United Response

Park Croft

Inspection report

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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 unannounced inspection took place on 1 and 5 February 2016.

Park Croft is a registered care home and provides accommodation, support and care, for up to 10 people who live with a learning disability. Housing was provided by another provider and United Response provided the care support. During our inspection there were 7 people living at Park Croft.

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 about how the service is run.

Our last inspection took place in May 2014 and we found the provider had not adequately maintained the environment or ensured this was kept clean. We asked the provider to take action to address this and found at this inspection, they had done so.

People said they felt safe and well cared for by staff who were knowledgeable of their needs. Observations showed staff were kind and caring. They were respectful in their interactions with people and engaged people positively. They showed a good understanding of people's needs and their right to privacy and dignity. Staff knowledge of safeguarding was good and they were confident concerns would be reported and action taken where needed. Risks associated with people's needs were well known and managed effectively by staff. Care plans were person centred and reflected people's likes, dislikes and preferences. People were supported to eat and drink sufficient amounts of food and drink and they had access to a range of health care services to ensure their needs were met.

The CQC monitors the operation of the Mental Capacity Act 2005 (MCA 2005) and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. People were involved in making decisions about their care and treatment. Where people were unable to make these decisions, staff knew the process they should take to ensure that any decisions made were in the person's best interests. However, records were not always available or reviewed. We have made a recommendation about this. The manager understood when a DoLS application may be needed and these had been submitted.

There were sufficient numbers of suitably qualified staff on duty at all times to meet people's needs. Recruitment procedures ensured safe recruitment of staff and staff received training and supervisions to support them in the role.

Staff spoke positively of the home and felt the manager was open, transparent and approachable. Feedback was sought from people and action taken to address any complaints. Systems were in place to monitor the quality of the service and drive improvement.

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.

Risks associated with people's needs were well known and managed effectively by staff. Staff knowledge of safeguarding was good and they were confident concerns would be reported and action taken where needed.

The management of medicines were safe. Recruitment procedures ensured safe recruitment of staff, and staffing levels met people's needs.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff received training and supervisions to support them in the role.

People were involved in making decisions about their care and treatment. Where people were unable to make these decisions, staff knew the process they should take to ensure that any decisions made were in the person's best interests; however the records were not always available or reviewed regularly. We have made a recommendation about this.

People's nutritional needs were met and they were supported to access other healthcare professionals as needed.

Is the service caring?

Good

The service was caring.

Staff were kind and caring. They were respectful in their interactions with people and engaged people positively. They showed a good understanding of people's right to privacy and dignity.

Is the service responsive?

Good

The service was responsive.

Staff knew people and their needs very well. Care plans were personalised and reflected people's likes, dislikes and preferences. Where needs changed we saw action taken to support this.

Complaints were addressed and action taken but records were not always complete.

Is the service well-led?

Good

The service was well led.

Systems were in place to monitor the quality of the service and drive improvement.

Feedback was sought from people to make changes to the service.

Park Croft

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

The inspection took place on 1 and 5 February 2016 and was unannounced. The inspection team consisted of one inspector.

Before the inspection we reviewed information we had about the service, including previous inspection reports and notifications the provider had sent to us. A notification is information about important events which the provider is required to tell us about by law. Before the inspection, the provider completed a Provider Information Return. 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 spoke with two people who lived at Park Croft and two external health professionals. We observed staff interactions with people in the shared areas of the home. We spoke with the registered manager and four staff. We looked at the care plans and associated records of two people in detail and sampled the records of a further three people. We looked at medicines administration records, staff duty rota records, five staff recruitment files, records of supervisions, appraisal and training. We looked at records of complaints, accidents and incidents, policies and procedures and quality assurance records.

Good

Is the service safe?

Our findings

People told us they felt safe living at Park Croft and staff looked after them well.

During our inspection in May 2014 we found the provider was in breach of the regulation relating to infection control and the adequate maintenance of the building. The home was not always clean and they lacked systems to ensure the monitoring of cleaning was effective. It was not always well maintained and there was no clear plan on how maintenance issues were addressed. At this inspection improvements had been made. A tour of the home demonstrated that it was clean throughout. Records of cleaning were kept and monthly audits of infection control were undertaken. Maintenance works had been undertaken by the provider, including redecoration of rooms. The provider had actively engaged with the housing provider to address concerns and was working with the local authority, people, staff and relatives about the future of the home.

The provider took steps to protect people from risks including those of avoidable harm and abuse. The manager and staff were aware of the types of abuse, what to look for and how to report them if they had any concerns. Staff were confident any concerns would be reported by the manager to the appropriate external authorities but were confident to do this themselves if needed. Training was in place to maintain staff's knowledge about safeguarding. There were procedures and policies in place for staff to refer to and contact details were available for external agencies that staff could access.

Staff had a good knowledge of the people they supported. Risks to people's safety and wellbeing were known by staff who could describe how these were managed. Where a risk was identified this was then incorporated into the care records for that person. For example, staff had recognised the risk of choking for one person. Referrals to external health professionals had been made and their advice had been incorporated into care records. This had since changed following reassessment and whilst the person's eating and drinking care plan had not been updated to reflect the person could now receive a normal diet, other records were available to confirm this and staff were fully aware. At times people living at Park Croft could display behaviours which may place them and others at risk. Staff were aware of these behaviours and how to recognise "triggers" that may cause a change in behaviour. Staff knew the support people needed to try to reduce the risk of behaviours occurring and how to manage them if they did arise. Clear positive behaviour support plans were in place and clear records held of any incidents which had occurred. Information gathered about behaviours was used to review the support being provided for its effectiveness. Staff told us they discussed these types of subjects during staff meetings and involved the local community team if needed.

There were suitable systems in place to ensure the safe storage and administration of medicines at the home. Medicine administration records (MAR) held information regarding allergies, date of birth and a photographic identification of the person. Storage of medicines was safe. All liquid and topical medicines which had been opened were dated with the date of opening so that staff could check they were still in date. There were no gaps or omissions in the recording of administration of medicines. All medicines were administered by staff who had received appropriate training. Once staff had completed training in this area they then had their competency assessed by the manager to ensure their practice was safe.

Recruitment records for staff contained all of the required information including two references, an application form and Disclosure and Barring Service (DBS) checks. These checks help employers make safer recruitment decisions and help prevent unsuitable people from working with people who use care and support services. Staff and people said there was always enough staff available to meet people's needs. The provider operated a minimum of two staff per shift with additional staff supplied for one to one support for people or to support people to attend appointments. Where it had been felt by staff that a person required more staff support, the registered manager had discussed this with the local authority and additional one to one time had been agreed.

Requires Improvement

Is the service effective?

Our findings

Staff spoke positively about the support and training they received to help them in their role.

There were arrangements in place to ensure staff received induction, training and supervision to help them in their role. New staff were required to complete the Care Certificate. This certificate is an identified set of standards that care staff adheres to in their daily working life and gives people confidence that staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Staff said they spent time shadowing other staff members to ensure that both the staff member and manager felt confident and comfortable for them to work unsupervised. The provider had a system to record the training that staff had completed and to identify when training needed to be repeated. This included essential training, such as health & safety, medicines administration, safeguarding and the Mental Capacity Act 2005. In addition staff had access to other training focussed on the specific needs of people using the service. For example, epilepsy awareness, positive behaviour support and autism awareness. Staff spoke positively of training describing how they felt this kept their knowledge up to date.

Staff confirmed they received support and felt the management of the service were approachable. They confirmed they received supervisions and records demonstrated that these were either in the form of one to one meetings, group meetings or observations of practice. These sessions provided an opportunity for management to feedback on staff performance, allow staff the opportunity to feedback any issues or concerns, offer support, and provide assurances and learning opportunities to help them develop. The manager confirmed that staff appraisals had not taken place for 2015 however they showed us a plan for how this was to be addressed in 2016.

Staff sought people's consent before supporting them. Staff promoted decision making and respected people's choices. Care records contained information about how people expressed the decisions they made and how staff could recognise these. One person with the support of staff told us how they had agreed a working approach to using the communal bathroom. They said this worked well for them.

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, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA)

and the Deprivation of Liberty Safeguards (DoLS). At the time of our visit the home were working with people to explore move on options for them. The provider and registered manager had engaged with the local authority and the registered manager told us that capacity assessments had recently been undertaken for people regarding their finances and the move. They described how these had been completed with a social worker. These records were not available and the registered manager said they were awaiting these from the social worker. The registered manager and staff spoke to us about how they had engaged other professionals in exploring the best environmental options for one person. Following this meeting the registered manager told us they had made referrals for all other people. In addition advocacy had been sought to provide independent support to people to help them understand the choices available to them and make their own decisions as much as they possibly could. We saw other capacity assessments had been completed although the records did not reflect that they had been reviewed regularly. For example, one person's capacity assessment about a particular aspect of their support had not been reviewed since December 2014.

The registered manager confirmed that Deprivation of Liberty Safeguards applications had been submitted to the local authority responsible for making these decisions; however the decisions had not yet been agreed. DoLS would only apply to those who lack capacity to make certain decisions and in order to determine this assessment of their capacity should be conducted. The registered manager confirmed this had not taken place.

We recommend the provider review the Mental Capacity Act 2005 Code of Practice to ensure they are maintaining records regarding people's capacity in line with this.

People were supported to have enough to eat and drink. They were complimentary about the food and told us they could eat what they liked. People were able to access snacks and drinks as they wanted and we observed staff encouraging healthier options. Where concerns about a person's ability to swallow or their weight had been identified staff had consulted other professionals to seek their advice. Records were kept of this advice and all staff were aware of people's dietary needs.

People had access to a variety of health and social care services as required. This included social workers, GPs, dieticians, speech and language therapists, dentists, chiropodists and opticians. Where additional support for the local community learning disability team was required the registered manager and staff made referrals and we were told by a healthcare professional that their advice was acted upon.

Good

Is the service caring?

Our findings

People spoke positively about the support they received from staff.

Observations demonstrated people felt at ease and comfortable with members of staff and the registered manager. Staff treated people affectionately and recognised and valued them as individuals. During conversations with people, staff spoke respectfully and in a friendly way. They chose words that people would understand or used the method of communication needed by that person and took time to listen. Staff recognised when people needed reassurance and provided this in a positive manner.

Staff were knowledgeable and understood people's needs. They knew what people liked and disliked and gave us examples of how they supported people differently dependent upon their individual needs. People were encouraged to do as much for themselves as possible. Staff explained what they were doing when they supported people and gave them time to decide if they wanted staff involvement or support. Staff spoke clearly and repeated things so people understood what was being said to them. We observed people being supported to make choices about what they were doing that day, what they wanted for meals and where they wanted to spend their time

People spoke to us about how they were kept involved in their care and the home. They described how they had been supported to choose colours and furniture when the home was redecorated. The provider had a system of monthly meetings whereby the person and their allocated member of staff would spend time discussing what had worked well over the past month, discuss their care plans and look at any goals for the future. The registered manager confirmed these had been inconsistently undertaken however they had instructed staff of the need for these to recommence. The registered manager confirmed that all people had recently been involved in a care review with social services although they were waiting for records of these meetings to be sent to them. At the time of inspection we saw how one person was encouraged to attend a meeting with staff, the registered manager and other professionals to discuss their future needs.

Staff demonstrated respect for people's privacy and dignity. Staff knocked on people's doors and used their preferred name when talking to them. Staff showed people kindness, patience and respect. When speaking to people staff got down to the same level as them and maintained eye contact. People's information was treated confidentially because their files were stored in a locked office.

Good

Is the service responsive?

Our findings

People told us staff looked after them well. External professionals said staff knowledge of people's needs was good and they responded promptly when needs changed.

Each person had an individualised support plan folder. These contained personalised information about the persons' likes/dislikes, preferences and needs. It detailed what worked well for each person and what didn't work well. Care records contained clear instructions for staff about the action they needed to take to ensure they met the person's needs. On occasion's care records were disorganised as these were held in several different places in the home, however staff knew where to find information and how to access it.

Staff engaged with people and supported them to make decisions and agree to their care plans. One person talked to us about how they had worked with staff on an idea of identified need for them. They told us how the agreed support had been working successfully for them. Where staff felt external expert support or advice was needed they sought this and incorporated the guidance into the persons support. For example, occupational therapy plans had been developed for a person with a sensory impairment to ensure all staff knew the support this person required to meet this need.

Where people's needs changed staff were proactive in seeking external support. For example, one person's complex behaviours had increased and become more challenging for the person and others. Staff had made contact with the community team and appointments for an external health professional review had been booked. The registered manager and senior staff had developed a plan of support for staff to follow while further support and guidance was being sought.

The service had a complaints procedure which people were aware of. People knew who to talk to if they had a complaint and said they felt comfortable and confident to do so. Staff knew how to support people to make a complaint and said they felt confident the manager would listen and act on these. The registered manager told us of three complaints that had been made by a person living at the home. Due to the nature of the complaints the area manager had investigated these. Records reflected the outcome and any recommendations made. Where recommendations had been made we saw these being taken forward.

Good

Is the service well-led?

Our findings

People and staff told us they could access the registered manager at any time and were confident they were listened to and any actions needed were taken. A health care professional told us they felt the service and the registered manager worked proactively.

The service was managed by the registered manager who was supported by senior support workers. The area manager provided support to the registered manager and visited the service regularly. During our observations we saw that the registered manager and senior staff took an active role in the daily running of the service and had a 'hands on' approach to supporting people who used the service and the staff. Staff we spoke with told us the registered and area manager were always available if they needed to speak to them. They said they were approachable, supportive and listened to them. All staff confirmed they felt listened to and able to make suggestions. They told us during staff meetings they discussed any changes that were required. They said staff meetings gave them a formal opportunity to make suggestions. Records confirmed this.

The registered manager and staff consistently described the ethos of the home as supporting people to be as independent as possible and live their life as they chose. It was clear that people were at the forefront of the registered manager and staff's thoughts. The changing needs of people who lived at the home had been recognised and the manager and staff were working proactively with others to address this. This involved a plan for the provision of support provided at Park Croft. At the time of the inspection this move was causing some anxieties for staff and people, however staff conducted themselves professionally and any fears were not visible and impacting on people.

The service was regularly audited by either the manager of another of the provider's services or the area manager. There was also a system of localised audits including medicines and infection control taking place. Where actions were identified timescales were set and these were completed. For example, the last audit had identified the need for monthly keyworker reviews to start again. The registered manager had discussed this with staff and we saw these had recommenced. The registered manager told us they were required to ensure all actions were completed and the next audit would check these, although we noted the audit tool did not record any follow up of previous actions.

Staff logged accidents and incidents as they occurred. The registered manager told us and staff confirmed that accidents and incidents were discussed in team meetings to determine the support people were receiving and where any changes may be required. Where these indicated the need for external professional input this was sought.

Systems were in place to gather feedback from relevant people including people who lived at Park Croft. The registered manager told us how group resident meetings no longer took place as these were not effective for people living in the home. The registered manager had recently reintroduced a monthly keyworker meeting to allow people a more formal approach to feedback. One person told us they were able to give feedback and were involved in making decisions, including how the home was decorated and

menus. Relative surveys had been undertaken and the results analysed which reflected positive feedback. We saw that some relatives had feedback that they did not always feel involved. These comments had been explored and action taken to address these.