

PAKS Trust

PAKS Trust - 17, 18 & 42 Clarence Street

Inspection report

17 Clarence Street
Nuneaton
Warwickshire
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Tel: 02476742200

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27 November 2018

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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 ●

Summary of findings

Overall summary

We inspected this service on 27 November 2018. The inspection was announced and carried out by one inspector and an expert by experience.

The service is a 'care home' operated by P.A.K.S Trust. The service consists of two separate houses; 18 and 42 Clarence Street. A third house, 17 Clarence Street, was previously part of this service. However, this property had not been used since June 2018. The provider was in the process of removing 17 Clarence Street from their registration with us. The service is one of six services provided by P.A.K.S Trust and provides accommodation with personal care for up to four adults. People cared for at the home are living with learning disabilities, including autism. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of our inspection visit, there were four people living at the home.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a 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.

At the last inspection in April 2016 all five key areas were rated as Good. At this inspection we found the quality of care had been maintained and people continued to receive a service that was safe, caring, effective and responsive to their needs. The rating continues to be Good.

There were enough staff on shift with the appropriate level of skills, experience and support to meet people's needs and provide effective care. Staff knew what action to take in the event of an emergency and had been trained in first aid.

Staff understood their responsibilities to protect people from the risks of abuse. Staff had been trained in what constituted abuse and would raise concerns under the provider's safeguarding policies. The provider checked staff's suitability to deliver care and support during the recruitment process. Staff received training and used their skills, knowledge and experience to provide safe care to people.

Risks of harm or injury to people had been assessed and management plans were in place. The home was clean and tidy and staff understood how to prevent the risks of cross infection. At the time of our inspection visit, there had been a large flood from a water pipe in the kitchen of one house. Immediate action was

being taken, by the provider, to address this and there was minimal disruption to the service.

People were encouraged and supported to maintain good health. Staff frequently liaised with other healthcare professionals. People received their prescribed medicines in a safe way.

Staff worked within the principles of the Mental Capacity Act 2005. The registered manager understood their responsibilities under the Act. Three people had authorised deprivation of liberty safeguards (DoLS) in place when their care and support included restrictions in the person's best interests.

Staff supported people in a caring and compassionate way. People had varied levels of verbal communication and some used gestures and non-verbal communication which staff understood well. The registered manager told us about their plans to improve the use of pictorial communication to support people in making choices.

People had individual plans of care which provided staff with the information they needed. Care plans were pictorial and accessible to people, however, they did not always reflect people's involvement in planning their care and support. The registered manager told us care plans were to be updated to a new style which would be more inclusive and accessible so people could be more involved in reviewing their care.

People made individual choices about how they wanted to spend their time. There were opportunities for people to attend a day centre operated by the provider. People were supported with various activities both inside and outside the home.

People had no complaints about the service. They felt staff would address any concern if they needed to raise something.

The registered manager checked the quality of the service to make sure people's needs were met safely and effectively. Feedback about the service was encouraged on a day to day basis from people and staff. Staff felt supported in their role. The provider and registered manager understood their regulatory responsibilities.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

PAKS Trust - 17, 18 & 42 Clarence Street

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 comprehensive inspection visit took place on 27 November 2018 and was announced. We gave short notice because the service is small and we wanted to ensure staff and the registered manager would be available to speak with us on the day of our inspection visit. One inspector and an expert by experience undertook the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The expert by experience on this inspection had experience of learning disabilities services.

Prior to our inspection visit, we reviewed the information we held about the service. We reviewed statutory notifications sent to us from the provider. A statutory notification is information about important events which the provider is required to send us by law. The local authority had no concerns about this service when we asked them as part of our inspection planning.

We spoke with two people who gave us feedback about their experiences of living in the home. Two people were unable to verbally tell us about their experiences of living in the home, so we spent time with them and we observed how their care and support were delivered in the communal areas. This helped us judge whether people's needs were appropriately met and to identify if people experienced good standards of care.

During the inspection visit we spoke with one person's relative, six care staff, and the registered manager.

We reviewed two people's care plans, daily records and three people's medicine administration records. We

looked at two staff recruitment files for pre-employment checks. We also looked at the management records of the checks the registered manager and provider made to assure themselves people received a safe, effective quality service.

Is the service safe?

Our findings

At this inspection, we found the service provided to people continued to be safe. The rating continues to be Good.

People felt safe living at the home because staff were there to support them. A relative told us, "My mind is at rest because the staff are always there." Staff were trained in safeguarding people and understood what constituted abuse. In discussion, staff listed all forms of potential abuse and told us they would report any concerns to the registered manager. Staff knew how to 'whistle-blow' and report any concerns to the local authority or Care Quality Commission (CQC). Staff told us they had never witnessed anything of concern at the home. One staff member told us, "I've worked here 21 years and have never had any concerns, people are cared for well here."

The registered manager understood their responsibility to liaise with the local authority and CQC if safeguarding concerns were raised with them. They had a log available to record any safeguarding incidents reported, so the progression of these was monitored. There had been no reported incidents so far during 2018.

The provider had a system of recruiting staff which included checks were undertaken to assess the suitability of staff. Two staff files confirmed pre-employment checks were undertaken when staff started working at the home. Many staff had worked at the service for numerous years and the provider had no system in place to re-check staff's ongoing suitability for their role. We discussed this with the registered manager, they assured us immediate action would be taken to implement an annual 'staff declaration' and new criminal record checks would be undertaken for long-standing staff to ensure they continued to be suitable to work at the home.

Risks of harm or injury to people were assessed and individual risk management plans were in place. Staff had a good knowledge of how to maintain people's safety. For example, one staff member told us, "[Name] gets easily distracted when they go up and down the stairs, such as looking about to see what is happening. We have to remind them to focus on the stairs and hold onto the hand rail."

One person, who had an approved Deprivation of Liberty Safeguard, had recently been observed to unlock the front door. One staff member told us, "[Name] has just learnt how to turn the lock of the front door, which leads straight out onto a road." Staff told us, this posed risks because the person was not safe outside without staff support. Immediate action had been taken by staff to place a safety chain on the front door and a sensor alarm was due to be fitted the day following our inspection visit. The registered manager was in the process of documenting the actions taken to mitigate the newly identified risks to this person.

There were sufficient and suitably trained and experienced staff on shift to meet people's needs and provide effective care. The registered manager explained that in an emergency staff worked as a team across both homes and there was also an on-call system to provide further support. The registered manager told us the service was fully staffed, with no staffing vacancies. All staff told us they worked in a 'good, supportive team'

of staff.

During July 2016, a fire safety visit had been undertaken and a recommendation made to the provider to have their smoke detection systems 'hard-wired' at both houses so the system was more effective in alerting people and staff in the event of an emergency. This work had been completed.

People had Personal Emergency Evacuation Plans (PEEPS) in place which informed staff of the level of support people would need in the event of an emergency. One person had an evacuation mat available to assist staff to support them to evacuate the home in the event of an emergency. Staff knew the provider's contingency plan, in the event of an emergency, was to evacuate the house and move people safely to the service's other house a few metres along the street.

Prior to our inspection visit, the registered manager had identified some improvements were needed at number 42 and plans were in place to re-decorate the kitchen. This included low-level kitchen-unit pipework. The registered manager told us this would be completed before the end of December 2018.

During our inspection visit, we saw a small area of the home's gas boiler pipework was uncovered. Staff told us this dated back to the time of the professional installation of the boiler to allow air-flow. The gas boiler was wall-mounted in the bathroom of number 42 but at a reachable level and the exposed pipes posed a potential risk. The registered manager told us they would take immediate action to seek professional gas safety guidance as to whether the pipework could be covered to mitigate potential risks.

Staff had received training in first aid and understood what action they should take in the event of an accident or emergency. The provider had a system to record accidents so that learning could take place when things went wrong. The registered manager told us that so far, during 2018, there had been no recorded accidents.

Medicines were stored and administered to people in a safe way by trained staff, who had their competencies assessed by the registered manager. Overall, stocks of medicines were correct against people's medicine administration records (MARS). However, we found one person's stock of their 'when required' paracetamol was five tablets less than records showed the stock should be. On discussion, this was a recording error that was rectified during our inspection visit. However, we found staff had not routinely counted the actual medicine stock they recorded in their daily checks. The registered manager took immediate action to address this, to ensure staff counted people's medicines during their daily medicine checks.

Number 18 was clean and tidy and, overall, we could see number 42 was also clean and tidy, although some cleaning work needed to be done following a flood caused by a leaking water pipe that had occurred the previous night. Regular cleaning and staff hygiene practices reduced risks of potential cross infection. Soap dispensers and paper towels were available to use and staff had access to personal protective equipment, such as gloves and aprons, whenever needed.

Is the service effective?

Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs as effectively as we found at the previous inspection visit. The rating continues to be Good.

People's care needs were assessed and people had care plans in place. These included a pictorial format, and the registered manager told us about their plans to develop care plans further to enable people to have a greater level of involvement in planning their care and support.

Whilst care and support reviews had taken place, people's involvement had not always been recorded. The registered manager explained they planned to update care plans before the end of December 2018 to reflect people's involvement in reviews of their care and support. People had key information listed in a 'passport to health' so that staff could take this to hospital with people.

An induction programme supported new staff in their role and the provider supported staff to complete the Care Certificate, following their 'in-house' induction. The Care Certificate assesses staff against a specific set of standards. Staff must demonstrate they have the skills, knowledge and behaviours to ensure they provide compassionate and high-quality care and support. Most staff had worked at the home for many years and there had been no newly appointed staff. One staff member recalled, "When I started here, about three years ago, I did lots of shadowing shifts so I really got to know the guys well before I worked alone on shift with them. The provider was very supportive about that."

People felt staff had the skills and experience they needed for their job role. One person told us, "Staff are good." A relative told us, "I have total confidence in the staff." Staff felt they had received the training they needed and further development opportunities were offered to them. Most staff had gained nationally recognised health and social care qualifications. Staff told us they had regular team meetings, and one to one supervision meetings with the registered manager. One staff member told us, "Team meetings are useful, we can say whatever we need to and are listened to, any issues get sorted out."

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 with appropriate legal authority. 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 found staff worked within the principles of the Act. Staff told us they gained people's consent by explaining to them what was happening. One staff member said, "[Name] gets anxious about being supported to shave, so we always explain what's happening and take things at their pace." The registered manager understood their responsibilities under the MCA. The registered manager told us three people had an approved DoLS. The

registered manager knew when people should be referred for a 'best interests' meeting under the MCA and told us, "Advocacy services would be used to support people where they do not have relatives actively involved in their care and support."

People's nutritional and hydration needs were met. Staff told us they did the supermarket shopping based upon people's known likes and dislikes. People chose not to go to the supermarkets because they found it too noisy and became anxious in the environment. Overall, staff cooked people's meals and people told us they enjoyed their food. One person could cook their own meals and sometimes chose to do this. One staff member told us, "[Name] likes to cook their own meals sometimes and will ask for a little support when needed, though can safely manage most tasks on their own. Sometimes, though they prefer us to cook for them, which is okay as well, they have the choice." People were supported, and offered, drinks frequently. Staff told us, and records evidenced, people's weight was monitored, so that actions could be taken if changes were observed.

Staff supported people to access healthcare services. One staff member told us, "I am supporting [Name] to a hospital appointment today. I'm taking their medicine record and hospital passport information so hospital staff have the information they need." People's records showed recent GP wellbeing checks had been completed, along with other healthcare checks such as dental visits.

The premises were suitable. Whilst each house was not purpose-built, people's care and support needs were met. In each house, people had individual and personalised bedrooms. There were shared bathroom facilities. There were communal lounge areas, though in one house people chose to have one lounge each and in the other house people shared the communal lounge and dining area. A chair stairlift had been fitted in number 18 to support one person to access their first-floor bedroom safely if they did not want to use the stairs. Each house had a small courtyard garden area which was accessible to people if they wished to spend time outside.

Is the service caring?

Our findings

At this inspection, we found staff had the same caring approach toward people they supported as we found at the previous inspection visit. The rating continues to be Good.

People and a relative made positive comments to us about the staff. People were comfortable in the presence of staff. We saw people moved about their home, without restrictions, and interacted well with staff. One person told us, "Staff get on well with us and we work together." Another person said, "Staff talk to me, we are like a family." Staff were polite to people and showed a caring attitude.

Staff knew how people liked to spend their time. One staff member told us, "One person likes the routine of attending the PAKS day centre during the week. There are lots of activities there." Other people did other things they enjoyed and on the day of our inspection visit, people made decisions about how they spent their time. One person told us, "I'm going to town to buy a new umbrella." Another person was supported to a horse-therapy session, staff told us this person enjoyed stroking the horses. One person enjoyed watching the television in the communal lounge and positive interactions took place between them and staff; with staff taking opportunities to engage with this person. People had enjoyed some day trips which included the West Midlands Safari Park and a recent trip to the Birmingham Christmas markets.

Staff promoted people's independence. One staff member told us, "[Name] likes to cook food, but they need support with the portion sizes they need for one person. We help them with this, but also encourage them to be independent." Another staff member told us, "[Name] goes out themselves to town, on the bus and train alone but is still a bit vulnerable. So, we've put all important contact phone numbers in their mobile phone so if they have any worries or concerns when out, they contact us. This keeps them safe but also keeps their independence."

People told us, and we observed, staff respected people's privacy and dignity. When bedroom doors were closed, staff knocked on the door before entering. Whilst one staff member was showing us around number 18, they knocked on one person's bedroom door to introduce us and the person called out, 'wait a moment' which the staff member did, before knocking again to ensure it was okay for them to open the person's bedroom door.

Is the service responsive?

Our findings

At this inspection, we found staff continued to be responsive to people's needs in the same way as we found at the previous inspection visit. The rating continues to be Good.

People's needs had been assessed before they moved to live at the home. All four people had lived there for several years and staff knew them well. Everyone had an individual plan of care.

The 'Accessible Information Standard' (AIS) aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand and any communication support they need. Whilst care plans were accessible with pictorial sections, the registered manager told us they planned to increase the use of accessible information. One person had very limited verbal communication and we found staff had lapsed in their use of this person's communication cards because they knew the person well. The registered manager assured us this would be addressed and a new style, in line with the AIS guidance, would be put together using real image photographs to aid this person to make day to day choices. The registered manager told us this would be done 'straight away' and in place by the end of November 2018.

Staff were responsive to people's individual needs. One person was getting ready to go out and staff, knowing it was raining outside, reminded the person to get a coat. This person was unsure about which coat to wear and became anxious in making a decision. The staff member showed the person two winter coats; one with a hood and one without and their approach calmed the person so they could pick a suitable coat to wear.

One person enjoyed outdoor activities and staff had worked with a local countryside park ranger group for this person to have a volunteer job role with them. Staff described this role as being 'very important' to this person, as it gave structure and meaning to their week. This person could do as many or as few hours each week as they wished to. This role had a positive effect on reducing this person's anxiety levels.

A relative spoken with felt involved in their family member's care and told us, "I'm always kept updated, I have no concerns or complaints."

The complaints policy was displayed in both a written format and pictorial 'easy-read' versions had been given to each person living at the houses. One person showed us their copy and pointed out they had written their name on it so they could keep it. People told us if they had any concerns or complaints they would 'tell staff.' So far during 2018, no complaints had been received.

The home did not specialise in, or offer, end of life care. However, the provider told us that if a person's health deteriorated, every effort would be made for the person to remain at the home with staff that knew them well. They added any decisions would be discussed with people and healthcare professionals in line with the person's 'best interests'.

Is the service well-led?

Our findings

At this inspection, we found staff continued to be well led by the registered manager, who undertook checks to ensure a safe and quality service was provided to people. The rating continues to be Good.

The registered manager told us, "I've been registered manager since 2004 and have responsibility for 18 and 42 Clarence Street. I phone both homes every day to make sure everything is okay, and visit each house at least twice weekly. I'm based at the provider's office, where the day centre is based, and also have the deputy general manager role to support other registered managers." Staff felt well supported by one another, and by the registered manager. One staff member said, "The manager is really good, he knows we get on with things because most staff have worked here a long time, but he always checks on everything and we phone anytime if we need support."

The registered manager understood when notifications needed to be sent to us; about specific events that happened at the service. One staff member told us, "If the flood (in the kitchen of number 42) had been a bigger problem, we would have moved everyone to number 18 and the manager could have informed you."

People and a relative spoke in a positive way about the quality of care and support at both houses. All four people were relaxed with staff and the registered manager, and positive interactions took place. There was a positive culture where people and staff were on equal terms and showed mutual respect toward one another in the way they spoke to each other.

There was a system of internal audits and checks undertaken within the home to ensure the safety and quality of the service was maintained. Each home had a team leader who completed checks and monthly audits, these were checked by the registered manager. Where actions were identified as needed, these were recorded and acted on. Both team leaders were pro-active in making improvements when required, one team leader pointed out a handrail in the courtyard garden which they had identified as a health and safety need to reduce the risks of falls. The registered manager undertook some spot checks to ensure staff worked in line with the provider's policies and vision. However, these were not recorded. The registered manager told us they planned to record their checks in future as part of their quality monitoring.

The provider's operational manager undertook quarterly quality monitoring visits to the service. Actions for improvements were recorded, and their March 2018 visit included the disposal of rubbish from the garden and some other actions. On this inspection, we saw some items in the garden due for disposal, staff told us these were different items from earlier in the year. The registered manager assured us the actions from the March audit, had been completed and agreed dates of actions completed would, in future, be recorded on the action plan.

Staff knew how to report and record accidents and incidents and there was a system in place so that analysis could take place. There had been no recorded accidents or incidents so far during 2018.

Day to day feedback was encouraged from people. During our inspection visit we saw staff ask people how

they were and if everything was okay. Provider questionnaires were due to be given out again to people and their relatives to seek feedback on the service provided at the end of November 2018. The registered manager told us these had been done last in November 2017 and there were no actions from feedback received.

It is a legal requirement that the provider's latest CQC inspection report rating is displayed at the service. This is so people, visitors and those seeking information about the service can be informed of our judgements. The provider had displayed the rating in number 18, and the rating had only been removed from the hallway wall in number 42 whilst decorating was taking place. P.A.K.S Trust has a website which provides information about their services and a link to their latest CQC rating.