

Park Care Limited

Park Cottages

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 22 November 2016 and was unannounced which meant no one at the service knew beforehand that we would be attending.

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

There was a manager at the service who was registered with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Our last inspection at Park Cottages took place on 24 August 2015. Following the inspection the service was rated as Requires Improvement. At that inspection we found breaches in two regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were breaches in; Regulation 15; Premises and Equipment and Regulation 17; Good governance.

We found evidence on this inspection to show improvements had been made to meet the requirements of Regulation 15; Premises and Equipment, as improvements to the internal and external environment of Park Cottages had been made. We also found improvements had been made to meet the requirements of Regulation 17, Good Governance, as monitoring to audit the running of the home had improved.

There were not appropriate fire safety checks of the building. There were no records of the fire alarm system being checked in Park Cottages for over six months. A check of the alarm system was made before we finished our inspection and the alarm was found to be functioning and audible.

There were no personal emergency evacuation plans (PEEP's) in place for seven people and no up to date PEEP's for three other people. There was no key information about people's needs and there was no instruction to tell staff how to assist people from the building in the case of an emergency.

People who used the service communicated to us and told us that they felt safe living in the home. Their relatives spoke positively about the standard of care and support their family member received.

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

Staff were provided with relevant induction and training to make sure they had the right skills and knowledge for their role. Staff understood their role and what was expected of them. They were happy in their work, motivated and confident in the way the service was managed.

Overall the home was clean. Some redecoration and refurbishment had taken place since our last

inspection this had improved the environment for people. There had been a significant amount of time spent improving the garden area of the home. This work was near completion.

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

People had access to a range of health care professionals to help maintain their health. A varied diet was provided to people that took into account dietary needs and preferences so their choices could be respected.

People living at the home, and their relatives said they could speak with staff if they had any worries or concerns and they would be listened to.

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

Further quality assurance systems had been introduced to assess, monitor and improve the quality and environment of Park Cottages.

We found a breach in Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

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

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 always safe.

People said they had no concerns and told us they felt safe.

There were not appropriate fire safety checks of the building.
There were no records of the fire alarm system being checked in Park Cottages for over six months.

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

Is the service effective?

Good 

The service was effective.

Some redecoration and refurbishment had taken place and this had improved the environment for people. There had been a significant amount of time spent improving the garden area of the home.

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

Staff understood the requirements of the Mental Capacity Act (MCA) and considered people's best interests.

Is the service caring?

Good 

The service was caring.

People and relatives made positive comments about the staff and told us people were treated with dignity and respect. The staff were described as caring and approachable.

During the inspection we observed staff giving care and assistance to people. They were respectful and treated people in a caring and supportive way.

Staff enjoyed working at the service. They knew people well and were able to describe people's individual likes and dislikes.

Is the service responsive?

Good 

The service was responsive.

People's care plans contained a range of information and had been reviewed and amended in response to changes in their needs.

People living at the home, and their relatives said they could speak with staff if they had any worries or concerns and they would be listened to.

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

Is the service well-led?

Requires Improvement 

The service was not always well-led.

Staff told us they felt they had a very good team. Staff said their manager was approachable and communication was good within the service.

The service had a range of policies and procedures available for staff which had been recently updated and stored in one file.

Further quality assurance systems had been introduced to assess, monitor and improve the quality and environment of Park Cottages. There was still some room for improvement in some areas of the quality assurance processes.

Park Cottages

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 22 November 2016 and was unannounced which meant no one at the service knew beforehand that we would be attending. The inspection team consisted of two adult social care inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Prior to our inspection visit we reviewed the information included in the PIR, together with information we held about the home. We also contacted commissioners of the service, the local authority safeguarding team, Healthwatch and other stakeholders for any relevant information they held about Park Cottages. Information received from them was reviewed and used to assist with our inspection.

We communicated with and/or spoke with six people who used the service and spoke via the telephone with three relatives of people. We spent time observing daily life in the home including the care and support being offered to people.

We spoke with the registered manager, one senior support worker, one support worker and maintenance staff. We reviewed the care records of two people and a range of other documents, including medication records, staff recruitment records and records relating to the management of the home.

Is the service safe?

Our findings

People living at Park Cottages told us they felt safe, comments included, "I feel very safe here, if I have worries I talk to staff" "It is alright, no problems" and "I like it here."

Relatives we spoke with all agreed the home was a safe place for their family member to live. Their comments included, "Yes I don't have any worries about [name] safety" and "I have no issues or concerns" and "Staff are good they keep [name] safe."

During our observations we saw people were comfortable in the presence of the staff and when people showed they needed assistance this was provided.

We saw the provider followed the South Yorkshire safeguarding protocols which had been agreed by the local authority. Staff spoken with were familiar with their role in helping to keep people safe and making sure any information was passed onto the relevant people.

The registered manager explained each person had an individual amount of money kept at the home that they could access. We checked the financial records and receipts for two people and found the records and receipts tallied. This showed procedures were in place to safeguard people's finances.

We looked at the premises and whether all required safety checks had been carried out. Records identified Fire/Smoke alarms had not been tested since 1 April 2016. The fire log book identified the alarm system and emergency lighting should be tested by staff on a weekly basis. Because there were no records of the fire alarm being tested since 1 April 2016 we asked the registered manager that a test be carried out before we finished our inspection. The maintenance staff completed this test and confirmed that the alarm system was functioning and operational. The registered manager assured us that in future the fire alarm and the emergency lighting would be tested weekly and a record maintained.

Records showed that the last fire drill was conducted October 2015. We spoke with the registered manager about this and the need to increase frequency of staff fire drills. The purpose of the drills is to remind staff of the action they need to take in the event of fire and provide additional training for staff around fire safety. The registered manager agreed to increase the frequency of fire drills.

We looked at the personal emergency evacuation plans (PEEP) which were in place for people who lived at the home. The purpose of a PEEP is to ensure staff know how to assist each person to leave the building safely in the event of an emergency. There were no PEEP in place for seven people and no up to date PEEP for three other people, these were last completed in 2011 and 2012. There was no key information about people's needs and there was no instruction to tell staff how to assist people from the building in the case of an emergency.

Our findings meant there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as there had not been reasonable steps taken to mitigate the risks to people

who used the service.

At the time of this visit ten people were living at Park Cottages. Five people regularly attended day services or were at work between 8.30am and 4pm. We found one senior support staff, one support worker and a registered manager were on duty. We saw people received support when requested and staff were visible around the home, supporting people and sharing conversation.

We looked at the homes staffing rota for the two weeks prior to this visit which showed these identified numbers were maintained in order to provide appropriate staffing levels so people's needs could be met. Staff spoken with said enough staff were provided to support people's needs.

People told us there were enough staff during the day and night to support them. People said, "Staff are always around [name of staff] takes me everywhere, she is great" and "There is always somebody (staff) around."

We found a staff recruitment policy was in place so important information was provided to managers. We looked at three staff files to check how staff had been recruited. Each contained an application form detailing employment history, interview notes, two references, proof of identity and evidence of a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the home. This information helps employers make safer recruitment decisions.

One of the staff's DBS check was from a previous care provider which was completed 12 days before the member of staff was employed by Park Cottages. The registered manager believed this check was sufficient to make a safe judgement to employ the member of staff.

We discussed with the registered manager how they accessed staff DBS checks. We explained how employees could join the 'update service' which allowed them to reuse their DBS certificates when applying for similar jobs. The registered manager said they would speak with the provider and look at how the service accessed staff DBS information in the future.

We looked at two people's support plans and saw each plan contained risk assessments that identified the risk and the actions required of staff to minimise the risk. The risk assessments seen covered all aspects of a person's activity and included community access, travel and daily routines. We found risk assessments had been updated as needed to make sure they were relevant to the individual.

We found there was a medicines policy in place for the safe storage, administration and disposal of medicines. Training records showed staff that administered medicines had been provided with training to make sure they knew the safe procedures to follow. Staff spoken with were knowledgeable on the correct procedures on managing and administering medicines. Staff could tell us the policies to follow for receipt and recording of medicines. This showed staff had understood their training and could help keep people safe.

We found the medicines systems were checked and audited by a pharmacist. We saw the pharmacist had undertaken an audit on 15 September 2016. We were provided with a copy of the pharmacist's report which showed no urgent actions were required following their visit and any recommendations made had been acted upon.

We found one member of staff, usually the senior on duty, was designated with responsibility for managing

medicines. We checked two people's Medicine Administration Record (MAR) charts and found they had been fully completed. The medicines kept corresponded with the details on MAR charts. There were appropriate arrangements in place for the management of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). They were stored in a controlled drugs cupboard, access to them was restricted and the keys held securely. The senior support staff said nobody was currently receiving any controlled drugs.

We found a policy and procedure was in place for infection control. Training records seen showed that all staff were provided with training in infection control.

Is the service effective?

Our findings

At the last inspection we found some communal areas, people's bedrooms, bathrooms, toilet areas and the garden area were not well maintained. The garden was overgrown with weeds and brambles at bedroom window height on the ground floor. The provider had not ensured that the premises were maintained to an appropriate standard. The provider had not ensured suitable arrangements were in place to purchase, service, maintenance, renewal and replacement of premises (including grounds) and equipment.

This was in breach of regulation 15: Premises and Equipment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent an action plan detailing how they were going to make improvements. We checked and found improvements had been made, sufficient to meet regulations.

Overall the home was clean. People were encouraged to be independent and so different areas of the home varied in appearance and tidiness. Some redecoration and refurbishment had taken place since our last inspection, this had improved the environment for people. New carpets had been laid, rooms redecorated and bathrooms and toilets refurbished. There had been a significant amount of time spent improving the garden area of the home. This work was near completion.

People said, "The garden is so much better. Be good when summer comes" and "The new carpets are really nice and soft."

People living at the home said their health was looked after and they were provided with the support they needed. Comments included, "Staff take me to my hospital appointments and the doctors" and "When I was in hospital [name of staff] came to see me."

Stakeholders we contacted before our inspection said they had no concerns about the care provided by staff at Park Cottages.

We looked at two people's support plans. They contained a range of information regarding each individual's health. We saw people had contact with a range of health professionals that included GP's, dentists and hospital consultants. We saw people's weight was regularly checked as part of monitoring people's health.

One person told us how their weight was being closely monitored and staff did this on a regular basis and referred them onto the GP or other health professionals if they had lost weight.

During our inspection, we saw that meal times were flexible and individual to each person's preferences. People said they helped with the shopping, preparation and cooking of some meals. People said, "Staff do a lot of the cooking, we help. The food is nice" and "Yes, the food is alright here. I like it."

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

People told us staff assisted them with planning the menus to ensure they were healthy and balanced but in the main people chose what they wanted to eat. This demonstrated that people were encouraged to be independent in all areas of their own meal choices.

Records of the food cooked and served to people each day were being kept so that people's nutritional health could not be adequately monitored. People were frequently making drinks for themselves and the hub of the home centred on the kitchen where people and staff sat around the table chatting to each other and to the inspection team.

Staff had undertaken appropriate training to ensure they had the skills and competencies to meet people's needs. We checked staff files which showed staff had received training in safeguarding adults, mental capacity, first aid, health and safety, infection control, medicines and manual handling. We saw that certificates were awarded on successful completion of these topics and these were recorded in the staff files.

Staff we spoke with said, "There is lots of training, we do an NVQ in care, the care certificate. There is always some training for us to attend."

Two staff files we checked identified they had completed a full induction programme and were working towards completing the Care Certificate. The 'Care Certificate' is the new minimum standards that should be covered as part of induction training of new care workers.

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

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

Staff we spoke with understood the principles of the MCA and DoLS. Staff also confirmed they had been provided with training in MCA and DoLS. This meant staff had relevant knowledge of procedures to follow in line with legislation. The registered manager informed us where needed DoLS applications would be referred to the local authority in line with guidance. The registered manager confirmed nobody living at Park Cottages was currently subject to a DoLS.

Is the service caring?

Our findings

People told us they liked living at Park Cottages. Comments included, "All the staff are nice, [name of staff] is lovely," "I like it here; I have friends" and "Staff always take time to talk with me."

Comments from relatives were all positive and included, "It's brilliant, staff are really respectful," "Staff always ask [Name] opinion, they are really good," "Staff can't do enough for [Name] and us" and "[Name] is happy and so we are happy."

Throughout our inspection we saw examples of a caring and kind approach from staff who knew people living at the home very well. For example, staff spoken with could describe the person's interests, likes and dislikes, support needs and styles of communication.

The interactions observed between staff and people living at the home were patient and kind. Staff always included people in conversations and took time to explain plans and seek approval. For example, staff were supporting a person to go a place of work where they volunteered. Staff made sure the person was appropriately dressed and warm enough for the weather conditions. They arranged transport and made sure they left when the person wanted to. This showed a respectful approach from staff.

There was a friendly relaxed feel to Park Cottages. People were comfortable in the presence of staff and we heard much shared laughter throughout the inspection.

Relatives also told us they had been fully involved in the care planning with their family members care and support so their opinion was taken into account.

We saw people's privacy and dignity was promoted so that people felt respected. We did not see or hear staff discussing any personal information openly or compromising privacy. Staff were able to describe how they treated people with dignity and told us about training sessions they had completed about ensuring people maintained their privacy and dignity at all times.

Staff told us information on advocacy services was available should a person need this support. An advocate is a person who would support and speak up for a person who doesn't have any family members or friends that can act on their behalf and when they are unable to do so for themselves. We saw advocacy information leaflets were available around the home.

We observed staff supporting people whilst encouraging them to be independent with daily activities such as, washing up, laundering clothes and helping with meal preparation.

Is the service responsive?

Our findings

People told us staff supported them in the way they needed and preferred. When asked if they got the support they needed, people responded 'Yes' and "The staff are lovely" and "Staff are nice and they help me."

Relatives told us they were always kept involved in people's care and support and had regular contact and discussions with staff. Relatives said, "I have a lot of contact with the home" and "I am involved and kept fully informed what is happening with [name]."

We saw staff understood how people communicated and saw staff responded to people in an individual and inclusive manner. Staff checked choices with people and gained their approval.

People told us they could choose when to get up and go to bed and could make other choices surrounding their daily routines. People said, "I get up and go to bed when I want. I choose what clothes I wear and choose what I want to eat," "Staff listen to me and ask what I want to do" and "Everything is good here. I like my room. I have chosen my own furniture and this TV. I like my bedroom."

We saw people getting up at various times during the morning and coming into the kitchen to have their breakfast and lunch.

With their permission we checked two people's support plans. We also spoke with people about the information that was in their support plan and they agreed this reflected their health needs, their likes and dislikes and what they enjoyed doing socially. The plans contained information about the person's preferences and identified how they would like their care and support to be delivered.

The support plans focussed on promoting independence. The plans showed that people and their relatives had been involved in developing their support plans so their wishes and opinions could be respected. Support plans were reviewed each month or sooner if changes to a person's care and support was made.

Staff spoken with said people's support plans contained enough information for them to support people in the way they needed. Staff spoken with had a good knowledge of people's individual needs and could clearly describe the history and preferences of the people they supported. Staff were confident people's plans contained accurate and up to date information that reflected the person.

This showed important information was recorded in people's plans so staff were aware and could act on this.

People and relatives spoken with felt very positive about the frequency and variety of social activities made available to people. People participated in a range of daily activities many of which were meaningful and promoted their independence in and outside the service.

Two people invited us into their conversation. They laughed together as one person described their role in an upcoming pantomime organised by a local theatre group they were a member of. They said they were hopeful other people who used the service would come and see them in the production.

Five people were attending day centre or volunteer work on the day of our visit. One person said how much they enjoyed volunteering at a local wildlife reserve. Another person told us they volunteered to work in a charity shop which they really enjoyed.

People told us, "I go shopping in town," "I went on holiday in a caravan which was really good" and "I go to a lunch club and see my friends, I enjoy that."

People said they maintained good links with their family and friends. One person said, "I have just been on holiday with my dad" and "I will go to [Name of family member] at Christmas, I will stay for a few days. I like Christmas."

There was a complaints policy and procedure in place. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. The easy read version of the complaints procedure was also on display in a corridor area of the home so this was accessible to people. This showed people were provided with important information to promote their rights and choices. The service had received no complaints within the last 12 months. People and their relatives told us they had no worries or concerns, but knew who to contact if they had. Relatives were confident that the unit manager or registered manager at the service would listen to them. A relative said, "I have no worries at all but I would be confident in speaking to the staff or manager if I did. I am sure they would sort any problems."

Stakeholders we contacted prior to the inspection told us they had no current concerns about Park Cottages.

Is the service well-led?

Our findings

The registered manager had been in post since March 2014 and was registered with CQC. There was also a unit manager employed at the service but they were on annual leave on the day of inspection.

At our last inspection we found a breach in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, regulation 17, Good governance. We found there was no quality assurance policy in place; monitoring visits by the provider to audit the service were not recorded. In addition, there had been no 'resident meeting' held for some time to formally obtain and act on their views. Gaps in some quality monitoring, audits and monitoring visits meant quality assurance systems were not fully in operation. Staff meetings had not been undertaken on a regular basis to share important information. At this inspection we did find improvements in the quality assurance systems.

There had been 'resident meetings' organised and held. People said they had attended these meetings. We saw minutes of the last meeting in June 2016 where activities, meal choices and general environmental issues were discussed. People said they often sat around the kitchen table talking to staff and expressing their views on the 'running' of the home. We saw these discussions were much in evidence during the inspection.

The provider had visited the home on a regular basis and drawn up and acted on plans to improve the internal environment and the gardens of Park Cottages.

People said they saw the provider frequently and they often 'chatted' to them. People said they were happy with the refurbishment of the home and landscaping of the gardens.

This inspection found improvements had been made to the frequency of staff meetings. Records seen showed regular staff meetings were held and all staff spoken with confirmed this. Staff told us they could approach managers and felt listened to.

We saw some checks and audits had been made by the registered and unit manager and senior staff at the home. These included daily financial records checks, daily medication checks and some health and safety checks.

Overall we found improvements to the quality monitoring to check and audit the running of the home. Despite these improvements the systems in place to assess and monitor the quality of service provided were not fully effective to ensure care provided was monitored, and that risks were managed safely, and the service achieved compliance with all the regulations. Audits completed had not identified that fire/smoke alarms had not been tested since 1 April 2016 or that PEEP had been completed or were up to date. This meant further improvement to the audit systems was still required.

We found the systems used to file records had been 'revamped' and we found the files more organised. The services policies and procedures had been stored in a central file and had been updated. This meant that

staff could be kept fully up to date with current legislation and guidance.

Staff told us they enjoyed their jobs, communication was good and they were a good team that worked well together. Staff commented, "I love my job. We are like an extended family here," "I get support from my managers, they are very approachable" and "I am happy, no issues."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not protected because the registered provider had not reasonable steps taken to mitigate the risks to people who used the service. There were not appropriate fire safety checks of the building.