Parkcare Homes (No.2) Limited

Bannister Farm Cottage

Inspection report

220 Longmeanygate
Midge Hall
Leyland
PR26 7TB
Tel: 01772 452995
Website: www.craegmoor.co.uk

Date of inspection visit: 13 July 2015
Date of publication: 07/09/2015

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?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on the 13 July 2015 and was unannounced. Bannister Farm Cottage had not been inspected previously as it was only registered with the Care Quality Commission on 7 August 2014.

Bannister Farm Cottage provides accommodation for up to five people between the ages of 18-65 with learning disabilities and autism. The home was fully occupied at the time of our inspection. Bannister Farm Cottage is situated in the Longmeanygate are of Leyland, Lancashire and is in a quiet semi-rural area. Accommodation compromises of three en-suite bedrooms within the main house with two self-contained annexes attached to the house.

There was a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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.

All staff who administered medicines had completed the organisation's in-house e-learning medicines training, observed senior members of staff completing medicines rounds and had themselves been observed administering a minimum of two medicines rounds prior to being allowed to do so independently.

The service had procedures in place for dealing with allegations of abuse. Staff were able to describe to us what constituted abuse and the action they would take to escalate concerns. Staff members spoken with said they would not hesitate to report any concerns they had about care practices.

We saw that staffing levels were sufficient to meet the complex needs of the five people who lived at Bannister Farm Cottage.

All of the relatives we spoke with told us that they felt the food provided by the home was of a good standard. They said their loved ones received varied, nutritious meals and always had plenty to eat.

The Care Quality Commission is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). We discussed the requirements of the MCA and the associated DoLS, with the registered manager. The MCA is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. DoLS are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

During our inspection we looked at the personnel records of four members of staff. We found that recruitment practices were satisfactory.

During our visit, we spent time in all areas of the home. This helped us to observe the daily routines and gain an insight into how people's care and support was managed. People were relaxed and comfortable with staff.

We asked relatives if they were happy with the care their loved ones received at the home and the staff that provided care and support. We received positive comments from the relatives we spoke with.

Families acted as people's advocates apart from the one person who had no family involvement. We were told that this person had a social worker who acted as their advocate. We discussed the fact that no-one had an independent advocate and were told that each person had someone independent to the home acting on their behalf and that best interest meetings had taken place for all the people living at Bannister Farm Cottage. However, not all of the relatives we spoke with understood the purpose of an independent advocate. One relative told us, "Advocacy? No, not heard of that." We have made a recommendation about this.

We saw within people's care plans that referrals were made to other professionals appropriately in order to promote people's health and wellbeing. Examples included referrals to dieticians, occupational therapists, and people's GP's. Care plans were kept securely, however staff could access them easily if required. We saw that people's relatives were involved in developing care plans.

We saw that hospital passports were in place for people to enable hospital and medical staff to better understand the needs of people when they required emergency or planned medical treatment.

Relatives we spoke with told us they knew how to raise issues or make complaints.

There were a number of systems in place to enable the provider and registered manager to monitor quality and safety across the service. These included regular audits and quality checks in all aspects of the service. This included medication audits, care plan audits and infection control.

Service contracts were in place, which meant the building and equipment was maintained and a safe place for people living at the home, staff and visitors. We saw service files in place to evidence this, which were well organised and up-to-date.

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 were protected from abuse and avoidable harm.

The home had processes in place to safely manage medicines. Regular audits took place to identify any issues quickly and continue improvements already made.

There were sufficient staff numbers to meet people's personal care needs.

Recruitment practices were safe and relevant checks had been completed before staff worked unsupervised.

Good

Is the service effective?
People's nutritional needs were assessed and effectively monitored. People were provided with the support they needed to maintain adequate nutrition and hydration.

The service had policies in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We spoke with staff to check their understanding of MCA and DoLS. Staff we spoke to demonstrated a good awareness of the code of practice and confirmed they had received training in these areas.

The home was clean, adapted to the needs of the people living there and safe.

Good

Is the service caring?
The service was caring.

We received positive comments from the relatives we spoke with regarding how their loved ones were cared for and the staff that provided care and support.

We saw good examples of how people were assisted to maintain, and in some instances, gain independence by completion of everyday household chores and accessing the community.

Each person had someone independent to the home acting on their behalf and best interest meetings had taken place for all the people living at Bannister Farm Cottage. However, not all of the relatives we spoke with understood the purpose of an independent advocate.

Good

Is the service responsive?
The service was responsive.

Relatives we spoke with told us they knew how to raise issues or make complaints.

We saw that care plans were regularly reviewed and contained information pertinent to each individual.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

There were a number of systems in place to enable the provider and registered manager to monitor quality and safety across the service. These included regular audits and quality checks in all aspects of the service. This included medication audits, care plan audits and infection control.

The organisation had a whistle blowing policy in place which meant staff who felt unable to raise issues with their immediate manager were able to confidentially raise issues via that method and remain protected.

Bannister Farm Cottage

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 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 13 July 2015 and was unannounced.

The inspection was carried out by the lead adult social care inspector for the service, a specialist advisor for people with autism and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection visit we reviewed the information we held about the service, including the Provider Information Return (PIR) which the provider completed before the inspection. The PIR 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 also looked at other information we held about the service, such as notifications informing us about significant events and safeguarding concerns.

We spoke with a range of people about the service; this included five relatives of people using the service, eight members of staff, including the registered manager, area manager, and care staff. The expert by experience spent time observing how staff interacted with people living at the home. The specialist advisor also spent time observing people, looking at care plans and how medicines were administered.

We spent time looking at records, which included five people's care records, six staff files, training records and records relating to the management of the home which included audits for the service.

Good

Is the service safe?

Our findings

We spoke with relatives of three of the five people who lived at Bannister Farm Cottage, as they were not able to speak to us, one person did not have any family and we were not able to speak with another person's family. We also spoke with the grandparents of one person who were visiting on the day of our inspection. In addition to speaking with relatives we observed staff interacting with people at key times during the inspection. When we asked relatives if they felt their loved ones were safe within the service the response was mainly positive. One relative told us, "(Name) is well looked after and we hope they remain here for as long as possible. I know it was considered moving (name) closer to home but we are all happy (with the home)." Another relative told us, "We are happy but there are some issues." We were told about their specific concerns which we were informed had been discussed with the service and were being dealt with. Another family we spoke with had concerns regarding the environment. We were made aware of these by the registered manager before speaking to the family and we also spoke to the area manager for the organisation. We were confident that the issues would be addressed by talking with the registered and area manager, and the family we spoke with also told us that they were in regular contact with managers within the organisation to resolve the issues they had.

We looked at the systems for medicines management. Medication was securely stored and there was appropriate, additional storage in place for controlled drugs via a locked cabinet within a locked cupboard. Medicines were well organised and not overstocked. There was a returns bin for disposal that was collected by the pharmacy and an auditable trail was in place to see what stock had been returned.

We viewed the Medication Administration Records (MARs) for two of the people who used the service and found them to be satisfactorily completed with no omissions. The registered manager had implemented an effective audit schedule and medication audits took place on a weekly basis by senior staff with a further monthly audit completed by the registered manager. This helped ensure any errors could be quickly identified and addressed. Relatives we spoke with did not highlight any issues with regards to medicines. There had been one medication error at the home since it had opened and this had been reported to both the local authority and CQC via safeguarding protocols.

All staff who administered medicines had completed the organisational in-house e-learning medicines training, observed senior members of staff completing medicines rounds and had themselves been observed administering a minimum of two medicines rounds prior to being allowed to do so independently.

The service had procedures in place for dealing with allegations of abuse. Staff were able to describe to us what constituted abuse and the action they would take to escalate concerns. Staff members spoken with said they would not hesitate to report any concerns they had about care practices. They told us they would ensure people who used the service were protected from potential harm or abuse. A safeguarding file was in place at the home that held copies of all safeguarding referrals made by the home. A full audit trail was in place for each alert raised including any actions taken to reduce the risk of reoccurrence.

We saw that staffing levels were sufficient to meet the complex needs of the five people who lived at Bannister Farm Cottage. Two of the five people at the home were not living there full time and staffing levels flexed depending on occupancy. To promote staff consistency for people there were distinct staff teams in place, each with a team leader. At the time of our inspection there were three team leader vacancies and a recruitment process was planned to fill these vacancies. A deputy manager had also been appointed to support the registered manager. The deputy manager was working notice for their previous employer at the time of the inspection. Since the service had opened in August 2014 only 36 hours of agency staffing had been used. Unplanned absences were covered via overtime and the use of regular bank staff.

Staff we spoke with had no concerns with regards to staffing levels. One member of staff told us that on a couple of occasions when a colleague had rung in sick at the last minute no cover had been able to be brought in but that other staff helped to cover. Staff spoke positively of their peers and how people supported each other. Staff also confirmed that they were contacted at times when not on shift and were offered overtime when planned and unplanned absences occurred.

Good

Is the service safe?

We were told by the registered manager, and from staff, that core teams had been allocated to people using staff matching tools to ensure a consistent approach to people's care and support. This was done by matching characteristics and personalities so people's needs could be best met. Each core team met regularly to discuss the person they were 'assigned' to and to discuss their progress. Staff we spoke with told us they could voice their ideas within such meetings.

During our inspection we looked at the personnel records of four members of staff. We found that recruitment practices were satisfactory. Prospective employees had completed application forms, including health questionnaires and had produced acceptable identification documents, with a photograph. The Disclosure and Barring Service (DBS) had been consulted before people were employed. The DBS checks criminal conviction records, so the provider can make an informed choice about employment in accordance with risk. Staff talked us through their recruitment and told us this was thorough. A six month induction process was standard and we saw evidence that inductions were completed and signed off by both the employer and employee at the end of the induction period and a letter was sent to the member of staff to confirm the completion of their induction.

Good

Is the service effective?

Our findings

All of the relatives we spoke with told us that they felt the food provided by the home was of a good standard. They said their loved ones received varied, nutritious meals and always had plenty to eat. One person told us, "Yes, food and drink is good, good choice, proper food", another relative said, "The food is very good, no complaints at all." Staff we spoke with were knowledgeable about people's likes and dislikes, one member of staff told us, "The staff team do consider nutrition and do respond to residents individual needs in terms of menus, individual support is always available to residents during mealtimes." We observed dining areas to be clean, hygienic and safe. There were a sufficient number of staff when people were eating to ensure that the correct support for people was available. People had one-to-one attention and support.

We also saw that people, who were able to, were encourage to assist with the preparation of food and to get involved with household tasks such as clearing plates away and setting the table. We saw from looking at people's care plans that the service had sought advice from dieticians to support any specialist dietary needs people had. Meals were planned using a four weekly rolling programme but we were also told that this could be changed if people wanted to eat something different, for example to go out and have a meal with their family or arrange for a takeaway meal to be delivered.

The Care Quality Commission is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). We discussed the requirements of the Mental Capacity Act 2005 (MCA) and the associated DoLS, with the registered manager. The MCA is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. DoLS are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

We saw there were detailed policies and procedures in place in relation to the MCA, which provided staff with clear, up to date guidance about current legislation and good practice guidelines. We spoke with staff to check their understanding of MCA. The majority of the staff we spoke with were able to demonstrate a good awareness of the code of practice and confirmed they had received training in these areas. We saw that the majority of staff had received training on both MCA and DoLS via the organisations e-learning system. Those that had not undertaken the training had been assigned a date to complete their training.

It was evident that parents had been involved in discussion regarding MCA and DoLS when we spoke with them. One parent told us, "DoLS has been discussed with me", another said, "Mental Capacity Act, yes, that has been talked about, I now know that I need to become a Deputy" and another relative told us, "Mental Capacity Act, yes, fine, we understand the implications."

The main part of the home was clean and generally well furnished. Of the two annexes, one was small but well-furnished and individualised to the person's tastes with lots of soft toys, posters and other items they had chosen. The other annex was different and it was clear that there were significant behavioural issues that staff were attempting to address. This flat smelt strongly of disinfectant as staff were cleaning as when we visited. The lounge part of the annex had no furniture apart from an 'unrippable' floor cushion as staff explained that this was due to the sofa being broken by the person the previous week. The flat was soundproofed in order to try and minimise noise to the main part of the house. It was clear the environment was being managed in order to protect the person living in that annex as well as keeping disruption to other people at a minimum. Behaviour management strategies were in place for the person we visited in the 'second' annex, we could see that significant progress had been made as this person had been nursed in seclusion only two years previously and they were now able to access the community and go out for meals.

We saw evidence within care plans that people had access to appropriate healthcare services and received ongoing healthcare support. Families we spoke with also confirmed this to be the case. Staff we spoke with were also able to tell us the health needs of each person they supported and what assistance they were receiving from health professionals.

Staff confirmed they had access to a structured training and development programme. This ensured people in their care were supported by a skilled and competent staff team. One staff member told us, "I had a good induction and have access to the (e-learning) training system. I have had autism training and feel I know the residents here well. They all have individual ways of letting you know what they

Good

Is the service effective?

want." Other people confirmed that they had access to training and could request training if they felt they needed it or had a special interest in something. Following our inspection we were sent a training matrix showing which staff had completed various training, mainly via the organisations e-learning system. This showed that key areas of training such as safeguarding, MCA and more specialist training such as autism and asperger's courses had a good completion rate.

Staff we spoke with also commented on the progress of people at Bannister Farm Cottage. One member of staff told us, "We are really proud, as a staff team, of the progress that the people have made." The same member of staff did relay some concerns to us about what they described as 'low scale physical violence' displayed by some of the people they cared for but assured us that they received training in diversion techniques and safe hold techniques. We saw evidence of this when looking at staff training files. Any such incidents had been reported to the local authority in line with safeguarding protocols.

Some of the staff we spoke with told us they had not had a supervision session. When we checked people's records however it was apparent that the people we spoke with who told us they had not had a supervision session were relatively new into the service and had been through a thorough induction process. The registered manager also showed us a planned programme of supervisions for all staff and we saw that more established staff members had received supervision sessions, which were recorded and on their file.

During our visit, we spent time in all areas of the home. This helped us to observe the daily routines and gain an insight into how people's care and support was managed. People were relaxed and comfortable with staff. Staff spoke to people in a considerate manner and used appropriate methods of communication such as Picture Exchange Communication Systems (PECS) boards and I-Pads.

Good

Is the service caring?

Our findings

We asked relatives if they were happy with the care their loved ones received at the home and the staff that provided care and support. We received positive comments from the relatives we spoke with. One relative told us, "Caring, yes the staff are caring." Another told us, "Caring, yes, definitely. I think they really do care." Throughout the day of the inspection we observed staff to consistently show warmth and compassion when speaking and interacting with people. Staff were very knowledgeable when speaking about the individuals they cared for and it was evident during our observations that people responded to staff well.

Key-worker meetings were in place to give people a voice in how their care and support was delivered. This was achieved by offering different forms of communication tools and in consultation with people's relatives. The home also operated a forum entitled 'your voice' which was a meeting were people were offered the opportunity to have their say on how the home was run. This was done using different forms of communication tools and results of the meeting were fed into a regional 'your voice' meeting which was used to make changes to the wider organisation.

All the information supplied to people by the home was done so via an 'easy read' format to help them make informed choices about the care and support they received. We also saw that each person had a one page profile in place which meant the staff team supporting them could see quickly what was important to each person. This was particularly useful for new members of staff or staff who were working with a person who they were not ordinarily used to working with, for example when working overtime.

Families acted as people's advocates apart from the one person who had no family involvement. We were told that this person had a social worker who acted as their advocate. We discussed the fact that no-one had an independent advocate and were told that each person had someone independent to the home, for example family members, acting on their behalf and that best interest meetings had taken place for all the people living at Bannister Farm Cottage. However, not all of the relatives we spoke with understood the purpose of an independent advocate. One relative told us, "Advocacy? No, not heard of that." Another relative said, "No-one at Bannister Farm Cottage has talked to me about advocacy." We have made a recommendation about this.

Relatives we spoke with had no issues about visiting their loved ones when they wished to do so, one relative told us, "I have no concerns, I have visited unannounced."

We saw some good examples of how people were encouraged to maintain, and in some cases, gain more independence. This varied from simple day to day tasks such as helping with household chores, to accessing the community and going out for meals. Some of the people at Bannister Farm Cottage could display complex challenging behaviour which meant that accessing the community was a big step forward for them. It was also testament to the knowledge, understanding and hard work of the management and care staff at the home that trips out into the community were happening on a regular basis. One member of staff told us, "(Name) now looks forward to a weekly trip to a local fast food restaurant. When (name) first moved to Bannister Farm Cottage the idea of them visiting a public restaurant would have been unthinkable".

The home had policies in place in relation to privacy and dignity. Staff we spoke with were aware of the homes policies and were aware how to access them. All the staff we spoke with understood the key principles of privacy and dignity. Our observations of staff interactions and discussions with people confirmed that this was the case. Relatives we spoke with had no issues regarding the privacy and dignity of their loved ones.

We recommend that all people are offered the opportunity to have an independent advocateto assist them to make decisions about their care. It would also be considered good practice to explain to relatives the purpose, and advantages, for people to have access to independent advice.

Good

Is the service responsive?

Our findings

We looked at people's care plans and found they were up to date and comprehensive. All the people who permanently lived at the home had a behaviour support plan, risk management plan and a traffic light system in place regarding their behaviour. We saw within people's care plans that referrals were made to other professionals appropriately in order to promote people's health and wellbeing. Examples included referrals to dieticians, occupational therapists, and people's GP's. Care plans were kept securely, however staff could access them easily if required. We saw that people's relatives were involved in developing care plans. This was confirmed when speaking with relatives, one relative told us, "My (relative) has been gradually transitioning to move from their old home at our house to their new home at Bannister Farm Cottage , they are actually due to move in there today. It's all moving slowly, it's all been done at a sensible pace, I am really pleased and impressed by this part of the plan, yes they have a care plan and I have contributed to that."

There was evidence that the support delivered to people changed in line with their needs and at the request of family, alongside evidence of listening to feedback from family. Relatives we spoke with, in the main, were happy with the responsiveness of the home. One relative told us, "There are good care plans, but of course the plans depend upon staff following them, but I have to say that the key workers are really good. We are promised regular phone calls to catch up with the care plan and how things are going in general, these sometimes happen but not always."

We saw evidence that care plans were being used appropriately, handwritten comments evidenced that they were reviewed regularly by the registered manager, the last review being a few weeks prior to our inspection. One staff member told us that the activity section for one person made reference to an activity they no longer enjoyed so an alternative activity had been found. This clearly showed good communication and use of the information within the care files.

We saw that the home carried out a behaviour analysis for each person at Bannister Farm Cottage via daily diaries. This was personalised for each person and linked into the homes 'Individual practice workshops' that were held each month. These were attended by the person's key-worker and their core team. The purpose of these workshops was to look at what triggered challenging behaviours for people as well as what activities people enjoyed. Support plans and risk assessments were then adapted to enable a better level of care and support for each person.

We saw that hospital passports were in place for people to enable hospital and medical staff to better understand the needs of people when they required emergency or planned medical treatment.

Relatives we spoke with told us they knew how to raise issues or make complaints. We were aware that there were ongoing discussions with one family regarding some issues they had with various aspects of the service. We spoke with them at length and they informed us about some of the concerns they had. They did however tell us that, "Yes I do accept that the home and organisation have tried to respond to some of my concerns". They then went on to describe some of the measures that had been put in place to address their issues. They did still have concerns with the service. We discussed these with the registered manager and area manager who assured us that a process was in place to address the issues they had and that regular contact was made between the service and family.

We looked at complaints, and compliments received by the home within the twelve months period prior to our inspection. All complaints had been acknowledged within an appropriate timescale and complaints had been investigated effectively. This included gathering statements from witnesses and cooperation with any other agencies involved.

We saw a number of activities that took place within the home and within the community. These included swimming, trampolining, walking, and 1-1 time with care staff. All activities were appropriately risk assessed.

Good

Is the service well-led?

Our findings

There was a registered manager at the service at the time of our inspection who had worked at the service since it had opened the previous year. There was also a newly appointed deputy manager at the home who had been employed to give the registered manager support who was working their notice period with their current employer and had a planned start date approximately one month following the day of the inspection. None of the relatives or staff we spoke with talked negatively about the manager, staff or culture within the home. The only negative comments we received were with regards to the regular changes in more senior management which the registered and area manager acknowledged. However, appointments to all senior positions had now been made and these had been communicated to relatives and staff working at the home. Staff we spoke with were complimentary about the management support at the service and communication. One member of staff told us, "The bosses are ok here, we do feel listened to, our boss here (registered manager) has worked as a support worker and that gives us confidence in his leadership."

All the staff we spoke with told us they had a commitment to providing a good quality service for people who lived at the home. Staff confirmed that they had handover meetings at the start and end of each shift, so they were aware of any issues during the previous shift. We found the service had clear lines of responsibility and accountability.

There were a number of systems in place to enable the provider and registered manager to monitor quality and safety across the service. These included regular audits and quality checks in all aspects of the service. This included medication audits, care plan audits and infection control.

An internal auditing team was in place which looked at audits for finances, health and safety and internal compliance. An audit took place at least every 12 months and if any non-compliance was found an action plan was put in place with a 14 day deadline imposed. This meant that any identified shortfalls were resolved quickly.

We saw that regular team meetings took place so staff were aware of any changes to people's needs as well as organisational updates. Staff signed to state they were present at the meeting. Manager meetings also took place and we saw evidence of these. We saw that issues such as training, environment, outcomes for people and cross service working was discussed. Outcomes were set at the end of each meeting and progress measured at the next meeting.

The home had an accident and incident log in place. We were told, and saw, that following all incidents lessons were learned going forward and discussions were held in relation to how each incident could have be prevented and steps taken to prevent similar incidents happening again. If necessary changes were made to care planning documentation to reflect those discussions.

The organisation had a whistle blowing policy in place which meant staff who felt unable to raise issues with their immediate manager were able to confidentially raise issues via that method and remain protected.

Service contracts were in place, which meant the building and equipment was maintained and was a safe place for people living at the home, staff and visitors. We saw service files in place to evidence this, which were well organised and up-to-date.