

Parkcare Homes (No.2) Limited

Marshlands

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on the 12 May 2017 and was unannounced. Marshlands provides accommodation and support for up to 18 people who may have a learning disability or autistic spectrum disorder. Some people display behaviour which may challenge others. At the time of the inspection 16 people were living at the service. One person lived in the penthouse at the top of the service which has its own bathroom, bedroom and lounge. Two people had their own personal flats external from the main house which had a kitchen, bathroom and bedroom/lounge. All people had access to two communal lounge/dining areas, kitchen, shared bathrooms, and laundry room. There was a large garden which people could access when they wished. Within the grounds was a separate day centre which people were able to use.

Marshlands was last inspected on 25 and 26 October 2016 where six breaches of our regulations were identified. The well led domain was rated as inadequate, an overall rating of requires improvement was given at that inspection. The breaches of regulation related to care and treatment, dignity and respect, medication, the environment, staffing and leadership. The registered manager and provider was issued with a warning notice for a continued breach of regulation 17, which related to the leadership of the service.

The previous registered manager had left the service and was in the process of de-registering with The Commission. 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 2008 and associated Regulations about how the service is run. A new manager had been appointed and was present throughout the inspection; they had started the process of registering with The Commission.

At this inspection the provider had made significant improvements, but more were needed to improve the outcomes people experienced.

Although there was a comprehensive set of environment risk assessments, tools had been left out in the garden which had not been assessed. This posed a risk as some people's behaviour could result in them throwing objects which could harm others or themselves. People had their own individual risk assessments according to their needs. Risk assessments had been completed to support people to remain safe.

The atmosphere in the service was more inclusive, open and relaxed. There was a positive change in how staff supported and interacted with each other and people. The manager said that more work was to be done to stabilise the staff team and change the culture of the service but this would take time. Staff were generally positive about the improvements made although some staff feedback further improvement was necessary in how the team worked together and communicated.

Staff said they felt well supported and now received more regular supervision. There were safe processes for storing, administering and returning medicines. Staff were trained to administer medicines and dispensed

them in a person centred way.

There were enough staff available to support people with their needs and throughout the inspection we noticed how the quality of engagement by staff had improved since the previous inspection. Robust recruitment procedures helped to ensure people were protected against the risks of receiving support from unsuitable staff.

Staff were trained in safeguarding and understood the processes for reporting abuse or suspected abuse. Appropriate checks were made to keep people safe. Safety checks had been made regularly on equipment and the environment. There was good management and oversight of accidents and incidents. Incidents were recorded and audited to identify patterns.

The manager demonstrated a clear understanding of the Mental Capacity Act (MCA) 2005 and the process that must be followed if people were deemed to lack capacity to make their own decisions. They ensured people's rights were protected by meeting the requirements of the Act.

People had choice around their food and drinks and staff encouraged them to make their own decisions and choices. People moved freely in their home and were at ease in the company of staff. Staff demonstrated caring attitudes towards people and spoke to them in a dignified and respectful way.

People were supported to manage their individual behaviours and staff demonstrated they had the right skills and knowledge to respond to this appropriately. Care plans were meaningful and contained specific detail so staff could understand people better, care plans were a reflection of what happened in practice.

People chose to participate in a variety of recreational activities inside and outside of the service. Throughout the visit some people went out to do various activities and some people participated in activities in the day centre located within the grounds.

The provider conducted their own internal audits in the form of monitoring visits, observations, and quality visits. Feedback was sought from people and staff so the service could improve and any areas of concern could be responded to.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Although risk assessments had been implemented to help people remain safe, some areas of the environment had not been assessed, posing a potential risk to people.

People received their medicines safely.

Accidents and incidents were recorded and audited to identify patterns.

There were enough staff to support people and meet their individual needs. Recruitment processes were in place to protect people.

Is the service effective?

Good ●

The service was effective.

Staff received training and supervision to support them in their roles.

People were supported to make their own choices around their food and drink.

People's health needs were responded to promptly and people were supported to access professional healthcare when they required this.

The provider had a good understanding of the Mental Capacity Act and was working within the principles of the Act.

Is the service caring?

Good ●

The service was caring.

Staff spoke to people kindly and treated them with respect and dignity.

People moved freely around their home and had decorated their personal space in their preferred way.

Staff respected people's privacy and encouraged them to make their own choices.

Is the service responsive?

Good ●

The service was responsive.

People benefited from care plans which were meaningful, informative and a reflection of how support was offered in practice.

People chose what activities they wished to do in the service and out. Activities had improved and were more structured.

There was a complaints procedure available for people should they be unhappy with any aspect of their care or treatment.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Although the management and leadership of the service had significantly improved there were still areas of the service which needed work so people received better outcomes.

In general staff fed back positively about the improvements in the service, although some staff felt further improvement was needed in communication and how the team worked.

The provider conducted internal audits to identify areas of improvement and made action plans accordingly.

Marshlands

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 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.

This inspection took place on the 12 May 2017 and was unannounced. The inspection was conducted by two inspectors. Before our inspection we reviewed information we held about the service, including previous inspection reports and notifications. A notification is information about important events, which the service is required to tell us about by law. The provider had not had the opportunity to complete a Provider Information Return (PIR) as they had not received this document before the inspection. 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. We collected this information throughout the inspection.

During the inspection we spoke with 10 people, four staff, the office administrator, the deputy manager and manager. Some people were not able to express their views clearly due to their limited communication. We observed interactions between staff and people.

We looked at a variety of documents including four people's support plans, risk assessments, activity plans, daily records of care and support, three staff recruitment files, training records, medicine administration records, and quality assurance information.

Is the service safe?

Our findings

People told us they felt well supported at the service and able to talk to the staff if they had any concerns or problems.

People had their own individual risk assessments according to their needs. Risk assessments had been completed to support people to remain safe. Risk assessments included a risk description, control measures implemented; risk level and the risk level after the controls had been applied. Although there was a comprehensive set of environment risk assessments, tools had been left out in the garden which had not been assessed. This posed a risk as some people could display behaviours of throwing and grabbing objects which could harm others or themselves. We spoke to the manager about this concern who said the tools would be relocated and a risk assessment implemented. This is an area which requires improvement.

Records of tests and visual checks on fire equipment had recently not been completed well although fire drills showed that alarm tests were being completed. People had individual personal emergency evacuation plans (PEEPs) that staff could follow to ensure people were supported to leave the service in the most appropriate way in the event of a fire. Fire drills had increased in frequency and records confirmed most staff had been in attendance. We drew to the manager's attention that not all staff had taken part in a fire drill which they said they would act upon accordingly. An annual fire risk assessment conducted in February 2017 had highlighted a number of shortfalls posing high, medium and low risks which the manager was able to show were being worked through.

Environmental and health and safety checks were carried out regularly to ensure the environment was safe and that equipment was fit for use. This included maintenance of equipment and services, an electrical installation service had been conducted recently but the certificate confirming the findings was still to be provided, gas servicing and portable electrical appliances checks had been undertaken this year

At our inspection on 25 & 26 October 2016 we found that the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. The provider had failed to have proper and safe management of medicines. The provider had resolved these issues which were no longer a concern at this inspection.

At the previous inspection we had identified that medicines were not always managed safely. At this inspection we sampled the arrangements for ordering, receiving, storing, administration, recording and disposal of medicines. Only trained staff administered medicines and their competency was assessed annually. The majority of people had their medicines stored in their own bedrooms, this arrangement promoted greater privacy and dignity when receiving their medicines. A record of temperatures was made for each cabinet to ensure medicines were being stored at the right temperature. Most people's medicines were provided within a medicine dosage system. A number of boxed and bottled prescribed medicines were also in use. These were dated upon opening which aided staff undertaking audits of medicine usage to ensure this was correct.

People's medicine records contained a photograph to help ensure the 'right medicine to right person.' Allergies were highlighted and individualised guidance was in place for those medicines only taken 'as and when required' to ensure staff consistency in administration. Safer storage was available for some medicines in use and a separate register of their administration was maintained. Body maps recorded where staff needed to apply creams. No recording omissions were noted in records viewed and handwritten entries were dated and signed. A register of medicines trained staff was being updated. A new daily audit of medicines had been introduced and we have reflected on the effectiveness of audits elsewhere in the report.

At our last inspection the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. The provider had not ensured that there were sufficient numbers of suitably qualified, skilled and experienced staff deployed to fully meet people's needs. The provider had resolved these issues which were no longer a concern at this inspection.

There were enough staff available to support people with their needs and throughout the inspection we noticed how the quality of engagement by support staff had improved since the previous inspection. Staff responded to people quickly and spent time with them individually and as a group. Five support workers were available during the day until 9pm, during the night a wake night and sleep in staff were available in the main house. The person in the penthouse had two support workers throughout the daytime and evening and their own wake night staff during the night. Another person received their own one to one hours for eight hours each day. Agency staff usage has significantly reduced which meant there was more continuity in the support people received.

People were protected against the risks of receiving support from unsuitable staff. Recruitment checks undertaken ensured staff selected had suitable qualities and experience to support people safely. Checks had been undertaken with regard to criminal records, proof of identity, previous conduct in employment and character references. Current photographs were in place and information about people's employment histories and reasons for leaving previous care roles were checked, information was also gathered about people's medical fitness to undertake the role.

Staff spoken with said they had received training in how to protect people from abuse and harm. Not all staff were currently up to date with formal training but those spoken with understood the different forms of abuse and understood their responsibilities to act and report on anything they found concerning. Staff knew about other agencies outside of the organisation that they could go to if they needed to, but were confident of raising concerns with their own manager and senior staff and that these would be acted upon. Safeguarding events once investigated were discussed within team meetings as a learning point. Other professional bodies were notified correctly when any safeguarding incidents occurred.

Accidents and incidents were recorded and analysed by the manager or senior staff for any emerging trends or patterns so that action could be taken to reduce risk of recurrence and further harm occurring. All incidents were initially given to the manager or senior staff who then input information onto the provider's internal computer system. Further analysis was conducted by the providers compliance team who supported the service should further action be needed to reduce the risk to people being further harmed.

At our last inspection we found that the provider was in breach of Regulation 15 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. The provider had failed to maintain a clean environment suitable for purpose and properly maintained. The provider had resolved these issues which were no longer a concern at this inspection.

Is the service effective?

Our findings

New staff completed induction training during the period of their probation. This included shadowing of experienced staff, completing a series of on line courses called 'Foundations for growth' as well as face to face training and a general induction where they were familiarised with people, other team members and service specific areas such as policies and procedures, building orientation and security. This provided new staff with the basic knowledge and skills needed to undertake their role, an induction booklet was completed over a period of months to demonstrate competence and understanding. Staff who had a recognised care qualification such as a National Vocational Qualification (NVQ) or diploma usually began working as part of the team more quickly.

A training matrix was in place this showed the combined percentages of staff training across Marshlands and the providers other service which was within the same grounds. The matrix showed that over both sites there were between 16 -20% of staff whose training in a number of mandatory and specialist training had now expired. The manager was aware of this; action had been taken to ensure courses were available to provide staff with on-going development and ensure they were kept updated and provided with some of the specialist training they needed. Between May and June 2017 staff were booked to attend courses on Dementia awareness, pro-scip (this is a course to provide strategies for staff in crisis intervention), fire marshal training, first aid, record keeping and report writing and a cultures and values course.

Staff said they felt well supported and now received more regular supervision. The system in place to support, monitor and develop staff was improving and the supervision matrix showed that staff received formal supervision on a more frequent basis, in addition to observations of their practice and annual appraisal. The appraisal matrix for the service showed that since March 2017 seven staff already had received an appraisal of their performance which enabled them and the manager to reflect on their work performance and any developmental needs they might have to help them fulfil their role better.

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 make 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Three DoLS authorisations had been granted and seven further authorisations had been applied for. The provider was working within the principles of the Act; we saw recorded documentation of how the provider had responded to meet the requirements of this law and the needs of the people living there. The provider had correctly notified The Care Quality Commission (CQC) when authorisations had been granted. Where possible people's consent was sought and staff consulted them in all aspects of the care and support they received. One person told us

they had been consulted about an audio monitor which had been placed in their room as a safety measure in times when they may need staff assistance. The person said they were happy with this and had been asked for their consent before it had been installed.

Each Monday people met with staff to discuss the menu for the week, people who were able to choose the lunch and evening menu each day and everyone had a free choice of their cereals for breakfast. People were shown pictures of food choices to help them make informed decisions, and alternatives were available should people change their minds. A few people had diet controlled diabetes but staff said this did not present any particular problems and they just monitored that the people concerned did not eat too many sweet things. The menu for the week reflected peoples individual choices and staff knew people well enough to know their likes and dislikes and whether they had any allergies.

The kitchen was open to people to make their own drinks independently or with support from staff. People could help themselves to snacks which were kept in the larder; a record was kept of what people ate. No one needed their fluid intake monitored formally although staff were alert to ensure people had regular drinks. People chose where they wished to take their meals and two separate dining areas were available, people were unrushed and ate at their own pace. People took packed lunches when they went out for activities.

Staff supported people with their health appointments and referrals to health care professionals were based on individual needs. Epilepsy support plans had been developed for people affected by epilepsy to inform staff what action to take when people experienced seizures. Health action plans had been reviewed and updated to be more user friendly and informative. People were weighed regularly to ensure any sudden weight losses were picked up quickly by staff and referred to health professionals if necessary.

Is the service caring?

Our findings

A person said, "I have a laugh and joke with staff. I don't have a key worker, I wouldn't want one, I'm very independent".

At our last inspection we found that the provider was in breach of Regulation 10 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. People were not being treated with dignity or respect, written records of people were inappropriate and disrespectful. The provider had resolved these issues which were no longer a concern at this inspection.

Throughout the inspection staff spent time engaging with people individually and as a group, staff spoke to people kindly and in a respectful and patient way. Staff spent time talking to people about their interests and offered opportunities to go out to do activities or join in activities in the house. A person had recently been to the zoo and was being helped by a staff member to make a card for their relative on the computer to tell them about this. The person was laughing with the staff member as they were having problems loading pictures onto the computer the right way up.

Throughout our visit people came and went as they pleased and had several areas where they were able to spend time, such as the garden, lounges, their own room or the day centre. Staff were more attentive to people's needs, often asking them if they were okay or if they needed anything. People were always spoken to in a dignified manner, it was apparent that people felt confident and comfortable in their home. A person liked a staff member to sit beside them for reassurance; staff were aware of this need and reassured the person regularly.

People's bedrooms were in good order and had been personalised. People's bedrooms were decorated in a personal way and they had many objects such as games, stuffed toys, photographs, ornaments, DVDs, CDs, and pictures to make their rooms feel homely and comfortable. Two people showed us their various personal objects and said they liked to spend time in their rooms which were decorated in the way they preferred. Some people could be destructive and their rooms were minimalistic because of the damage to furnishings.

Where possible the consent of people was obtained and their views and preferences were respected. Before staff entered people's bedrooms they requested permission from the person and knocked on their door. One person preferred to eat their meals alone, staff and other people were aware of this preference and ensured the person's wishes were respected. People were supported to use advocates when they needed help with particular decisions or lacked the capacity to make independent choices. (An advocate is a person who helps other people make their needs and wishes known). Throughout the inspection staff asked people what they wanted to do, eat, drink and if they wanted any support.

When one person was speaking to us they invited the manager to join in the conversation. There was good rapport and humour and the manager reassured the person about some of the concerns and anxieties they had recently had and been confused about.

Staff understood peoples complex, individual needs well and supported them in a positive way. Staff were supporting one person with their anxieties, they gave the person the space and time to self-manage their behaviours whilst staying close by and checking on them frequently to help them remain safe. Staff spoke knowledgably about how they supported people in these situations to reduce the impact on the person.

Is the service responsive?

Our findings

A staff member said, "It's much better, things have improved there's lots more activities now, everyone has goals set".

At our last inspection we found that the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. The care and treatment of people was not always appropriate to meet their needs. The provider had resolved these issues which were no longer a concern at this inspection.

People's care files were written in an easy read format which included pictures to help people understand its content. Care plans were individual and personalised to reflect people's needs. Information covered various aspects of the person's life including, what was important to the person, what others like and admire about them, how staff should offer support, overall placement aims and objectives, personal care, mobility, safeguarding, hobbies, communication, social interactions, life stories and risk assessments. Information was detailed which meant new or unfamiliar staff had a good point of reference when supporting people with their individual needs.

People's individual independence was encouraged, for example a person had a specific plan to help them become more independent when making a cup of tea. The guidance incorporated step by step instructions for how staff should support the person which included pictures. The plan had been reviewed in April 2017 and information updated accordingly to reflect the person current level of support required and if they had progressed with this skill.

The care plans were a good reflection of what happened in practice, previously one person's support plan stated they should be supported to undertake daily physiotherapy exercises to maintain muscle tone and flexibility in their legs. Staff had not been clear that this was something that should be supported. At this inspection the person's care records clearly indicated when the person had been offered exercises, if they had participated or declined and staff were aware this was something that needed to be monitored. Previously, some people's behaviour was not managed well or according to the care plan guidance. Some staff had not understood the positive behaviour ethos and felt their authority was undermined because people's poor behaviour had been rewarded and there was an inconsistent approach within the team. Staff were now approaching the management of people's behaviour in line with outlined guidance in their care plans which were detailed and informative.

People had 'your voice' meetings each week where they discussed their planned goals, what was working well and what they wanted to change. There had been an improvement to the range and frequency of activities people could participate in. The manager explained how they were trying to embed a stable programme of set activities which people could dip in and out of as well as additional activities which were person and goal centred. This meant there were always options and choice for people.

For example, some people could attend church on Sunday, as well as going to the carvery at the pub for

Sunday lunch. Some people went to the cricket club to play games on Tuesday. On Thursday people could go swimming, the Rare Breeds Centre, or go for home visits. Some people preferred to go out for a car ride when others were going on visits home. On the following Saturday some people had planned to go for a cream tea. In addition, people had activities in the day centre within the grounds of the service, during the inspection some people went to the Day centre to take part in karaoke and play musical instruments. The day centre was full of various arts, crafts and games and was used regularly by people. Arrangements were flexible and dependent on how people were on the day, some people wandered over to the day centre of their own accord when activities were in progress. Staff welcomed people and made them feel comfortable and included.

The additional activities had been set by people when they had discussed and agreed their goals during their 'your voice' meetings. One person had recently visited the zoo and another person had been to watch wrestling at the O2 arena. People were supported to maintain relationships with other individuals who were important to them. During the inspection one person told us they were being taken to visit their family and drink some wine later that day.

People were given information on how to make a complaint in a format that met their communication needs such as picture prompts and larger print. People had opportunities through regular meetings with their key worker (this is a staff member who knows and understands the person very well), through their personal reviews and also through 'your voice' meetings to raise any concerns they may have. Staff did not record the minor day to day grumbles and irritations people sometimes had with each other but did take note of situations that were affecting people's behaviour and took action to reduce the likelihood of recurrence. For example, one person who was upset by the noise made by a person whose bedroom was next door was moved to another room where the person was less affected. The effected person was consulted about the option of a move and was very happy with the accommodation they were now in. The complaints log showed that one formal complaint had been recorded and this had now been responded to and resolved.

Is the service well-led?

Our findings

A staff member said, "It's much better now, it's better managed and morale is better. Everyone's got their own goals set so we can focus on what they want to do, there's more activities now".

At our last inspection we found that the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. The provider's systems for quality monitoring were not always effective, feedback was not acted upon and a negative culture had developed which was affecting people living at the service. Although the provider had made significant improvement in the service and the previous breach of regulation was met further work was needed to improve outcomes for people.

Although the management and leadership of the service had significantly improved there were still some concerns regarding the structure of staff and their understanding of their designated roles and responsibilities. One staff member said they felt disempowered at times by other staff who overrode their decisions regarding the allocation of tasks when this was their responsibility to delegate. The manager said that although significant improvement had been made within a short space of time they were aware more work was needed to further stabilise the staff team and improve the culture of the service which can take time to turn around.

As reported on the previous inspection, a fire evacuation report recorded in June 2016 stated a ramp should be built at the front of the service for a person who uses a wheelchair in case there was an emergency evacuation. Action still had not been taken to meet this outlined recommendation. The administrator told us they had phoned maintenance about the ramp who were going to do a quote. In the providers internal audit in February 2017 it stated, 'A recommendation was made that a ramp should be built at the front of the service for wheelchair access; to date the ramp has not been built'. No further information was recorded to say how this would be resolved. This is an area which requires improvement.

The provider conducted their own internal audits in the form of monitoring visits, observations, and quality visits. Action plans had been agreed following these visits to identify shortfalls and improve the quality of care people received. An audit completed in February 2017 outlined the improvements made since the last inspection which included the introduction of a picture notice board which identified which staff were on duty and at what times which was more meaningful for people to understand. The improvement in information available for agency staff covering shifts, and the improvement in recorded documentation which maintained people's dignity. The manager conducted audits in regards to health and safety, medicines, infection control and fire reviews.

The views of people, staff and relatives were sought through annual quality assurance surveys. The views of staff had been obtained; there was a mixture of positive and negative comments. Some of the comments staff made included, 'Depends which team you are on as to whether morale has improved', 'Lateness of some staff starting their shifts, consistency of handovers needs improvement', and 'Communication between night and day staff not great'. An action plan had been put in place to address the negative responses received.

Some of the comments made by relatives included, 'Staff are always cheerful, pleased to do anything necessary', 'They communicate with us regularly and specifically when there is cause for concern', 'We are unable to think of deficiencies in the service provided', 'Marshlands has a real homely feel, service users are encouraged to be independent, staff are always friendly and helpful a few minor niggles from some but overall positive'.

The atmosphere in the service was lighter and staff and people appeared happier and more settled. People who had previously wanted attention from inspectors during the previous inspection were less interested as they had other activities on offer and staff spent time engaging with them in a positive way.

Staff said communication was much improved and they felt more informed, one staff member said, "You are talking to someone who is listening". Another staff member said, "Communication is much better, we all work together more". Three staff meetings had been held since February 2017, minutes were recorded of these meetings so staff unable to attend had the opportunity to read what had been discussed. Team leaders had separate meetings to discuss some of the operational issues like shifts, cleaning, delegation of responsibilities, and incidents. There had been a night staff meeting in April 2017.

There was a good system for handing over information which helped shifts to run smoother and ensure people's needs were met. Staff completed written daily handovers from each shift, this included important information about each person, what appointments were planned, and if any tasks needed to be completed.