

Parkcare Homes (No.2) Limited

Spode Close

Inspection report

6-11 Spode Close
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Spode Close is a residential care home providing care to five people living with learning disabilities at the time of the inspection. Spode Close is a purpose-built block of self-contained studio style apartments. The service provides accommodation and support for up to seven people with learning disabilities, autistic spectrum disorder, physical disabilities or a combination of these kinds of impairment.

The service did not always apply the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people did not fully reflect the principles and values of Registering the Right Support because people using the service did not always receive planned and co-ordinated person-centred support that was appropriate and inclusive for them.

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

Risks relating to people were not always appropriately assessed and recorded. They did not always incorporate people's personal circumstances to make sure measures were in place to protect them, staff and other people living at the service from harm.

The provider followed safe recruitment checks. However, where agency staff were employed to provide people with care and support, there was no evidence the manager ensured they were suitable to work with people.

People and their relatives told us they knew how to complain. However, relatives of people using the service were not always satisfied with the outcome. Complaints and their outcomes were not always recorded to ensure they were appropriately investigated.

The provider did not have effective systems in place to consistently assess, monitor and improve the quality and safety of the service and ensure regulatory requirements were met.

People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible and acted in their best interests; the policies and systems in the service supported this practice.

People were supported to maintain good health, have a balanced diet and access healthcare services where required. People and their relatives were involved in making decisions about people's care and support needs. People's privacy and dignity were respected, and their independence promoted.

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

Rating at last inspection

The last rating for this service was requires improvement (published 7 November 2018). The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to person centred care, safe care and treatment, receiving and acting on complaints and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-Led findings below.

Inadequate ●

Spode Close

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

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

There was no registered manager in post. 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. The service was run by a manager who was in process of registering with the Care Quality Commission (CQC).

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to the CQC. A notification is information about important events which the service is required to send us by law. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection and we took this into account when we inspected the

service and made the judgements in this report.

During the inspection

During the inspection we spoke with two people to seek their views on the service. We spoke with two members of staff and the manager. We reviewed a range of records including care plans for four people, risk assessments and medicines records and four staff files in relation to recruitment, induction and supervision. We also looked at records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate the evidence found. We looked at training data and quality assurance records. We spoke with two relatives of people who use the service and we sought feedback from authorities.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

Requires improvement: This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People were at risk of avoidable harm. Risks to people were not always identified and assessed, and the service did not always have appropriate management plans in place. At the time of the inspection one person had no care plan, no risk assessments and no personal emergency evacuation plan (PEEP). The person had been living at the service for 10 weeks without a care plan. Although the regular staff were aware of this person's behaviour, we were not assured that new staff or agency staff would be knowledgeable of how to work with them and manage their risks.

A failure to ensure risks associated with people's care were assessed and plans put in place to mitigate them was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We raised all these issues with the manager. The service took immediate action and produced risk assessments and a PEEP on the day of the inspection.

- Other health and safety checks such as portable appliance tests, gas safety and legionella testing had been carried out.

Staffing and recruitment

- The provider followed safe recruitment practices and had ensured appropriate pre-employment checks were completed before permanent staff were employed. However, on the day of the inspection the manager did not have information about agency staff to confirm they were recruited safely, had the right to work in the UK or were appropriately trained. The service provided us with agency staff files following our inspection.

- Feedback concerning deployment of staff varied. Whilst people and their relatives thought there were enough staff, there were concerns about agency staff lacking training in epilepsy management. One person's relative said, "Stability and regular staff is so important. Although things seem a little better now, there do not seem to have been enough staff who are trained with his as required (PRN) medication or a reliance on less familiar staff, meaning trips out cannot occur". A member of staff told us, "We have quite a few regular ones but occasionally new ones. [Person] needs people trained in epilepsy so we have to swap with agency staff to take [person] out". We looked at four agency files sent to us after our inspection and noted that these staff members had not received any training in epilepsy management.

A failure to ensure that staff providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- The provider did not always ensure that medicines were stored at appropriate temperatures. There were gaps in the temperature logs. For example, the temperature of the medication storage cupboard was not monitored for 17 days in June. Therefore the service could not provide assurance that these medicines were stored within their recommended temperature ranges and maintain their effectiveness.
- People received their medicine as prescribed. We reviewed people's medicine administration records (MARs) and saw staff had signed to record what medicine had been administered.
- Daily checks were completed to make sure medication stock was correct.
- Where people were prescribed 'as required' medicines, there was guidance in place for staff on when this medicine could be administered.

Learning lessons when things go wrong

- Accident and incidents were well-documented with the action taken by staff to support the person's wellbeing at the time the accident or incident occurred.
- There was little evidence that information gathered following accidents and incidents was used to reduce or minimise the chance of these re-occurring. One person experienced a few behavioural incidents, however, there was no information on how to prevent these as this person had no care plan or risk assessments. The service took immediate action and produced risk assessments on the day of the inspection.
- There were limited improvements made since the last inspection. Some of the issues, for example, gaps in the records of medicines temperature storage, had been raised by us during our last inspection, however, the service failed to address them.

Systems and processes to safeguard people from the risk of abuse

- Staff understood safeguarding and whistleblowing procedures and their responsibility for reporting concerns. A member of staff told us, "If I witnessed any abuse, I would take them to [manager]. I would take it further if not addressed properly".
- People and their relatives told us they and their loved ones were safe living at the home and they did not have any concerns of abuse or discrimination. One person told us, "I feel happy here. They are really good and I feel safe".
- When concerns had been raised, they had been dealt with appropriately and reported to the local safeguarding team and the Care Quality Commission (CQC).

Preventing and controlling infection

- We looked around the home and saw that it was clean and tidy. The home was well maintained and standards of infection control were good.
- Staff had received training in infection control. They had access to sufficient equipment to prevent the spread of infection, for example personal and protective gloves and antibacterial soap.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

Requires Improvement: This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The service did not always fully assess people's needs before they started to use the service and information about people's history leading them to a placement was not always fully explored.
- People's care and support did not reflect current evidence-based guidance and best practice.
- The service had not fully assessed the needs of people who exhibited behaviours that could be seen as challenging. As a result, appropriate measures had not been put in place to minimise risks resulting from such behaviours, and to promote the quality of people's lives.
- Where pre-admission assessments referred to documents from social services, these were not always available for staff working at Spode Close to help assess people's needs and choices.

We found no evidence that people had been harmed. However, people's needs were not always assessed with a view to designing care and treatment to meet their preferences. This was a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- People were supported by a staff team who had received training and support to effectively assist them. However, the service failed to ensure agency staff were trained to meet people's needs effectively.
- Staff felt supported in their role and could request additional training when they needed it. Regular staff members and agency staff undertook an introduction to their role when they first started working at Spode Close.
- People and their relatives told us that the regular staff were well trained and knowledgeable. One person told us, "Sometimes I have new staff, but mostly I am assisted by the regulars. They are really well trained".

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

- People were supported to eat and drink sufficient amounts to maintain good health.
- Staff supported people to prepare their food and make healthy choices where possible.
- Staff we spoke with knew the level of support each person required to eat and drink safely. They told us they would report any concerns of poor nutrition or dehydration to their manager or to other health and social care professionals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Referrals were made to a range of health care professionals, as and when required, in support of people's needs. For example, GPs, neurologists or occupational therapists.
- Staff members we spoke with were knowledgeable about people's healthcare needs and knew how to support them in the best way to meet their personal health outcomes.

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

- People lived in a pleasant environment. People were encouraged to personalise their rooms to their taste.
- Domestic kitchen facilities provided people with opportunities to make drinks and prepare and cook meals.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA , and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found the service had submitted DoLS applications appropriately and maintained records for when these needed to be reviewed.
- Staff were trained in the MCA and understood the importance of seeking consent before supporting people. Staff always asked for people's consent before providing them with care and support and we saw this in practice during our inspection. Staff told us that they assumed people could make decisions unless assessed otherwise, and always supported people to make independent decisions where appropriate.
- People's rights to make their own decisions were respected and people were in control of their support. One person told us, "Living at Spode Close, I feel more capable of doing things".

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they were happy living at the service and staff treated them well. One person told us, "I really like it here. Staff are really good with me".
- Relatives could visit the home at any time. This supported people to maintain contact with those who mattered to them.
- Staff told us they respected people's differences and provided them with person-centred care that reflected their protected characteristics. The Equality Act 2010 introduced the term "protected characteristics" to refer to groups that are protected under the Act. It is unlawful to treat people with discrimination because of who they are.

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

- People living at Spode Close told us they were involved in their care. One person told us, "I am involved as much as I can".
- People told us they were consulted about their care in a way they could understand. One person told us, "[Manager] is really good, he says things as they are, so I can understand what is going on". Another person told us, "They show me my care folders".
- People's relatives told us they were involved in the care planning process where appropriate.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected their privacy and dignity. One person told us, "They treat me with respect".
- The care plans of people living in the care home guided staff to always respect their privacy and dignity when providing their personal care. However, we noted that some risk assessments were not written in a respectful language.
- Confidentiality was supported. Information was locked away as necessary in a secure cupboard or filing cabinets. Computers and electronic devices used by the provider and staff were password protected to keep information secure.
- People also told us staff promoted their independence by letting them do what they could for themselves.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

Requires improvement: This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to complain. However, some relatives told us that complaints had not always resulted in improvements.
- The manager told us there was one complaint raised with the service since our inspection, however, they could not locate any record of the complaint. We asked the service manager to provide us with a record of the complaint after our inspection, however, they failed to provide us with any evidence of the complaint being recorded and investigated.

We found no evidence that people had been harmed however, systems to receive and act on complaints were not effectively operated.. This was a breach of Regulation 16 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's needs were not always identified, recorded, and incorporated into support plans.
- Some care plans did not address behavioural needs of people. For example, one person was known to stay up all night playing games or watching movies. When the person was to attend an appointment early in the morning, staff did not know whether they should cancel the appointment or to encourage the person to wake up. There was no guidance for staff to follow in such a situation, which had already resulted in an incident between the person and a staff member.

The lack of planning care and support meant people's needs were not identified and met. This was a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us their choices and preferences were respected. The care plans available in the service provided staff with clear guidance on how to support people in line with people's wishes and preferences.

Meeting people's communication needs

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

- People's communication needs were identified, recorded and highlighted in care plans. Information about

these needs was shared appropriately with others involved in providing people with care and support.

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

- Activities were planned to meet people's needs and interests. One person told us, "I go for swimming, ice skating, shopping and town trips". Another person told us, "I do some gardening, go to shops, do household tasks and go out".
- People were encouraged to maintain family relationships. Relatives of people living at Spode Close could visit them anytime they wanted.
- People told us they had developed friendly relationships with other people living at the service. One person told us, "I get on really well with [person]. We are friends".

End of life care and support

- At this inspection no one was receiving end of life care. Should someone require end of life care, the manager and the provider would work with the placing authority to see if they were able to meet such needs.
- We found that the service helped people in the bereavement process. When a close relative of a person had passed away, the person had been assisted by a positive behaviour practitioner (PBS) to help them through their bereavement. Being able to express their feelings and emotions had helped the person to overcome anxiety caused by the death of their relative.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now deteriorated to inadequate.

Inadequate: This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- This is the third inspection of Spode Close since September 2017. At all three inspections the service has been rated as requires improvement overall. There have been frequent changes within the management of the service, and improvements within the service have not been sustained.
- There was a lack of effective governance systems in place to ensure all people's risks were assessed and their care plans produced.
- The provider found areas that needed improvement using their quality assurance tools. However, there was no action plan in place to show what action needed to be taken, who was responsible for it and when the improvements should be made by. As a result, issues such as gaps in medicines temperature log had been identified but remained unaddressed.
- Records were not always available, accurate or complete. The manager was uncertain of where documents were located and if they still remained on site, and therefore was unable to produce all the documentation requested at the inspection. Although we received most of the requested records after our inspection, the provider failed to provide us with the evidence of recording and investigating a complaint raised by a relative of a person living at Spode Close.
- Goals set in the governance meetings were not always met. For example, small group supervisions for staff were supposed to be held by the end of May 2019, however, none had taken place.
- There was a lack of effective communication between the provider and the manager. A local authority had shared with the provider a social care assessment for a person using the service on 26 April 2016. However, during our inspection we found the manager at Spode Close had not received this assessment.

The above evidence demonstrates a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed a copy of their ratings in the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people

- The culture of the service was one of being reactive to concerns rather than looking ahead and addressing issues before they become more serious concerns. Issues such as the lack of risk assessments for a person living at the service were addressed immediately when we brought this to the attention of the manager. However, these issues had remained unaddressed until our inspection and appropriate action was taken only after we identified and raised the issues with the manager.
- Staff told us they worked well together as a team to support people. The relatives we spoke with were overall happy with the support people received and everyone said their loved one was happy at the home.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The Care Quality Commission (CQC) sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The manager understood their responsibilities.
- The manager understood the 'Duty of Candour.' This Regulation aims to ensure that all providers act honestly and openly in their daily practice.

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

- People and their relatives were encouraged to give their views on the quality of the service. The service held regular meetings between people and their key workers, and people and relatives were invited to give their views through an annual survey. Feedback from the recent survey was mostly positive, with views being sought on people's care and support and the management of the service. However, where the issues had been raised, there were no plans of action to resolve them. For example, one of the relatives raised the issue of a person being unable to access community as much as they wished due to being supported by staff who were not always trained in epilepsy seizure management.
- Staff told us they could speak in an open and transparent manner about the service and their views were listened to and used to improve the service provided.
- People and their relatives told us the manager was approachable. A relative told us, "He listens to what we have to say".

Working in partnership with others

- The service worked in partnership with key organisations including the local authorities that commissioned the service and other health and social care professionals to provide joined up care. However, due to the lack of effective communication between the provider and the manager some information from the local authorities was not always used by the service.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider had failed to ensure people received care and supported that was personalised to their needs.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to ensure risks associated with people's care and health and safety were assessed and followed by management plans to mitigate such risks.</p> <p>The provider failed to ensure that staff providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints</p> <p>The provider failed to establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints meant improvements were not made to the quality and safety of service provision.</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There were governance systems in place were ineffective in identifying and mitigating risks to people's health, safety and welfare.

The enforcement action we took:

We asked provider to submit an improvement plan of what action needs to be completed to be compliant with Regulation 17.