Parkcare Homes (No.2) Limited

Blyton Court

Inspection report

3 Laughton Road
Blyton
Gainsborough
Lincolnshire
DN21 3LG

Tel: 01427628791

Date of inspection visit:
24 May 2017

Date of publication:
27 June 2017

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
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 24 May 2017 and was unannounced. Blyton Court provides care for people living with a learning disability. It provides accommodation for up to 18 people who require personal and nursing care. At the time of our inspection there were 13 people living at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations.

On the day of our inspection staff interacted well with people. People and their relatives told us that they felt safe and well cared for. Staff knew how to keep people safe. The provider had systems and processes in place to keep people safe.

Medicines were administered and managed safely. Although PRN protocols were usually in place we found occasions where they were not.

The provider acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. If the location is a care home the Care Quality Commission is required by law to monitor the operation of the DoLS, and to report on what we find.

People had limited choices at mealtimes. The mealtime experience meant that some people did not receive their meals in an environment conducive to their needs. People had their nutritional needs assessed and were supported with their meals to keep them healthy. People had access to drinks and snacks during the day. Where people had special dietary requirements we saw that these were provided for.

We found that people's health care needs were assessed and care planned and delivered to meet those needs. People had access to healthcare professionals such as the district nurse and GP and also specialist professionals.

There were sufficient staff to meet people's needs and staff responded in a timely and appropriate manner to people. Staff were kind and sensitive to people. Staff were provided with training on a variety of subjects to ensure that they had the skills to meet people's needs. The provider had a training plan in place and staff had received supervision. People were encouraged to enjoy a range of social and leisure activities. They were supported to maintain relationships that were important to them.

Staff and people who lived at the home felt able to raise concerns and issues with management. Relatives were aware of the process for raising concerns and were confident that they would be listened to. Regular audits were carried out and action plans put in place to address any issues which were identified. Accidents

and incidents were recorded and investigated.

The provider had informed us of notifications. Notifications are events which have happened in the service that the provider is required to tell us about.

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.

Medicines were administered safely however PRN protocols were not consistently in place..

Risk assessments were completed.

There were sufficient staff to provide safe care.

Staff were aware of how to keep people safe. People felt safe living at the home.

Is the service effective?

Requires Improvement

The service was not consistently effective.

The provider acted in accordance with the Mental Capacity Act 2005.

Training was provided to ensure staff had the appropriate skills to meet people's needs.

People had their nutritional needs met. People were not supported to have choices at mealtimes. Mealtimes did not meet people's needs.

People had access to a range of healthcare services and professionals.

Is the service caring?

Good

The service was caring.

People's privacy and dignity was respected. Care was provided in an appropriate manner.

Staff responded to people in a kind and sensitive manner.

People were supported to make choices about how care was delivered.

Is the service responsive?

Good

The service was responsive.

People had been consulted about their care.

People had access to activities and leisure pursuits.

The complaints procedure was on display and people knew how to make a complaint.

Care records were personalised.

Is the service well-led?

Good

The service was well led.

There were systems and processes in place to check the quality of care and improve the service.

The registered manager created an open culture and supported staff and maintained good communication with staff and relatives.

Blyton Court

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 inspection took place on 24 May 2017 and was unannounced. The inspection was completed by an 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.

Before our inspection visit to the service we reviewed any notifications of incidents that the registered persons had sent us since the last inspection. We asked the provider to complete a 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 took this into account when we inspected the service and made the judgements in this report.

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

During our inspection we observed care in the home and spoke with the registered manager, a nurse and three members of care staff. We spoke with one person who used the service, one relative and three relatives by telephone. We also looked at three people's care plans and records of staff training, audits and medicines.

Good

Is the service safe?

Our findings

People who lived in the home were cared for safely. Although most people were unable to tell us verbally if they felt safe we observed care and saw people were happy with the support staff provided. One person said, "Yes. They do a good job." Staff told us that observations and familiarity of people's needs was vital to ensuring safety. Examples were given of needing to make sure floor space was kept free for a person who had a visual impairment as other people would not understand the importance of this.

Medicines were administered safely. We looked at medicine administration records (MARs) and saw they were fully completed according to the provider's policy. Staff had received training and been observed by senior staff to ensure they administered medicines correctly and safely. Medicines were stored in locked cupboards according to national guidance. Processes were in place to ensure that medicines were disposed of safely and records maintained regarding stock control. Protocols for medicines which are given 'as required' (PRN) such as painkillers were usually in place to indicate when to administer these medicines. However we looked at the medicine administration sheets for all the people living at the home and found protocols were not in place for some creams and aperient (laxative) medicines. We spoke with the registered manager about this who said they would ensure these were included in the protocols. There was a risk people could receive medicines inappropriately.

Individual risk assessments were completed. Where people had specific health needs, such as epilepsy risk assessments had been completed to ensure staff were aware of how to keep people safe from harm. The provider used a tool to measure the risks to people and ensure that actions reduced the level of risk to people. For example we saw a person was at a high risk of choking however if the appropriate care was provided the level of risk was reduced to medium. Care plans were in place to ensure that care was delivered in a safe way and staff were aware of what interventions were required to keep people safe. Individual risk assessments and plans were also in place to support people in the event of an emergency such as fire or flood. Accidents and incidents were recorded and investigated to help prevent them happening again.

When we spoke with staff they told us there was usually sufficient staff. One person told us that staff responded promptly when they used their call bell and we observed staff responding to people promptly around the home. A relative told us, "There are always staff about keeping an eye. People are always present."

The registered provider had a recruitment process in place which included carrying out checks and obtaining references before staff commenced employment. They also carried out Disclosure and Barring Service (DBS) checks to ensure that prospective staff would be suitable to work with the people who lived in the home. These checks ensured that only suitable people were employed by the provider.

Staff were aware of what steps they would take if they suspected that people were at risk of harm. They were able to tell us how they would report concerns externally, for example, to the local authority. Staff told us that they had received training to support them in keeping people safe. The registered provider had safeguarding policies and procedures in place to guide practice and we had evidence from our records that

issues had been appropriately reported.

Requires Improvement

Is the service effective?

Our findings

People were unable to tell us if they felt staff had the skills to meet their needs. However we observed that staff cared for people appropriately and were aware of how to support people to support their needs. A relative said, "The main thing for me is safety and she is safe. I am happy with the service."

Staff had received training on a range of issues relevant to people's care. It was clear who required training to ensure that they had the appropriate skills to provide care to people and that staff had the required skills to meet people's needs. Staff were happy with the support they received from other staff and the registered manager of the service. They told us that they had received support and supervision and that supervision provided an opportunity to review their skills and experience. Staff also had access to nationally recognised qualifications. New staff received an induction and when we spoke with staff they told us that they had received an induction and found this useful. The provider was aware of the National Care Certificate which sets out common induction standards for social care staff.

The provider acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interests decision is made involving people who know the person well and other professionals, where relevant. We saw that best interests decisions had been carried out and were specific about what decisions were being taken in people's best interests. For example where people were unable to manage their own finances or required specialist equipment to keep them safe. Care records also documented what choices people were able to make for example, a record stated, 'can make small choices such as the food they eat'.

If the location is a care home the Care Quality Commission is required by law to monitor the operation of the DoLS, and to report on what we find. At the time of our inspection there were eleven people who were subject to DoLS. DoLS provides legal protection for those vulnerable people who are, or may become, deprived of their liberty. When we spoke with staff about the MCA and DoLS they were able to tell us about it and how it applied to people within the home. Staff had recently received training about the MCA. We observed that people were asked for their consent before care was provided. Records included completed consent to treatment forms to ensure that care was provided with people's consent.

We observed lunchtime and saw the lunchtime meal was very busy and not provided in a calm environment. Two people's care records identified they preferred to eat in a calm environment however we observed at lunchtime they were been brought into the dining area and did become increasingly upset. In addition we observed these people became quite distressed and refused their meal. We saw one person remove their apron on two occasions which appeared to indicate they did not want to eat, however staff continued to try to persuade them to. Eventually we observed the person was removed from the dining area and offered an alternative meal. We also observed two people sat in the dining room without interaction waiting for their meal for a period of 20mins. We observed some people were not positioned at tables and staff did not consistently sit at people's level when they were supporting them with their meal. The mealtime experience was not positive or conducive to a relaxed environment to eat in. Despite these difficulties all the people

who lived at the home received a whole or part of their meal.

Staff told us if people did not want the offered meals or the meal they had chosen they were able to provide alternatives. Although a pictorial menu was displayed on the dining room wall it was not clear how people were supported to make choices about their meal or what choices were available. We observed that people were initially offered the same meal and only if they refused this were they offered an alternative.

People had been assessed with regard to their nutritional needs and where additional support was required appropriate care and equipment had been put in place. For example, where people had allergies or particular dislikes these were highlighted in their care plans. Information was available to staff about people's nutritional needs in the dining area to ensure people received appropriate nutrition. Snacks and drinks were available to people in a fridge in the dining room. In addition fruit was available to people throughout the day.

We found that people who lived at the home had access to local and specialist healthcare services and received on-going healthcare support from staff. Where people had specific health needs such as diabetes and epilepsy information was available to staff to ensure that they provided the appropriate care. Staff received daily handovers where they discussed what had happened to people on the previous shift and their health and wellbeing. We observed a person had suffered a seizure during the night and staff were aware of this and how to support them. Where people had specific needs such as physical health issues advice was included in the record about how to recognise this and what treatment or support was required. This helped staff to respond to people's physical health needs. Hospital transfer sheets were in place to ensure that information about people's health needs was available to other professionals in the event of them being admitted to hospital.

Good

Is the service caring?

Our findings

We observed care and observed apart from the lunchtime people appeared happy with the care they received. A relative said, "My family member is well cared-for." We observed positive social interactions with people and staff taking time to engage in with people, sharing fun and obvious pleasure. We saw that before staff assisted people they asked if that assistance was wanted and asked permission before carrying out tasks for people.

When we spoke with staff we found they were aware of people's care needs and how to respond appropriately. For example one person attempted to move a person in their wheelchair without their permission. We observed a member of staff kindly explained to them why they should not do this and offered them an alternative activity in order to distract them. Another person had been ill during the night and we observed staff were sensitive to this when they administered their medicines. They did not rush them and reassured them until they felt able to take their medicines.

We saw care records included information about people's choices and how they liked to be supported. For example a record explained, 'likes to have their bath in the morning as they get up and 'has lots of bubbles.'

We saw staff supported people to be independent. For example we observed a member of staff supporting a person with their breakfast. We saw they scooped food for the person but then allowed the person to take the spoon themselves.

Staff respected people's privacy and knocked on bedroom and bathroom doors before entering. A relative reported that staff always knocked on their family member's door and made sure the door was shut when they were doing any personal care. We saw that staff addressed people by their preferred name and that this was recorded in the person's care record. There were areas available around the home for people to sit quietly and in privacy if they wished to other than their bedrooms.

We noted that there were arrangements in place to support someone if they could not easily express their wishes and did not have family or friends to assist them to make decisions about their care. These measures included the service having links to local lay advocacy groups. Lay advocates are independent of the service and who can support people to express their opinions and wishes.

Good

Is the service responsive?

Our findings

Since our last inspection the activity support had been reviewed. Activities were provided on a daily basis by dedicated activity staff. People were offered a range of activities according to their likes and dislikes both on a group and individual basis. For example we saw people had recently attended a circus and people regularly accessed a local swimming pool. On the day of our inspection some people were taking part in a cooking session. We saw as part of the refurbishment the activity kitchen and activity room had been relocated so they were easily available to people. We saw photographs of people taking part in various past activities, these included attending a ball.

We also observed staff providing support to people on one to one basis, for example reading to a person. The activity coordinator told us they tried to individualise activities, for example a person disliked touch so they provided activities where the person could experience things by sight and sound. Another person who preferred to remain in their room usually had recently attended a local football match and they were looking to do this on a more regular basis. People were also supported to access also local community facilities such as the local pub and an ice cream parlour.

People were encouraged to maintain contact with their families for example, a care record stated that staff should assist a person to buy cards and gifts throughout the year for members of their family. Relatives told us that they felt welcome at the home and that they were encouraged to visit so that relationships were maintained. A comment in the recent survey said, 'staff always have time for the resident and their family'. A relative told us they were always made to feel welcome at the setting and felt able to express their concerns.

Care records were personalised and included detail so that staff could understand what things were important to people and their preferences. Information such as this is important because it helps staff to understand what is important to people and why. Care plans had been reviewed and updated to ensure they reflected people's current needs. Staff told us they regularly updated care records so they reflected people's current needs. Staff responded to people's changing needs and ensured these were documented. For example a relative told us their family member's wheelchair was no longer suitable due to changes in their physical condition. However, the home had put in place the appropriate assessment of need and the relative told us the home had 'done their bit' in order to obtain a more suitable chair.

Each person had a personal plan written in words and pictures which stated how they required their care to be provided. These were available in the care records but also in people's bedrooms so that staff could easily understand what things were important to people. The relatives we spoke with were aware of their family members care plans and that these were reviewed at yearly meetings.

Where people had difficulties communicating verbally we saw staff were aware of this and ensured they understood people's needs. For example staff explained that one person would take staff to items they wanted or bring the item to staff such as shoes to indicate what they wanted. A staff member gave an example of a person who could be supported to choose what to wear (between two items) by following their eye gaze in response to a question 'which blouse do you want to wear today?' Care records included

guidance about how to support staff with communication, for example a record stated, 'When [person] is happy they will smile laugh and giggle'. The registered manager told us they had tried a number of formal communication systems with people but found that people did not engage with them. They said that 'understanding people's individual responses worked better.' To support this method people had communication dictionaries which described what communication people used for specific words. For example, for one person 'no' was communicated as, 'I may sometimes push you way.'

Relatives knew how to complain. One relative said, "If ever needed, I could approach [manager] or [secretary]. I would go direct to [manager]. He always takes things on board. I find him second to none. Absolutely brilliant." Another relative told us about an instance where they had complained that staff were not lifting correctly. They said that management responded instantly and staff were re-trained and now 'all is well'. A complaints policy and procedure was in place. At the time of our inspection there were no ongoing complaints. Complaints were monitored for themes and learning.

Good

Is the service well-led?

Our findings

Arrangements were in place for checking the quality of care. The provider had put a process in place to carry out checks on the service and actions to improve quality of care. For example audits of care records and medicines were in place and we saw that actions had been taken to address any gaps in the records. Checks had also been carried out on issues such as infection control and the environment to ensure that care was provided at an appropriate level and improvements made to the service. Where issues had been identified actions had been taken for example additional training had been provided regarding hand washing skills following an infection control audit.

Staff understood their role within the organisation and were given time to carry out their role. They said they felt supported in their role and that staff worked as a team in order to meet people's needs. We observed staff assisting each other with tasks throughout the day. Staff and relatives also told us that the registered manager was approachable and supportive. Staff said that they felt able to raise issues and felt valued by the registered manager. A member of staff said, "I enjoy coming to work."
People, relatives and staff were encouraged to influence the running of the home. Staff meetings were held on a regular basis. We looked at records of staff meetings and saw issues such as training and safeguarding had been discussed. At the meeting in April 2017 staff also discussed learning from an incident in a care home which had made national news in order to ensure staff were aware of the issues. Staff told us they found the meetings useful.

'Your Voice' meetings which involved both people who lived at the home and relatives had also been held on a monthly basis. All the relatives who we spoke to referred to the 'Your Voice' meetings and said they valued these. They were described as useful for information sharing. A relative told us, "They tell us what has been happening and about outings etc." but they also said they were useful as a forum for expressing views and concerns. We saw from the minutes of a meeting issues such as activities had been discussed. The minutes of the meetings were recorded in words and picture to make them more accessible for people who lived at the home. In addition the registered manager provided monthly communications to families about activities within the home.

A comments box was available for visitors to post their thoughts about the home. A survey had also been carried out with people, staff and their relatives and positive responses received. We saw where issues had been raised action had been taken. For example relatives had asked for more information about what activities people did and as a result a regular communication was developed. Comments included, 'a change of better communication has already started with the new manager in post.' A relative commented, "Since [manager] took over there's been lots of change, I don't think it needed improving especially but they have done things like decorations and more outings. Everybody loves him. The staff are happy. And if the staff are happy my son is happy." Another relative said, "I used to call it a centre but now I call it a home."

We observed that following our last inspection some refurbishment had taken place. In addition previously the service had been split into two units which meant that people were unable to socialise together easily. The registered manager told us that since the change people in both units seemed happier and had more

freedom around the building. They told us that they had seen a reduction in incidents where people became distressed towards staff and other people.

The service had a whistleblowing policy and contact numbers to report issues of concern. Staff told us they were confident about raising concerns about any poor practices witnessed. They told us they felt able to raise concerns and issues with the acting manager.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations.

The provider had informed us of notifications. Notifications are events such as accidents which have happened in the service that the provider is required to tell us about.