the service was good.
- Staff spoke positively about the culture of the service and staff morale. One staff member commented, "Morale is really good, everyone is really supportive and helpful. We want the best for people, we achieve it through team work."
- The provider demonstrated commitment to achieving and sustaining a positive culture. Their culture pledge made in 2019 was underpinned by a set of defined values including compassion, patience and kindness. Managers completed self-assessments of their team cultures to promote continual improvement to benefit people and staff.
- The registered manager spent time talking to people and observed staff practice during our visit. This meant they had a good overview of how staff were providing care and support to people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered manager had worked at the home since May 2021. They demonstrated a good understanding of their role and regulatory requirements. In addition, they recognised the importance of being open and honest when things went wrong. Learning had been used and shared with staff, to prevent reoccurrence.
- A variety of effective audits and checks were completed to ensure people continued to receive high quality, safe care. Internal quality audits were also completed by the provider's quality and compliance team to help the provider gain a good overview of the service provided, continually learn and make any necessary improvements.
- The latest CQC inspection rating was on display in the service and was available on the provider's website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgements.

Engaging and involving people using the service, the public and staff, fully considering their equality;
Working in partnership with others

- People and relatives had opportunities to attend meetings to share their views about the service they received. One person told us they felt listened to. They went onto explain since living at the home they had felt comfortable to express themselves and live their life in line with the wishes.
- Staff attended one to one and team meetings with the registered manager on a regular basis to receive updates, reflect on their practice and share ideas. Newsletters communicating changes were also sent to staff.
- The management team worked with other organisations including social workers and health professionals to benefit people.