

Parkcare Homes (No.2) Limited

Aire House

Inspection report

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Harrogate
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15 December 2017

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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

This inspection took place on 6 and 15 December 2017. Our visit on the first day of the inspection was unannounced. The provider was given notice before our second visit because we wanted the people who lived there to be available to speak with us.

Aire House is a 'care home'. It is owned by Parkcare Homes (No.2) Limited, which is part of the Acadia group. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Aire House accommodates eight people in one building.

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.

At the last inspection in November 2015, the service was rated Good. At this inspection we found the service remained Good.

At this inspection there were eight people living at Aire House. There was a manager in post who had registered with CQC. The registered manager was assisted in the day to day management of Aire House by a service manager. The registered manager, service manager and an operations manager were available and assisted with the inspection.

People told us they were happy living at Aire House and they liked the staff who supported them. When we visited we found there was a welcoming, relaxed atmosphere. Staff were knowledgeable about the people they supported and they knew about their likes and dislikes and interests.

Staff were recruited safely and they received appropriate training and support to meet people's needs effectively.

Arrangements were in place for the safe administration and storage of medicines.

Care and support was planned and delivered in a way that reduced risks to people's safety and welfare. People's medicines were managed safely.

Health and safety checks were completed to ensure people lived in a safe environment.

People had maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Information was provided in easy read format to assist people to understand the care available to them. People were supported to maintain a balanced diet and had access to a wide range of health and social external professionals.

The relationships between staff and the people they cared for were friendly and positive. It was apparent from our observations that people were treated with dignity and respect and they were actively involved in the running of the service.

Staffing was flexible to afford people the opportunity and support to lead full lives. People were supported to have jobs, maintain relationships, access the local community and go on holidays.

People using the service and their relatives, where appropriate, were involved in the planning of their care. There was a complaints procedure in place and people who used the service and relatives were aware of how to make a complaint.

The management team understood the importance of monitoring the quality of the service and reviewing systems to identify any lessons learnt. Managers regularly consulted with people, relatives and staff to gain their views about the service.

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.

Aire 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 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 took place on 6 and 15 December 2017. The inspection team consisted of one adult social care inspector 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. On 6 December one adult social care inspector visited the service unannounced. The inspector and the expert by experience gave notice of their visit on 15 December so that people who lived at the service could be available to speak with us. The service manager and the registered manager were available and assisted throughout the inspection. The operations manager assisted with the inspection on the second day.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed other information we held about the service, including any statutory notifications we had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send us. Before the inspection, we contacted local authority commissioners for the service to gain their views of the service.

We spoke with six people living at the service and two relatives. We spoke with seven members of staff including the service manager, the registered manager and the operations director. We reviewed care records for two people who used the service and recruitment files for three staff. We checked records relating to the management of the service including quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Is the service safe?

Our findings

People told us that they liked the staff and received consistent care and support from staff. Comments included, "The staff are fantastic. They couldn't be better. They know what I need," and, "I couldn't wish for a better staff team. The staff are like friends."

Relatives also spoke positively about the care people received. Comments included, "We are totally happy that [Name] is safe here." And, "The staff understand [Name's] needs." Staffing levels were dependent on the needs of the people using the service and these were increased to support people on their chosen activities. Records confirmed this was the case.

Staff demonstrated a good awareness of safeguarding issues. A staff member said, "Any concerns are dealt with straightaway." Accessible information was provided to people using the service so that they knew what action to take if they had any concerns.

Records showed that individual risks were identified and control measures were put in place to reduce risks. Positive behaviour plans were developed and we saw the advised strategies were used to good effect during our visit.

People were actively engaged in choosing staff. One person told us that they had thought about the questions they wanted to ask and what a good answer would be. Appropriate checks were carried out before staff started work. This meant that safe recruitment processes were followed and the process was informed by how people wanted to be supported.

Health and safety checks were routinely undertaken and we saw that action was taken to address any issues. Checks included water temperatures, environmental risk assessments, and fire drills and training. The service was clean and tidy and systems were in place to ensure staff were trained and people were protected from infections.

Each person had a personal emergency evacuation plan (PEEP) which contained details about their individual needs, should they need to be evacuated in an emergency. People using the service told us that they also had practice fire drills and knew what to do in an emergency. There was a business continuity plan in place to ensure people would continue to receive care following an emergency.

The service had systems in place for the safe management of medicines. Staff members responsible for supporting people with medicines had completed training which included both knowledge based learning and competency assessments. Support plans clearly outlined the support people needed to ensure they received their medicines safely.

Is the service effective?

Our findings

Appropriate assessments were used to develop individualised care plans. Newly appointed staff completed an induction period, which included dedicated time to look at care plans and they shadowed more experienced staff before they delivered care on their own.

Staff received appropriate training to give them the knowledge and skills needed to provide good care. Staff told us supervisions and appraisals were used to reflect on their personal development needs as well as the care and support they provided. Records showed staff learning was monitored as part of the governance of the service.

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 authorisation procedures for this in care homes and hospitals are 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 are being met. Where people were being restricted, this was done in their best interests and the least restrictive option was always considered. For example, one person had a pre-loaded cash card, which helped to maintain their independence while preventing their spending from getting out of control.

Staff demonstrated a good understanding about people's communications needs and care plans detailed how people were supported to make decisions. Suitable adaptations were in place for people who had specialised support needs. One example was the IT equipment one person used.

People accessed health care professionals to ensure their health needs were met. Professional advice was included in people's care plans, together with a 'hospital passport'. One person told us they visited their GP independently. One relative told us staff responded quickly in the case of illness.

People were actively involved in every aspect of the service to the extent of their abilities. One person told us, "We help to cook the food. There is a rota with set days for things like cooking and cleaning." Another person said, "There is a three week menu. We help to decide what is on it." One person who had an existing health care condition was encouraged to maintain a healthy eating programme, together with support from the community nursing team.

The service was clean, odour free and in good repair. People had a choice of communal areas and could

spend time on their own in their rooms if they wished.

Is the service caring?

Our findings

The service was friendly and welcoming. We observed positive interactions between staff and people using the service and these were relaxed and appropriate. There was a similar relationship with the relatives that were visiting.

People told us that they liked to follow very individual pursuits and they also sometimes liked to do things together as a group. One person who used the service showed us photographs of group activities, which were displayed and told us the story behind each of them. They said, "We have Your Voice meetings every month. At one we said that we should have days out as a group and this is now being organised."

Staff spoke positively about the people they supported. Staff were supported to take on additional roles within the service as 'Champions' to promote good practice. One staff member said to us, "I love it here. We are a motivated team." Another staff said, "We are here to help people 'live their lives' and achieve."

Each person using the service had a 'key worker'. The keyworker made sure people's risk assessments and care plans were up to date and carried out any personal shopping the person might need. People described having a positive relationship with their key workers. One person told us, "I have a keyworker and have regular meetings to talk about my needs." A relative said, "We have only recently got a social worker who we met with to discuss [Name's] needs. Their keyworker came in on their day off to contribute."

Staff were knowledgeable about the people they supported and knew about their likes and dislikes and could tell us about the things that were important to them. People told us that they were supported to establish and maintain relationships. One person said, "I see my relatives a lot; I'm going to [Name] for Christmas." A relative told us, "We always come at the weekend and sometimes ring and come in at short notice. We are always made to feel welcome." They said, "The staff are like friends."

We observed staff were attentive to people's needs throughout our inspection and were caring and respectful. Staff involved people in conversations and gave them sufficient time to respond to questions. People's privacy and dignity were appropriately supported.

People were supported to be as independent as they could be. Several people shared recent discussions and goals they had identified following recent care plan reviews. One person told us of plans to move into supported living and how the staff were helping with this. Another person stated they did not want to move and their view was respected. Where needed people were supported to access independent support and advice through advocacy services.

Is the service responsive?

Our findings

Detailed care plans were in place and these were kept under review at key worker meetings and with people's social workers and other professionals. Care plans were individual and included personal aspirations and goals. People's records included information about what 'My Perfect Week' looked like; 'What people like and admire about me'; and 'What is important to me'. Personal profiles set out people's health and medication needs, together with information about their identity, culture and chosen lifestyle. This helped staff provide person centred care.

People were involved in a wide range of activities including cycling, social club, day centres, football, pub trips, and film club. A number of people told us that they also had jobs and worked at charity shops, a gardening centre, and a café. People also told us that they went on day trips and had holidays away, "I've been on holiday to Blackpool and to a castle in Scotland."

Staffing was flexible to allow people to attend their chosen activities during the evenings and at weekends. A relative told us their family member went out most days and often attended football matches at Harrogate Town with their keyworker. Staff told us that feedback from people using the service had led them to approach a local nightclub to launch dedicated events for people who might be adversely affected by strobe lighting and loud music. We heard the first event was well attended and the nightclub was in discussions to roll this out nationally. The member of staff responsible for this initiative had achieved a nationally recognised award for 'Putting People First'.

Because people were often busy during the day, the service usually had an evening activity such as baking or pool where people could come together and discuss their day in a social setting. The service had Wi-Fi connection which a number of the people used to access the internet and social media.

People were routinely asked for formal feedback about the service. People told us they also spoke individually to staff or could raise any issues at the monthly 'Your Voice' feedback meetings. One person said to us, "I've got a voice and I've got a choice."

People knew who to speak with if they had any worries or were upset. One person told us, "I would go to a member of staff or to the manager." Another person told us, "I once complained that the sofas in the sitting room weren't comfortable. They have now replaced them." During our visit one safety concern was raised with us and the registered manager agreed to look into the issue in more detail. Another person told us they had requested a change of key worker and this was being looked at.

Is the service well-led?

Our findings

Aire House is owned by Parkcare Homes (No.2) Limited, which is part of the Acadia group. There was a registered manager who was registered in December 2017. 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 management team had a range of knowledge and experience to effectively manage the service and drive improvement. There was a service manager in place who had experience and skills to manage the service on a day to day basis. The service manager was accountable to the registered manager.

The service manager completed regular audits in key areas. The registered manager met with the service manager for supervision, audited the service's records and spent time with people using the service to gain feedback about the service. The operations manager completed their own audits and said they were committed to driving improvement with continuous reviewing and monitoring of the service.

The registered manager told us they spent time in the service each week and they were contactable by telephone and email by the service manager. Staff spoke positively about the management team and their approach. Comments included, "Senior managers are really supportive." Other comments we received included, "I have learnt so much more since [Registered manager's name] started working with us. I feel very motivated," and, "We work well together."

The management team were clear about their philosophy and values to promote and uphold people's rights, challenging unfair discrimination, and valuing diversity and cultural differences. People told us they were happy with the service they received. Comments we received included, "We are involved in changes," and, "They [Staff] ask our opinion."

We found that the service promoted an open, transparent culture with people who used the service, their relatives and staff. People using the service, relatives and staff were regularly consulted to gather their feedback about the service including easy read format questionnaires, house meetings and individual reviews. The registered manager was complimentary about the staff working at Aire House and told us the culture was extremely positive. The service manager described the staff team as "Creative" and were keen to tell us how they supported people to lead full lives. Staff told us they loved their jobs and they clearly had a real enthusiasm for their work.

The registered manager has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.