

Parkcare Homes (No.2) Limited

Birches Grove

Inspection report

14 Fairmoor Close
Parkend
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GL15 4HB

Tel: 01594564081

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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

About the service:

Birches Grove is a care home which is registered to support up to four adults living with a learning disability. The service was fully occupied at the time of the inspection.

People's experience of using this service:

People continued to receive safe care and staff knew how to recognise and act upon any concerns of suspected abuse. People's risks surrounding their well-being or individual conditions, had been assessed and reviewed regularly. Medicines were administered and stored safely, and people received medicines as prescribed. There was a system to record accident and incidents.

There was a sufficient team of regular staff working with people who had training relevant to their roles and were well supported. People were supported to maintain good food intake and meet their healthcare needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People said they were 'like a family' there. We observed positive, caring interaction which demonstrated staff had a good rapport with people. Staff had a good understanding of people's communication needs and they respected people's dignity, privacy and independence. People's confidentiality was respected.

Staff respected people's lifestyle choices and people were involved in decisions about their care and support. People were supported to access activities of their choice, such as art classes or continuing with their employment. People were supported to live independent lives and spend their days as they wished.

The registered manager ensured their quality assurance systems remained effective. There was an open, transparent and positive culture promoted by the team. There was a system to manage complaints and people and staff were involved in running of the service and listened to.

Rating at last inspection:

At the last inspection the service was rated Good (report published 2 December 2016).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will monitor all intelligence received about the service to inform the assessment of the risk profile of the service and to ensure the next planned inspection is scheduled accordingly.

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

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 was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Birches Grove

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector. We gave 24 hours' notice of the inspection because of the small size of the service staff are often out in the community supporting people with their activities. We needed to be sure that they would be in.

Service and service type:

Birches Grove is a 'care home' which supports up to four adults living with a learning disability. 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.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live a full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include, control, choice and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

There was a registered manager in post. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

What we did:

Prior to the inspection we looked at information we held about the service. This included previous

inspection reports and statutory notifications. Notifications are specific events the provider must notify CQC about by law. We also asked the provider to complete a Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During our visit we observed how staff interacted with people and we spoke with three people. We also spoke with the registered manager and deputy manager. We looked at records, which included two people's care records. We checked recruitment, training and supervision records for two staff. We looked at a range of records about how the service was managed.

After the site inspection we contacted another member of staff and three external health and social care professionals, including commissioners to obtain their views about the service.

Is the service safe?

Our findings

Safe – We looked for evidence that people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes:

- People told us they were safe. One person said, "Yes, safe".
- Staff knew how to identify and report safeguarding concerns. One staff member said, "I'd report to manager and inform safeguarding team". The registered manager reported any safeguarding concerns appropriately to the local safeguarding team.

Assessing risk, safety monitoring and management:

- People were protected as any risks around their well-being were assessed and recorded. People's care records contained guidance how to manage these. For example, one person required a staff member to accompany them when going out. Their care plan clearly gave the reasoning and stated, "I must have a member of staff with me when out".
- The provider had a system to record accidents and incidents. No accidents occurred since our last inspection, the registered manager ensured occurrences such as near misses had been recorded.

Staffing and recruitment:

- There were sufficient staff to keep people safe. The service was supported by a small number of regular staff that all knew people's needs well. The staffing rotas were planned well in advance.
- The provider followed safe recruitment practices to make sure staff were suitably vetted to work with adults at risk.

Using medicines safely and preventing and controlling infection:

- People told us, and records confirmed people had their medicines when needed. One person told us how staff supported them with taking their tablets independently. They said, "I self-medicate and they (staff) only supervise". The person went on to tell us what each of their medicines was for and how they were recently taken off one of their tablets by the doctor.
- The environment was well-maintained, clean and fresh. One person said about the home, "Nice and tidy". Staff received training around infection control and had access to personal protective equipment (PPE) such as gloves. A member of staff told us, "I had infection control training, we've got two different set of gloves, one we use for cleaning and other for personal care or medicines".

Learning lessons when things go wrong:

- The management team ensured they reflected on practices and where things could be improved. The registered manager told us how they shared good practices between the sister services of the provider and used other service's case studies to reflect on own practices.

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.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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. The application 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People told us staff respected their rights to make own decisions. One person said, "The support here is exactly what I need, I pick what I eat"
- Staff were aware of the principles of the MCA. A staff member said, "Obviously people's decisions are up to them, we respect them. Even if we would make a different decision".
- People's records contained assessments of people's capacity to make specific decisions, such as around their understanding of a specific risk that could affect their well-being.
- Where required, applications for DoLS have been made to the local authority and there was evidence the best interest decision principles had been followed.

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

- People's care plans highlighted people's dietary preferences. For example, one person's care plan reflected the specialist diet of reduced sugar the person needed to follow to manage her health condition. The care plan stated which sweet treats were recommended and staff told us they did low sugar baking sessions.
- People told us how staff supported them with eating and drinking they ensured people had a choice. One person said, "Oh it is gorgeous to have a Sunday lunch together". We observed one person was assisted by a staff member who gave them plenty of choices of what to have for lunch and the person fancied a toastie, and we saw they clearly enjoyed it.

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

- People were positive about care received and commented they were "Happy".
- People's needs were assessed before a commencement of the service. People, and if appropriate their relatives were involved in this process. No new admissions took place since our last inspection. One person's care plan showed they were not able to settle well at their former placements. They came to live at the service more than seven years ago. Three other people had been living at Birches Grove for longer. They all settled very well and formed a close bond together.

Staff support: induction, training, skills and experience:

- Staff told us, and records confirmed staff received ongoing training that was relevant to their role.
- Staff had opportunities to complete training that included safeguarding, infection control and medicines management. Staff had additional training, specific to people's needs, such as around epilepsy and managing challenging behaviour.
- Staff told us they were well supported in their roles. One staff member said, "Management team are very easy to approach, I have supervision on regular basis".

Supporting people to live healthier lives, access healthcare services and staff working with other agencies to provide consistent, effective, timely care:

- People were supported to access healthcare professionals when needed. One person told us, "I find doctor really nice, staff go with me (to appointments) for support".
- People we spoke with gave us examples how they had their healthcare needs met. One person told us about their eye operation and how this improved their vision. They said, "Nothing wrong with my eyes (now)".

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

- The service benefitted from a communal lounge and a dining room where people could spend their time and had access to a well-kept garden. People had own, private bedrooms and access to a shared kitchen.
- People's hand-made art, such as clay animals and pictures had been displayed in the prominent communal areas of the service.

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.

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

Ensuring people are well treated and supported:

- People told us staff were caring. People complimented the staff. One person said, "All the staff help you here". Another person said, "It's really good here".
- The senior staff supported staff hands on and they led the team by example. One staff member said, "[Deputy manager] is like one of us and works shifts. It's not like we don't see her". They added, "I love it here".

Supporting people to express their views and be involved in making decisions about their care, equality and diversity:

- People were involved in the decisions behind their support. One person told us it was their birthday soon and they were looking forward to it. The person said, "Staff respect my wishes, we all know each other very well". A staff member told us how they worked with this person to make sure their wishes were met; they had a list of things to buy, such as balloons to decorate the service on the person's special day.
- People's individual communication needs were assessed, and the provider met the Accessible Information Standard (AIS) framework. AIS was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. None of the people living at the service at present required specialist communication methods. There was however, a designated section within people's care files called 'Communication Dictionary'. A staff member gave us examples when this would be used, for example, if people used sign or symbols language. People's care plans gave details of how to communicate with them effectively. For example, one person's care plan read; "I need staff to speak slow and clear, so I can understand". We saw an advocacy service was involved where appropriate.
- People's diverse needs including needs around equality were respected. The provider had equality and diversity policy and it was highlighted and incorporated in other policies, such as key workers' policy.

Respecting and promoting people's privacy, dignity and independence:

- People's privacy and dignity was respected. One person's care plan showed the person had been given a key to their bedroom door to aid their privacy.
- People's personal records were kept secure in the office and in a designated cabinet situated in the dining room to protect confidentiality.
- People's care plans highlighted people's capabilities which ensured people's independence was promoted. For example, one person's care plan said how their safety, when using electrical items, could be compromised, so they had battery operated equipment instead. This meant they were able to use these

independently without putting themselves at risk.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People's needs and how to meet these were outlined in people's care plans and well known to the staff. Each person's care file included a section that described their goals. For example, one person's goal was: "To remain living at Birches Grove". People's care plans were current, detailed and reviewed regularly.
- Due to the small size of the service people's needs and any changes were being communicated effectively within the team. This ensured important information was passed on between staff.
- People were involved in care planning process and they told us how they were consulted about if the support they had was still meeting their expectations. One person said, "I've got a social worker and she is lovely". They went to tell us about the meeting (review) they had, they said, "It was to check if I am still happy with everything". Another person told us about the recent meeting they had with their key worker. They added, "I said to him, keep everything as normal, no changes".
- People were supported to access activities of their choice. Examples of activities included, arts classes, bingo, going to shops, cooking together and parties. One person told us, "We go to bingo, I watch it with a drink in my hand and talk to people I've been friendly with. In the evening I go and have a bath and do some reading". Another person told us, "I've done finger knitting and do a lot of reading, I am a keyboard player". They also told us about the paper round they did in the area, they said, "Lot of people know me on paper round".

Improving care quality in response to complaints or concerns:

- People had information how to complain but said never needed to. One person said, "I do speak to staff if I've got any problems".
- The provider had a system to manage complaints, none had been received since our last inspection.

End of life care and support:

- The registered manager informed us no one received end of life care at the time of our inspection. People's wishes 'in case I am ill' where applicable, were discussed with people and reflected in their care records.

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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a registered manager in post who was responsible for Birches Grove and two other sister services. They told us how they delegated some of the day to day managerial tasks appropriately to their deputy. The registered manager told us, "If I was to go off for any reason I need to know these services would still run without me".
- People told us they liked the service and how it was run. One person said, "[Registered manager] is lovely, I've known her for ages". Another person said, "I've been to other homes, but this one is the best".
- The provider had a number of quality assurance systems in place. For example, there was evidence that monthly audits around the environment, care documentation and medicines took place. Additional audits were provided by the provider's head office team. Where an area for improvement had been identified this had been completed. For example, one of previous audit showed a new medicine cabinet was needed and that was actioned.

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

- There was an open culture at the service and people were able to provide their feedback via reviews and regular key worked meetings. Staff supervision form also contained section around 'feedback from people you support'. People told us they were involved and listened to.
- Staff told us there was a good communication at the service. The senior staff attended regular meetings with the registered manager and senior team from two sister services, this gave them the opportunity to share good practices and reflect on service delivery.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- Feedback from people demonstrated they received good care and they were able to live their life as wanted. This demonstrated a person-centred approach was maintained by the team.
- The registered manager was aware of their responsibilities in relation to the Duty of Candour and sharing of information.

Working in partnership with others:

- The provider worked well in partnership with other local social and health professionals as well as with the local organisation that provided opportunities for people to access community activities such as art classes.