Parkcare Homes (No.2) Limited

Blair House

Inspection report

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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?	**Requires improvement**
Is the service well-led?	**Good**

Overall summary

We inspected Blair House on 3 June 2015. The inspection was unannounced. The last inspection took place on 18 June 2013 and the registered provider was compliant with the outcomes we inspected at that time.

Blair House provides nursing and personal care for up to 28 people with complex needs related to learning disabilities. The home is located within the Billinghay area of Lincolnshire. One the day of the inspection 26 people were living within the home.

There was no registered manager in post at the time of the inspection. The current manager had taken up post in post since 16 March 2015 and had applied to be registered with us. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

CQC is required by law to monitor the operation of the Mental Capacity Act, 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS

Summary of findings

are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection four people who used the service had their freedom restricted and the provider had acted in accordance with the Mental Capacity Act, 2005 DoLS.

People were safe living in the home and they were treated in a warm, caring and dignified manner. Their rights to privacy and expressing their views and opinions were respected and supported.

They had access to appropriate health care services and their nutritional needs and wishes were met. They were supported to make their own decisions and choices where they were able to do so. Where they were not able to do so there were systems in place to ensure decisions were made in their best interest.

People were involved in planning their care. Staff were knowledgeable and understood their needs and wishes and were trained and supported to deliver appropriate care. However, people's care records did not always accurately reflect their current needs or risks associated with their care. Although they were supported to engage in a range of activities and interests they wanted more personalised and varied options to be available to them.

There was a positive and open culture within the home. People were able to raise concerns or make complaints and were assured they would be listened to. There were systems in place to regularly monitor the quality of the services provided for people and take action to make improvements where needed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People were safe living in the home. Staff were able to recognise the signs of abuse and take appropriate actions to report their concerns.

There were enough knowledgeable staff to make sure people had their needs and wishes met.

Good

Is the service effective?
The service was effective.

People were supported to make their own decisions and choices where they were able to do so. Systems were in place to act in the best interests of those people who lacked the capacity to do so.

Their nutritional needs were met and they had access to appropriate healthcare support.

Staff were trained and supported to meet people's needs, wishes and preferences.

Good

Is the service caring?
The service was caring.

People's choices about their care and support were respected and care was provided in a warm and dignified manner.

Their privacy was respected and protected by caring staff who knew what people wanted and liked.

Relatives were made to feel a part of the care their loved ones received.

Good

Is the service responsive?
The service was not consistently responsive.

People were involved in planning and reviewing their care. However their care records were not kept up to date.

People were supported to engage in a range of activities and interests. However they and their relatives wanted more personalised and varied options to be available.

They knew how to make a complaint or raise concerns of they needed to.

Requires improvement

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

Good

Summary of findings

There was an open and positive culture within the home and people were able to voice their opinions and views about the services they received.

Systems were in place to continually monitor and improve the quality of the services provided for people.

Blair House

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 registered provider was 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 3 June 2015 and was unannounced.

The inspection team consisted of two inspectors, a specialist advisor and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. A specialist advisor is a person who has up to date knowledge of research and good practice within this type of care service. The specialist advisor and expert by experience who visited this service had experience with people who have complex needs related to learning disabilities.

Before the inspection, we asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The registered provider returned the PIR and we took this into account when we made our judgements in this report.

We looked at the information we held about the home such as notifications, which are events that happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies such as service commissioners.

We spoke with seven people who lived in the home and two relatives who were visiting. We looked at five people's care records. We also spent time observing how staff provided care for people to help us better understand their experiences of care. Some people who used the service were unable to tell us about their care. Therefore we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the

experiences of people who cannot tell us about their care.

We spoke with one qualified nurse, two care workers, the cook, the housekeeper and the manager. We looked at four staff files, supervision and appraisal arrangements and staff duty rotas. We also looked at records and arrangements for managing complaints and monitoring and assessing the quality of the service provided within the home.

Good

Is the service safe?

Our findings

People said they felt safe living at Blair House. One person said they felt staff were always there for them and would respond to their needs. Another person said, "I'm very safe here with staff."

Staff knew how to keep people safe. They demonstrated their understanding of how to recognise and report any potentially abusive situations. Records showed they had received up to date training about this subject. They described how they used the registered provider's systems for reporting concerns and were aware of the local authority's role in helping to keep people safe. Our records showed that the manager and staff had worked with other agencies, such as the local authority and environmental health representatives, to ensure that any concerns were addressed appropriately.

During the inspection staff demonstrated they were aware of people's known care risks and provided support to minimise those risks. They also demonstrated an understanding of how to manage behaviours that can be challenging. Care files contained risk assessments for areas of need such as the use of bedrails and moving and handling. However, in most files there were no risk assessments for needs such as nutrition or behaviours which challenge. The manager was aware of the need to review and update the risk assessment processes and said this was part of the new care planning system that was currently being implemented.

The number of staff on duty matched the planned rotas. Rotas showed how staff absences were covered and how the required levels of funded one to one care were provided. Staff said the staffing levels had recently been reduced on the morning shifts which had an impact upon the amount of time they had to spend with people. The manager told us that people were in the process of being reassessed in liaison with the local authority to ensure they received the correct funding for their level of need. The manager had also commenced the use of a dependency assessment tool to recalculate the required staffing levels. We know that the manager had advertised for vacant staff posts including a second activity co-ordinator.

There was a structured recruitment process and the required checks had been carried out prior to staff commencing work at the home. For example, we saw application forms, identity checks and previous employer references. Checks had also been carried out with the Disclosure and Barring Service (DBS) to ensure potential staff members were suitable to work with vulnerable people.

Staff demonstrated how they ordered, recorded, stored and disposed of medicines in line with national guidance. At the time of the visit there were no medicines within the home which required special control measures for storage and recording, however arrangements were in place should they be prescribed for anyone living there.

Staff carried out medicines administration in line with good practice and national guidance. They told us, and records confirmed, they received training about how to manage medicines safely. Care plans for people's specific medicines arrangements were kept with their medicines administration records so that staff were aware of the up to date requirements.

Good

Is the service effective?

Our findings

People and their relatives told us that staff knew what people liked and preferred and understood their needs very well. One person said, "The staff are great, they really know me." A relative said, "If there was ever a time we couldn't visit we wouldn't be worried at all about their care."

Staff told us and records confirmed they received a varied package of training which included opportunities to undertake nationally recognised care qualifications. They also described induction training when they started to work at the home. This included shadowing more experienced staff, time to get to know people and the provider's policies and procedures and completing training about essential topics such as fire safety and infection control.

Training records showed that as well as essential training topics, which included keeping people safe and managing confidentiality, staff undertook training that was relevant to the needs of people who lived in the home. For example, we saw records of training for topics such as autism and learning disability awareness. However, although staff demonstrated an understanding of how to manage behaviours that can be challenging they told us they had not received training about how to do this in line with current good practice guidance. The manager said this training was being planned.

All staff had an annual appraisal. We saw that the manager had put a new supervision system in place when she started working at the home in March 2015 which allowed her to complete an initial supervision session with all staff. Following this there was a schedule of regular supervision sessions planned for each member of staff with a named supervisor.

Staff told us there were systems in place to make sure they had up to date information about people's needs. We saw there was a handover of current information at the beginning of each shift and there was a communication book where staff could write about anything that had changed for people or needed to be done. They knew where care plans were kept if they needed any further specific information.

Staff had undertaken training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) and were aware of the implications for their practice. They talked about the importance of ensuring people were given support to participate in decision making. They said that when people had to access health services they took information about how the person communicated and made decisions so that their participation was continued.

We saw staff checked with people before providing care and ensured they were given choices about what they wanted support with. Care records clearly showed where decisions had been made in people's best interests and where they had any restrictions to their freedom. The records showed that the manager and staff had worked with other agencies, such as the local authority, when issues about people's capacity to consent or restrictions to freedom had arisen.

People told us they enjoyed the food provided for them. They said there was a "take away" option on a Saturday and this was popular them. One person said, "I do like the food because we get lots." Another person said, "Sometimes there's too much food." They then added that the cook would alter their portions so it suited them. Relatives told us they visited at meal times and the food always looked tasty and nutritious.

There was a choice of two meals at each mealtime and there was a three week menu rotation. Records kept for food temperatures were up to date. The cook told us they used a picture menu when asking people about their choices and about the foods they would like to see on the menu. There was plenty of fresh fruit and vegetables in stock. However, although we noted that fresh fruit was offered to people, it was not freely available. The manager said she would look at ways to achieve this in line with risk assessment processes. One person told us they would like a bowl of fruit to be available so they could choose when they wanted to eat some.

We saw the cook and other staff demonstrated a clear understanding of people's nutritional needs, such as those linked to diabetes and swallowing difficulties. They knew the importance of providing regular drinks for people and when people required extra fluids due to their medical needs. We saw staff offered people drinks regularly and plenty of drinks were available at meal times.

Staff provided support in a personalised and individual way to ensure people had their nutritional needs met. For example, we saw staff helped people to use special utensils

Good

Is the service effective?

and crockery where they needed to. Some people needed full assistance to eat their meals and staff made sure they were not distracted from this individual support. They encouraged people to eat and at a pace that was suitable for them.

Everyone living in the home was registered with a local GP. Care records showed when people had been supported by health professionals such as district nurses and Macmillan nurses. People and their relatives told us they had good support with health needs. One person said, “They make sure I get my regular treatments.” Relatives told us they were kept informed and involved when their loved one needed to see their GP or go to hospital.

Visiting health professionals told us they found staff knowledgeable about people’s healthcare needs and were confident staff would contact them in a timely manner if they had any concerns about a person’s health. They said staff followed their advice in relation to healthcare between visits and used appropriate equipment to support people’s healthcare needs, such as special beds and hoists.

Good

Is the service caring?

Our findings

One person told us staff always treated them with, “Care, compassion and dignity,” and they had never experienced any embarrassing situations whilst living in the home. They also said, “You can feel the love between staff and the residents, it’s like a big family.” Relatives described how staff knew their loved one’s moods and behaviours very well and said they had seen staff provided “gentle” support when their loved one was having a difficult day.

It was clear from the interactions we saw that people were relaxed around staff and enjoyed their company. We saw people sharing jokes with staff and seeking them out when they had a problem. Staff demonstrated a genuine fondness for the people they supported and responded to them in a respectful manner. We experienced a homely and relaxed atmosphere throughout the visit.

Staff were able to identify the actions they took when providing care and support to preserve people’s privacy and dignity, such as closing curtain and doors, covering people up when clothes were removed and explaining what they were about to do. They were clear about the importance of maintaining confidentiality when dealing with people’s personal information.

Staff took time to make sure people were comfortable such as rearranging cushions and chairs where needed. They also took time to support those people who could not directly ask for help or seek out company. For example, one member of staff spent time using photographs and pictures to help a person communicate and feel involved in the general social activity around them. Staff also took time to encourage people to interact with and support each other in group activities such as television based sports games.

There was information about local lay advocacy services within the home but we did not see this openly displayed in formats that everyone could access, such as pictures or symbols. The manager said they would ensure that an easy to read version was made freely available for people.

Relatives said they were always welcomed into the home and could visit whenever they wished without notice. They said refreshments were always available to them and they could be involved in the care of their loved one.

Requires improvement

Is the service responsive?

Our findings

Records showed people were involved in regular meetings with their keyworker to discuss their care needs and preferences. Staff told us they used these meetings to encourage people to talk about their personal needs and what they would like to achieve. One person told us, "They always ask if I need anything changed or want anything different, I feel they do listen to us, everyone can have a say."

Care plans and assessments were in place, however the quality and accuracy of the records was variable. For example, some care files did not have risk assessments for needs such as nutrition and medicines. Other files did not record any recent reviews of care plans. Some assessments did not record when needs had changed. We also saw that some monitoring charts for needs such as weight or blood pressure checks were not up to date. The manager was aware of the need to review and update the care planning processes and a new system had been implemented and was in progress. We saw one care file that had been updated to the new system. There were up to date care plans and risk assessments in place which clearly showed what support the person needed and wished for and monitoring charts were up to date.

Staff demonstrated their awareness and understanding of people's changing needs. For example, one member of staff described how some people who lived in the home had become older and preferred a quieter, slower pace of life, whilst others still had an interest in a more active pace. They said adjustments had been made to ensure everyone had their preferences met such as providing quiet areas for people to use and arranging more personalised activities.

During the visit we saw people engaged in interests and activities of their choice. For example, some people had gone out for a personal shopping trip and had chosen to eat their main meal in the local town. Other people were drawing and painting, playing television based sports games, looking through books and photographs with staff or relaxing in the courtyard in the sunshine. Three people attended a day centre where they engaged in a work programme which built upon their self-esteem and helped them to develop new skills. When they returned from the centre one person said, "I like to work, I like the jobs." We were also told about other regular activities such as trips out to a local bowling club and a weekly visit from Lincoln County Football Club staff who offered sport based therapy for those who wanted to join in.

There was an activity co-ordinator in post who supported people across 15 hours each week. We did not see any personalised activity timetables or clear activity records for people although we were told that the co-ordinator works with people individually or in small groups. One person told us, "There's nothing I would change here except having more and different things to do in the day." Relatives told us they would like to see more individualised and stimulating activities provided for their loved one. The manager said they were advertising for a second activity co-ordinator so as to be able to offer a more personalised and varied activity programme.

Information was available to people about how to raise concerns or make a complaint. It was presented in a user friendly way with pictures and simply worded explanations. One person said they were confident in raising any concerns and felt they would be addressed quickly by staff. However they had not been given any information about the formal process when they came to stay at the home.

Relatives we spoke with were also confident about raising concerns or complaints. They said when they had made a complaint they felt listened to and saw improvements had been made at their next visit to the home.

Senior staff were conversant with the registered provider's policies and guidelines about reporting and managing complaints. Records showed that the manager had addressed complaints and concerns in line with the registered provider's policies and guidelines. Other staff said they would report any complaints or concerns to the manager or a senior staff member and were confident they would manage them appropriately.

Good

Is the service well-led?

Our findings

A person told us they thought there was a positive culture within the home. They said there was "good camaraderie" between the people who lived there and the staff. They added that it was a happy home. A relative told us, "If my [loved one] could speak for themselves, I am sure they would agree with us about this is the best care home possible."

People spoke about regular house meetings called "Your Voice" meetings. They told us they could say what they wanted to happen in the home. One person also said they learned things such as how to report if they felt unsafe or how to show respect for other people. Records of the meetings showed they also had topical discussions about, for example, political elections or what had been learned from situations and events that had occurred within the home. People also said that one person was nominated to represent the views of the others at the registered provider's regional "Your Voice" meetings.

People were invited to complete an annual satisfaction survey about the services provided for them. The results of the latest survey were not yet available but we saw the outcomes from the March 2014 survey which showed people were generally happy with the services they received. Relatives said they had completed satisfaction questionnaires that the registered provider had produced but the form did not allow for the identification of the specific home they commented on.

The manager had been in post since March 2015 and we had received their application to become the registered manager. The manager demonstrated a clear understanding of the responsibilities of the registered manager role. For example, our records showed they made sure we were informed about untoward incidents or events that occurred within the home. This was in line with their responsibilities under The Health and Social Care Act 2008 and associated regulations.

During our visit the manager and deputy manager were visible throughout the home. They spent time speaking with the people who lived there and staff; we saw they regularly reviewed staff deployment to ensure effective coverage for meeting people's needs.

Staff told us the manager had introduced a number of positive changes since they took up post. They said there had been an improvement in the working atmosphere and the approaches to team work. They also said reporting systems had improved. Staff said the manager was always available and they felt comfortable to raise issues with them. They were confident any issues reported to the manager would be addressed. They were also aware of other ways to raise concerns such as the registered provider's whistle blowing arrangements and by contacting CQC.

Staff told us they had regular meetings with the manager. They said the meetings were a good forum for discussing care issues and getting up to date information about new ways of working. Minutes of the meeting held prior to our visit showed discussions had taken place about topics such as mental capacity and new national guidance about a registered provider's duty to be open and transparent in the way they operate their business.

There was a quality monitoring and audit system in place. Regular audits were carried out for areas such as medicines management, accidents and incidents, people's personal finances, health and safety and staff training. Since taking up their post the manager, together with the registered provider's representative had identified where improvements needed to be made using the registered provider's quality assurance systems. We saw they had carried out a full service audit in April 2015. This brought together all of the outcomes from individual audits and identified other areas for improvement. We saw an action plan had been created which showed target dates for the completion of actions and who was responsible for the completion. The action plan included the need to review and revise care planning systems and improve record keeping.

Staff told us and records showed that outcomes of audits and action plans were discussed at staff meetings. They demonstrated a good awareness of what needed to be improved and who was responsible for which task.