

Parkcare Homes (No.2) Limited

Westfield House

Inspection report

Westfield Road
Rawmarsh
Rotherham
South Yorkshire
S62 6EY

Tel: 01709529412

Date of inspection visit:
07 December 2016

Date of publication:
03 January 2017

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

The inspection was unannounced, which meant the provider did not know we were coming. It took place on 7 December 2016. The home was previously inspected in July 2015 and was rated requires improvement with breaches of regulations in The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following that inspection the registered and general manager sent us an action plan to tell us what improvements they were going to make. They told us the improvements would be completed by the end of January 2016.

Westfield House is a care home for people with a mental health diagnosis. It comprises of two units. Westfield House has 12 single rooms with en-suites and one self contained flat, Westfield Mews has nine self-contained flats. It is situated in Parkgate close to Rotherham town centre.

The home had a registered manager. 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 registered manager was registered at a number of locations and there was a general manager at this service who also had management responsibilities. The registered manager was on leave at the time of our inspection. However, the general manager who had day to day responsibility for the service was available.

We saw there were systems and processes in place to protect people from the risk of harm. Staff we spoke with were knowledgeable about safeguarding vulnerable people and were able to explain the procedures to follow should an allegation of abuse be made.

People's needs were assessed and care and support was planned and delivered in line with their individual support plan. The individual plans we looked at included risk assessments which identified any risk associated with people's care.

Systems were in place to ensure people received their medications in a safe and timely way from staff who had been trained to carry out this role. However, we identified some minor improvements could be made.

We found the service to be meeting the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). The staff we spoke with had a good understanding of the requirements.

People were supported to eat and drink sufficient to maintain a balanced diet. People we spoke with who used the service told us they liked the food and could choose what they wanted and when they wanted to eat.

At the last inspection the provider agreed to increase the staffing numbers to be able to meet people's social needs and to be able to access the community with support if required. We found at this inspection the

numbers had predominantly been maintained to ensure people's needs were met. We also found staff had the right skills, knowledge and experience to meet people's needs.

Staff were provided with appropriate training, support and supervision to help them meet people's needs.

Systems were in place to assess and monitor the quality of the service, including obtaining feedback from people who used the service and their relatives. Records showed that systems for recording and managing complaints, safeguarding concerns and incidents and accidents were well managed.

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

Systems were in place to make sure people received their medications in a safe and timely manner. Although some minor improvements could be made to improve the systems.

People were protected from harm. Staff knew what action to take if they suspected abuse was taking place. Risks to people had been identified and assessed and there was guidance for staff on how to keep people safe.

There were sufficient numbers of staff to meet people's needs safely.

Is the service effective?

Good ●

The service was effective.

Staff were trained to enable them to meet people's needs in a person-centred way.

Consent to care and treatment was sought in line with the Mental Capacity Act 2005 legislation. Staff promoted people's ability to make decisions and knew how to act in their best interests if necessary.

People received a balanced diet which promoted good health and reflected their specific needs and preferences.

Is the service caring?

Good ●

The service was caring.

People we spoke with told us the staff were patient, kind and helped them when required. We saw people were treated with respect and their dignity was maintained.

Staff ensured the care they provided was personalised and individualised.

Is the service responsive?

Good ●

The service was responsive.

We saw people had plans of care in place. These were regularly reviewed and updated and reflected people's changing needs. The plans detailed people's choices, wishes and decisions and showed involvement of the person in their care and support needs.

There was a range of activities on offer at the home. These were enjoyed by people who used the service.

People's concerns and complaints were investigated, responded to promptly and used to improve the quality of the service. Although evidencing of this could be improved.

Is the service well-led?

Good ●

The service was well led.

Quality monitoring and audits took place to ensure policies and procedures were being followed.

The management asked people, their relatives and other professionals what they thought of the service to ensure improvements, if required could be made.

Staff we spoke with felt the service was well led and were supported by the management team who were approachable and listened to them.

Westfield 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 checked 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 inspection took place on 7 December 2016 and was unannounced. The inspection was undertaken by an adult social care inspector. A local authority contracts officer was also at the service on the day of the inspection.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service including the provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at notifications sent to the Care Quality Commission by the registered manager.

As part of this inspection we spent time with people who used the service talking with them and observing support, this helped us understand the experience of people who used the service. We looked at documents and records that related to people's care, including two people's support plans. We spoke with seven people who used the service and one relative.

During our inspection we spoke with three support staff, one team leader, the domestic and general manager and the regional manager. We also looked at records relating to staff, medicines management and the management of the service. We also spoke with a two visiting health care professionals.

Is the service safe?

Our findings

At our previous inspection in July 2015 the service was in breach of regulation 12 of The Health and Social Care Act 2008 (regulated activities) regulations 2014. We found risks to people were not managed to ensure their safety and infection control measures were not in place.

At this inspection we found risks had been identified and measures were in place to manage risk to ensure people's safety. People's health was monitored and reviewed as required. We spoke with a health care professional who was at the service on the day of our inspection. They told us the staff were able to identify risks and put measures in place to ensure they were managed. They said, "Staff have improved the quality of life for one of my clients and this has improved his mental health and general well-being."

We also found infection, prevention and control measures had been improved and systems were in place to ensure the standards were maintained. Since our last inspection environmental improvements had been made. There was a dedicated cleaning room and store, which was well maintained and clean. The laundry room had been improved and was well organised and clean. A wash hand basin had been installed in the laundry room in the Mews. Monitoring systems were in place to ensure systems were followed. There was an infection control lead who was committed to ensuring the standards were maintained.

People who used the service told us they felt very safe. One person, who we asked if they felt safe said, "Yes, I am safe here." A relative we spoke with told us, "They [staff] couldn't do anything more they [the staff] are amazing. I know my [relative] is safe."

Interactions we observed between staff and people were inclusive and we saw staff ensuring people were safe. For example, making sure when people went out in the community unsupported they knew where they were going and what time they were going to return.

The provider had safeguarding policies and procedures in place to guide practice. Safeguarding procedures are designed to protect people from abuse and the risk of abuse. Staff we spoke with were very knowledgeable on procedures to follow. Staff knew how to recognise and respond to abuse correctly. The training records showed that staff received training in safeguarding people from abuse.

On the day of the inspection we saw there were staff in sufficient numbers to keep people safe and the use of staff was effective. Staffing was determined by people's needs. Staff we spoke with confirmed that there was mostly enough staff on duty. Staff said this occasionally was not the case if sickness occurred at short notice as it was not always possible to provide cover. Staff said this was not often. People we spoke with said there was staff available at all times and told us there was enough staff to meet their needs.

We looked at the systems in place for managing medicines in the home. This included the storage, handling and stock of medicines and medication administration records (MARs) for five people.

Medicines were stored safely, at the right temperatures. However, the room thermometer used was not a

minimum and maximum thermometer so it did not record the temperatures it reached throughout the day. The general manager agreed to purchase a suitable thermometer to ensure the room temperature was monitored sufficiently, to ensure medicines were kept at the correct temperatures.

We saw records were kept for medicines received, administered and disposal of medicines. We found people were receiving medication as prescribed. Some people had been risk assessed to be able to self-administer their medications. We saw safe systems in place to monitor this, to ensure people were regularly reviewed and assessed to ensure this remained safe.

We saw people were prescribed medicines to be given as and when required (PRN). For example pain relief. Staff were able to explain how they supported people appropriately to take these medication that they were aware of signs when people were in pain, discomfort or in a low mood to ensure they received their medication when required. However, the protocols in place that gave details of the PRN medication did not give sufficient detail to determine what the medication was prescribed for and signs and symptoms the person could present with when the medication was required. The general manager and the team leader who was the lead for medicines management acknowledged this and told us this would be added to the protocols.

The recruitment and selection process ensured staff recruited had the right skills and experience to support the people who used the service. The staff files we looked at included relevant information, including evidence of Disclosure and Barring Service (DBS) checks and references. DBS checks helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Is the service effective?

Our findings

People we spoke with told us the staff were very good. One person said, "I have lived here a long while, I like it here." A relative we spoke with told us, "I cant fault them[staff]."

The general manager told us staff had received Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) training. Staff we spoke with confirmed that they had received training in the Mental Capacity Act 2005. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

Staff were also aware of the legal requirements and how this applied in practice. The general manager had previously submitted applications, but told us no one was subject to an authorised DoLS at the time of our visit.

We saw evidence that decisions were made following best practice guidance where a person who used the service lacked capacity to make a certain decision. A health care professional we spoke with told us, "The staff ensure best interest decisions are made for people and followed to ensure people's safety, but also maintain their independence."

People were offered a varied and healthy diet, which was based on their preferences and dietary requirements. We saw snacks and drinks were available throughout the day. We saw people were able to access the kitchen and get drinks and food when they required, either independently or with staff support.

One person who was eating breakfast said, "The food is good." Another said, "We have choices and can eat when we want."

People had good access to healthcare services. We spoke with a visiting health care professional who told us the service was very good at seeking advice and guidance. They told us staff were vigilant and any concerns or issues they contacted them to seek advice and guidance.

Staff we spoke with said they had received training that had helped them to understand their role and responsibilities. We looked at training records which showed staff had completed a range of training sessions. These included first aid, infection control, safeguarding of vulnerable adults, fire safety, and health and safety.

Records we saw showed staff were up to date with the mandatory training required by the provider. Staff we spoke with told us the training was good. Staff also told us they did additional training to further understand how to meet the needs of people they supported. Some staff told us they had completed mental health and psychology at level 4. One staff member said, "I really enjoyed this and learnt a lot, it has helped me better understand people who I support."

Staff told us they felt supported by the management team and confirmed they received regular supervision sessions. Supervision sessions were individual meetings with their line manager. Staff felt they were able to contribute to their supervision session and felt valued. Staff told us they worked well as a team and supported each other.

Is the service caring?

Our findings

Everyone we spoke with was positive about the staff and the management team. People told us staff were considerate, kind and caring. One person said, "I like it here. " Another person said, "The staff have really helped me, I am much better now."

A relative we spoke with told us, "The staff are lovely, I cant fault them, nothing is too much trouble."

During our visit we spent time in communal areas talking to people who used the service. We saw positive interactions between people and staff. Staff were caring and supportive. From conversations we heard between staff and people who used the service it was clear staff understood people's needs, how to approach people and when people wanted to be on their own.

We spoke with staff and found they knew people well. They explained how they would maintain people's privacy and dignity by closing doors and curtains when supporting with personal care. Staff were able to explain how they would pick up if someone was low in mood or had a deterioration of their mental health. One staff member said, "I know when something is wrong when they don't brush their hair in the morning as this is important to them and if they are untidy I know something is not right." They went on to explain how they would approach the person discretely to discuss what was causing them to be low in mood.

We saw one person was inappropriately dressed for the time of year, we observed staff approach them and discuss this with them in a sensitive and appropriate way. This showed staff understood the person and how to manage them to ensure they were appropriately dressed to maintain their dignity.

We looked at people's care plans and found information that told staff their likes, dislikes, choices and preferences. People we spoke with who wanted to be involved in their care plans told us they were aware of what staff wrote in the plans and could be involved in reviews if they wished. People told us during the review staff discussed what they liked, disliked, what they wanted to achieve and how they were feeling. Following the reviews any action or changes were addressed to ensure people's choices and decisions were achieved.

We spoke with a health care professional who told us the staff were very good, understood people's needs and improved people's quality of life.

Is the service responsive?

Our findings

At our previous inspection in July 2015 the service was in breach of regulation 9 of The Health and Social Care Act 2008 (regulated activities) regulations 2014. We found people did not receive care that was person centred, met their needs or reflect their preferences.

At this inspection we found people's care and support was person centred and this was reflected in their plans of care.

We looked at care records belonging to two people who used the service at the time of the inspection. We found that care plans identified people's needs, setting out how to support each person so that their individual needs were met.

Care plans were regularly assessed to ensure that they were up to date and captured any changing needs. Records showed that people's care was reviewed regularly to ensure it met people's needs. We saw people who used the service were involved in the reviews if they wished.

Staff we spoke with were very knowledgeable on people's needs and how to best meet them. People we spoke with told us the staff understood them and helped them. One person said, "Staff are good, they support us and help me."

There was a dedicated activities coordinator employed who worked two days a week. They organised many events and activities. The night before our inspection had been the Christmas ball. People who went told us they had a wonderful night. One person said, "It was amazing." Another person who went told us they had not been out at night for many years but had worked with staff to make arrangements to get there and how they would get back early if they wanted to, so they could go. They had attended the ball and thoroughly enjoyed it. They told us, "I loved it, it was brilliant, we need to arrange another one."

The general manager told us there was a comprehensive complaints' policy, this was explained to everyone who received a service. The procedure was on display in the service where everyone was able to access it. We asked people if they would tell staff if they had a worry and they said they would. We had no concerns raised by anyone during our inspection. We checked records of concerns and saw the general manager did not keep records of all issues raised, although they were able to explain how they would deal with any issues no matter how minor and how these would be resolved. The general manager told us they would improve the record keeping of concerns and compliments to ensure there was evidence people who used the service were listened to.

People who used the service and their relatives were encouraged and supported to make their views known about the care provided by the service. There were regular meetings giving opportunity for people to contribute to the running of the home. The provider also sent out quality questionnaires to seek people's views. These were sent to people who used the service and their relatives. People felt they had a voice and they were listened to.

We spoke with a visiting health care professional who told us the service was very responsive to peoples changing needs and always identified things early to ensure care could be reviewed to meet any changing needs. They said predominantly staff communication was good, but at times in the past the information sharing between staff was not always consistent. They said this was improving with a more stable staff team.

Is the service well-led?

Our findings

At our previous inspection in July 2015 the service was in breach of regulation 17 of The Health and Social Care Act 2008 (regulated activities) Regulations 2014. We found systems to monitor the quality of the service provision were not effective.

At this inspection we found there were effective systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the general manager. They told us they completed daily, weekly and monthly audits which included environment, infection control, fire safety, medication and care plans. We saw a variety of audits and it was clear from talking with staff that any actions identified were addressed. We found standards had improved since our last inspection. For example, cleanliness and maintenance of the environment, and the systems to monitor this ensured these standards were maintained.

We also found systems were in place for managing safeguarding concerns, incidents and accidents. From discussions with staff it was evident that management took steps to learn from such events and put measures in place which meant they were less likely to happen again.

At the time of our inspection the service had a registered manager who had been registered with the Care Quality Commission. The registered manager was registered at a number of locations and there was a general manager at this service who also had management responsibilities.

We found there was an open, fair and transparent culture within the home. Staff told us they felt that they worked well as a team and they all helped each other. They told us they felt the management team were approachable and listened to their concerns and ideas for improvement. One staff member said, "It is much better, the staff team are very good." Another staff member said, "It feels different, it is much better."

Staff told us that they received regular supervision and support. They also told us they had an annual appraisal of their work which ensured they could express any views about the service in a private and formal manner.

There were regular staff meetings arranged, to ensure good communication of any changes or new systems. There were also meetings involving the people who used the service, which ensured people had opportunity to raise any issues or concerns or just to be able to talk together communicating any choices or requests.

Satisfaction surveys were undertaken to obtain people's views on the service and the support they received.

We found that recorded accidents and incidents were monitored by the general manager to ensure any triggers or trends were identified. We saw the records of this, which showed these, were looked at to identify if any systems could be put in place to eliminate the risk.

