

Parkcare Homes (No.2) Limited

Weir End House

Inspection report

Glewstone
Ross On Wye
Herefordshire
HR9 6AL

Tel: 01989567711

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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: This service supported people with learning disabilities and/or autism. Care and accommodation is offered to younger adults.

The home was bigger than most domestic style properties. It was registered for the support of up to 13 people. Ten people were using the service at the time of the inspection. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building. There were no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff did not wear anything which suggested they were care staff when coming and going with people.

What life is like for people using this service:

- People enjoyed living at Weir End House and were cared for by staff who spoke warmly about them. People enjoyed friendships with other people living at the home, so they were not isolated.
- Staff were respectful to people they cared for and promoted people's right to independence, dignity and privacy. Staff supported people to make their own decisions about their care and understood how people liked to communicate.
- Staff understood people's safety needs well and supported them so their individual risks were reduced.
- The registered manager planned to review the systems they used to notify CQC about some important events which happened at the home, so they could be sure they were consistently meeting their legal obligations.
- People were confident to ask for assistance from staff when they wanted this, and there were sufficient staff to care for people.
- People were supported to have their medicines safely, by staff who were competent to do this. People's medicines were regularly checked and reviewed.
- People were supported to enjoy the best health outcomes possible, and staff were supported to do this by the systems the registered manager had put in place to promote good working with organisations.
- People's, their relatives' and other health and social care professional's views were listened to when people's needs were assessed and plans for their care were agreed and reviewed. Staff understood people's histories, what was important to them, and how people liked their care to be provided.
- Staff saw when people's needs changed and adjusted people's planned care, so people's needs continued to be met.
- People were supported to keep in touch with relatives and friends who were important to them.
- The environment at the home was regularly checked. The risk of infections and accidental harm was reduced, as staff used the knowledge and equipment provided to do this.
- Staff had been supported to receive the training they needed and to develop the skills they required to care for people.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this.

- Staff supported people to have enough to eat and drink so they would remain well.
 - People enjoyed a range of activities which reflected their interests. This included spending time in the community doing things they liked and to go on holidays.
 - The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways [promotion of choice and control, independence, inclusion] e.g. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.
 - Systems were in place to take any learning from complaints and to reflect on people's needs and to further improve people's care.
 - The registered manager sought suggestions for improving people's care further and suggestions were listened to and acted on.
 - The registered manager and staff reflected on the care provided, so improvements in people's care would be driven through. The registered manager planned to continue to develop the facilities at the home and to further develop people's access to information to enable people to continue to make informed choices about their care.
- We found the service met the characteristics of a "Good" rating in all areas; For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: Good. The last report for Weir End House was published on 18 August 2016.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-led findings below.

Good ●

Weir End House

Detailed findings

Background to this inspection

The 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.

Inspection team: One inspector and an Inspection Manager carried out the inspection.

Service and service type: Weir End House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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.

Notice of inspection: This inspection was unannounced.

What we did when preparing for and carrying out this inspection: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spent time with people in the communal areas of the home and we saw how staff supported the people they cared for. We used the Short Observational Framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with five people living at the home, about the care they received. We spoke with the registered manager and six care staff.

We reviewed a range of records. This included three people's care records and multiple medication and health records. We also looked at records relating to the management of the home. For example, systems for managing any complaints and people's rights, and minutes of meetings with people who live at the home. In addition, we saw the checks undertaken by the registered manager on the quality of care provided.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

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

Systems and processes

- The registered manager and staff knew how to safeguard people from abuse.
- Staff knew what action to take in the event of any concerns for people's safety. This included notifying other organisations with responsibilities for helping to keep people safe.

Assessing risk, safety monitoring and management

- People told us staff talked to them about their safety needs, and people were positive about the way their safety was managed.
- Staff had identified risks to people and put plans in place to meet people's safety needs. For example, if people were at increased risk of experiencing anxiety, or at risk of choking. People's risk assessments and safety plans provided guidance for staff to follow to reduce risks.
- Staff acted promptly to assist people if they needed support with their safety. People and staff were encouraged to raise any safety or well-being concerns they, to further risks reduce risks.

Staffing and recruitment

- People received the care they wanted at the time they preferred. There were sufficient staff to care for people and to do things they enjoyed doing. Staff had time to sit and talk with people, so the risk of people feeling anxious or isolated was reduced.
- Staffing levels were based on the needs of people living at the home. Staff gave us examples of times when staffing levels were increased. This included if people needed support from several staff to do things they enjoyed, such as going on holiday.
- The provider undertook checks on the suitability of potential staff to care for people living at the home.

Using medicines safely

- People told us staff supported them to have the medicines they needed to remain well.
- Staff had to undertake training and their competency was checked before they could administer people's medicines. Staff competency was also subsequently regularly checked.
- The administration of medicines was regularly checked by the registered manager, so they could be sure people received their medicines as prescribed.
- People benefited from regular medication reviews to ensure it was still appropriate. People's medicines were managed, stored and disposed of safely.

Preventing and controlling infection

- We saw the home was clean and well maintained. People told us they enjoyed increasing their independence by tidying their own rooms.

- Staff followed the training they received to reduce the likelihood of the spread of infections and people experiencing poor health. This included using equipment such as gloves and aprons.

Learning lessons when things go wrong

- Staff communicated information about incidents and accidents. For example, one staff member told us staff were encouraged to reflect on any incidents arising from changes in people's mobility needs. The registered manager did this so any learning could be taken, and risks to people further reduced.

Is the service effective?

Our findings

Effective – this means 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.

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

- People were supported by staff who understood what support they wanted and how people liked their care to be provided.
- The views of people, staff and other health and social care professionals were considered when people's needs were assessed. One staff member gave us an example of an assessment they had been consulted about. As a result of the assessment, the person's needs were further identified and additional support provided. The person was enjoying improved well-being and a reduction in anxiety, because of the assessment and additional care put in place.

Staff skills, knowledge and experience

- People told us staff knew how to help them.
- Staff induction and training programmes supported staff to provide the care people needed. One staff member told us, "Staff are empowered by the training [registered manager's name] has given us. It's making a difference, and when you [use the training] you see people smile."
- New staff were supported by more experienced staff, so senior staff could be assured people were receiving care from competent staff. One staff member explained, "Shadowing other staff means you see how to do it, and gives you the chance to ask people how they like to have their care."
- Staff used the skills gained through induction and on-going training to carry out their roles effectively.

Supporting people to eat and drink enough with choice in a balanced diet

- People told us they were encouraged to decide what they wanted to eat and drink and were encouraged to make their own choices. Two people told us they decided where they ate their meals.
- People were supported to have enough to eat and drink to remain well.
- We saw staff encouraged people maintain their independence when eating and drinking. People were confident to ask for any items they wanted and staff responded to their requests.

Staff providing consistent, effective, timely care within and across organisations; Supporting people to live healthier lives, access healthcare services and support

- People told us staff supported them to attend routine health appointments, such as 'flu jabs and dental appointments, so they would remain well. People told us staff promptly helped them to see their GPs if they were unwell.
- Staff understood people's health needs. Staff gave us examples of advice they had followed from district nurses and speech and language specialists, so people would enjoy the best health outcomes possible.
- Staff regularly communicated information on people's changing health and well-being needs and to plan

the best way to support people when if their health needs had changed.

- People had health action plans and hospital passports were in place. These helped to ensure people would receive the care they wanted from other organisations.

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

- The layout of the home reflected how people wanted to live their lives. Two people showed us how much they enjoyed living in their flat, which was an area of the home which had been adapted to recognise their need for independence. This enabled them to increase their independence and live their life as they wished. Other people told us how much they liked their rooms, which reflected what was important to them.
- People benefited from the use of a garden area, which they told us they liked to use in the summer months.
- We saw some people liked to have picture based information available, to show them what interesting things were planned for them to do.

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 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.

- People were supported to be involved in daily decisions about their care.
- People told us staff gave them support so they had respect and freedom to do the things they enjoyed in the community.
- We found the MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way, authorisation correctly obtained, and any conditions observed.

Is the service caring?

Our findings

Caring – this means 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; respecting equality and diversity

- People had built trusting bonds with the staff who cared for them. One person told us, "The staff are nice. I like all the staff." Another person enjoyed spending time with their friends who also lived at Weir End House.
- People showed us they liked to spend time talking with staff and people expressed their affection for the staff who cared for them.
- Staff spoke warmly about the people they cared for and knew what was important to them. One staff member said, "You do get attached to the residents, here." We saw people enjoyed sharing a joke and laughing with the staff who cared for them.
- Staff told us they got to know people by spending time talking to them, communicating information with other staff and checking people's care plans.
- We saw staff took time to gently explain to people what they were doing to help them and to reassure people in the ways they preferred.
- Staff knew how people liked to communicate and used this knowledge so people had the support they wanted. For example, staff checked people's body language, to see if people wanted reassurance or assistance.

Supporting people to express their views and be involved in making decisions about their care

- People told us they made their own day to day decisions about their care, such as deciding what enjoyable things they would like to do, what time they chose to get up, and where they would like to spend their time.
- One person told us staff supported them to decide what hairstyle they may like, and helped them to arrange this.
- Staff explained how they supported people to make their own decisions, when required. This included explaining how people's decisions may affect them, such as how much money a day out would cost, so people were able to make informed choices.

Respecting and promoting people's privacy, dignity and independence

- One person told us staff always listened to decisions they made about the care they wanted, and told us this made them feel respected.
- People's rights to dignity and independence was promoted by staff. For example, staff supported some people to manage their own laundry and to tidy their rooms. One staff member highlighted how they promoted people's dignity and independence when supporting them with personal care. The staff member said, "You get to know what they can do themselves, you don't take away from their independence."
- Staff let people know they were valued by giving people the time they needed to communicate their

wishes.

- People's confidential information was securely stored, to promote their privacy.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

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

Personalised care; accessible information; choices, preferences and relationships

- People's care plans recorded their histories, preferences and relationships which mattered to them. People's care plans gave staff the guidance they needed to support people as they preferred. For example, if people liked physical reassurance if they were anxious, or preferred to spend time talking with staff.
- The views of people, staff and other health and social care professionals were considered when people's plans were initially put in place and reviewed, so people's needs would continue to be met.
- Staff gave us examples of times when people's care plans were adjusted, so their needs would continue to be met. This included if people wanted extra support when enjoying spending time away from the home, or if they became unwell.
- People told us staff supported them to keep in touch with people who were important to them. One person explained staff had supported them by taking them to see their family members, when their family members were not able to visit them.
- Staff told us people were encouraged to decide what interesting things they would like to do. One staff member said, "We do trips out, go to the shops and some people enjoy going to the pub. The activities are very much about them as individuals."
- Some people told us they liked to spend time doing activities together in the local community, such going for walks together, or spending time doing crafts at local community centres. People told us they enjoyed this, as they could keep in touch with their friends.
- One person told us staff knew they liked history. The person told us they had already been supported to spend time in the local community exploring their interests. The person said they were planning several other trips out with staff, just for them, so they could do a range of things they found enjoyable.
- We saw staff provided reassurance to people and helped them to understand what activities were planned, if people were unsure, or anxious.
- The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include choice, promotion of independence and inclusion. People living with learning disabilities at Weir End House were supported to live as ordinary a life as any citizen.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals, such information on planned activities and supporting people to understand how they could make a complaint.

Improving care quality in response to complaints or concerns

- Systems were in place to manage and respond to any complaints or any concerns raised.
- None of the people we spoke with had wished to raise any concerns or complaints, as they considered the care provided was good.

End of life care and support

- Plans for providing care to people at the end of their life were based on people's wishes, needs and preferences. End of life care plans reflected the views of people, their relatives and other health and social care professionals so people's needs would be met and their wishes respected.

Is the service well-led?

Our findings

Well-Led – this means 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.

Planning and promoting person-centred, high-quality care and support with openness; understanding and acting on their duty of candour responsibility

- People told us they knew the registered manager and senior staff well, and found them to be approachable.
- The registered manager also provided care to people. This gave the registered manager the opportunity to check on the quality of the care provided at Weir End House and ensured people were consistently supported by staff who knew them well.
- Staff were supported to provide good care and enjoyed working at the home. One staff member said, "I love my job because it's a bright and happy place. It's the people here who make you want to stay."
- People and staff members highlighted the registered manager had introduced more opportunities for people to enjoy activities which reflected people's individual interests.
- The registered manager had notified CQC of some significant events at the home, such as injuries to people. The systems in place to notify CQC of other events required further development. The registered manager told us they would review these systems so they could be assured they were consistently notifying CQC of events required by law.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- Staff understood the registered manager's vision for the home. One staff member said, "[Registered manager's name] wants what we staff want, for people to enjoy life and to smile, to have good care."
- The registered manager told us, "I am proudest of the stable staff team we have, of their knowledge and experience. Staff want to stay here, and to support people to make their own choices."
- Staff were supported to understand their roles through staff meetings and one-to-one meetings with their managers.
- The registered manager told us they were supported by the provider and said, "There's management support available when I need it." The registered manager also told us they had been supported with the resources needed to develop the buildings at the home to further benefit people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were encouraged to contribute their suggestions at 'Your Voice' meetings. These meetings gave people the opportunity to make recommendations for improving life at the home, and to let staff know what

activities they might enjoy. People were also encouraged to raise any concerns, and to decide what they would like to eat and drink at "Your Voice" meetings. Staff explained "Your Voice" meetings were followed up with individual reviews, so staff could be sure all people's wishes were heard.

- The registered manager and provider sought the views of staff through surveys and checked staff were supported through staff meetings and training opportunities. The views of other health and social care professionals and people's relatives were obtained through discussion and reviews. The registered manager gave us examples of changes introduced based on feedback obtained. This included the purchase of new garden furniture for people to enjoy using. Once building works had been completed, people would be involved in deciding how new rooms would be equipped and furnished.

- Links had been developed with the local community, so people could benefit from spending time at other health and social care venues. One person explained they had been supported by staff to find out about and to get in touch with local archivists. The person told us they really valued these links with the local community.

- There was effective joint working with other health and social care professionals. One staff member told us the registered manager had put systems in place so people would have the support they needed from several agencies. This included when people were supported to have operations they needed to improve their mobility.

- The registered manager gave us an example of the work they had undertaken with the local authority's health and social care professionals. This had led to opportunities for some people living at the home to try new information technology applications to assist them to communicate their decisions.

Continuous learning and improving care

- The registered manager and provider checked the quality of the care provided. For example, checks were made to ensure people's medicines were administered as prescribed, and to ensure people were supported to enjoy good health. The provider also checked the environment was safe, so they could be assured people benefited from safe care.

- The registered manager and staff kept up to date with best practice through training, research and attending meetings with other managers employed by the provider, so improvements would be driven through at Weir End House.

- The registered manager told us they planned to further develop the care available to people at the end of their lives, and to review the breadth of information available in accessible formats, so they could sure people had the best chance of making informed decisions about their care.