

Kingston upon Hull City Council

Park View

Inspection report

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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:

Park view is a care home providing personal care to 14 people with a learning disability or autism at the time of the inspection. The service accommodates up to 14 people across three bungalows located on the same site.

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

The service was registered for the support of up to 14 people, which is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and being separated into three separate domestic style properties.

People's experience of using this service and what we found:

People received personalised and responsive care. Staff were aware of risks to people's safety and wellbeing; they supported people to lead full and active lives, whilst managing these risks. Staff were knowledgeable about how to identify and report any signs of abuse and people received their medicines in line with their prescription.

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 practice. People used a range of communication methods to express their needs and wishes. Staff were skilled at understanding these methods, including people's non-verbal communication.

People were comfortable in the presence of staff and relatives told us staff were caring, sensitive and helpful. This sensitivity extended to family members and others involved in people's lives. Staff worked very well with health professionals to ensure people received co-ordinated and effective health and social care. This had led to very positive outcomes for some people in particular.

Detailed care plans were in place, so staff knew how to support people in line with people's needs and preferences. People took part in a range of individually tailored activities, at the service and in the community.

Systems were in place to check the quality and safety of the service and regular audits were conducted. We received positive feedback about the management of the service from relatives and staff. Staff told us they felt supported, were listened to and worked well together as a team. The registered manager and staff team

demonstrated a commitment to continually improving of the service.

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

Rating at last inspection:

At the last inspection the service was rated Good overall (published 24 January 2017).

Why we inspected:

This was a scheduled inspection based on the service's previous rating.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Park View

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was conducted by one adult social care inspector on both days of the inspection.

Service and service type

Park View is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service 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 before the inspection

We looked at information we held about the service. We reviewed the provider information return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan the inspection.

During the inspection

We spoke with three people who used the service and three relatives. We spoke with six members of staff including the registered manager, two care leaders and three care workers. 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 looked at records related to people's care and the management of the service. We viewed two people's care records, medication records, four staff recruitment and induction files, training and supervision information, staff rotas and records used to monitor the quality and safety of the service.

After the inspection

We continued to review evidence from the inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- The provider assessed and mitigated risks to people's safety and wellbeing.
- Staff completed risk assessments relating to people's individual needs and reviewed them regularly.
- Environment and equipment safety checks were routinely conducted, and repairs completed when required.
- Staff were attentive to people's safety and relatives confirmed they felt their loved ones were safe and comfortable.

Learning lessons when things go wrong

- Staff completed accident and incident records and these were reviewed by the registered manager to identify any further action required.
- Appropriate responsive action was taken when incidents occurred, to prevent the risk of recurrence. For example, one incident where staff had been required to intervene when someone started to choke on food. The provider carefully analysed the incident and took action, including reviewing the food eaten and making a referral to the speech and language therapy team.

Using medicines safely

- The provider had a safe system to manage medicines.
- Staff who supported people with their medicines were trained and had their competency checked.
- The provider had introduced a new 'medicines checker' role to reduce the risk of any errors.
- The registered manager conducted regular medicines audits, to check on practice and ensure that people received their medicines as prescribed.

Staffing and recruitment

- There were sufficient, appropriately recruited and skilled, staff to meet people's needs.
- Staff and relatives told us there were enough staff available to care for people safely.
- Agency staff were used when required, to maintain staffing levels. The provider also recognised that some people's needs had increased, and they were in the process of recruiting staff and increasing staffing levels to reflect this.
- Appropriate recruitment checks were conducted to ensure applicants were suitable to work with vulnerable people.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training; they were aware of indicators of potential abuse and knew how to report any concerns.

- The provider had a safeguarding policy and details of the local authority's policies and procedures. They referred concerns to the local authority safeguarding team when required and recorded any action taken.

Preventing and controlling infection

- Each bungalow was clean and there were no malodours.
- The provider employed domestic staff and regular cleaning took place.
- Domestic staff completed cleaning records and the registered manager conducted routine audits of cleaning and infection control practice.
- Staff used personal protective equipment (PPE) when required, such as disposable gloves and aprons.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The provider assessed people's capacity to make specific decisions and had submitted DoLS applications where required.
- Staff sought people's consent before providing care. Staff had a good awareness of when people were showing through their non-verbal communication if they did not want something and responded appropriately to this.
- The provider retained evidence where people had a Lasting Power of Attorney or legal representative. This helped to ensure that only those with appropriate authorisation made decisions on behalf of people.

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

- People were supported to eat and drink enough.
- Information about people's nutrition and hydration needs was recorded in their care plan and people's weight was monitored.
- Mealtimes were calm and organised. People appeared to enjoy the food and received meals in line with their needs and preferences.
- The provider tried creative ways of adding variety and nutritional value into people's diets. For instance, a 'smoothies day,' 'cookies and chocolate evening' and 'mocktail afternoon.' As a result, staff had identified new things that people liked, and had started to purchase these foods and drinks regularly for those people.

Staff support: induction, training, skills and experience

- Staff were supported in their role; they received an induction, training and regular supervision.
- There was a training matrix to enable the registered manager to easily track when staff were due for their refresher training.

- Staff were satisfied with the training they received and told us they could request additional training if they needed it.

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

- Systems were in place to assess people's needs and preferences, so that staff knew how to support them.
- The provider used a range of recognised assessment and person-centred support tools.
- The registered manager kept up to date with best practice and was involved with a number of multi-agency networks and professionals meetings.

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

- People had good access to health and social care professionals, including the GP and a range of specialists.
- A relative told us how the excellent partnership working between themselves, health professionals and staff at the service had had a highly positive impact on the maintenance of their loved one's health.
- Information about people's health needs was recorded in their care plan. This included good detail about people's oral health care needs.
- Staff had been proactive in ensuring people had an annual check, regular dental appointments and sight tests. The provider had also participated in a project with the local clinical commissioning group, to ensure that each person's medicines had been reviewed.

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

- The properties were suitable for people's needs. Each of the three bungalows was spacious and had a large communal area. We discussed identifying more a suitable storage place for certain items, such as wheelchairs, in one of the bungalows.
- Bedrooms were decorated according to people's preferences and contained people's personal possessions. People had access to the equipment they needed. The provider had also applied for a grant to purchase some additional sensory equipment for people.
- The registered manager showed us their plans for improvements to the gardens and exterior space.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Staff treated people with kindness and respect.
- People appeared relaxed and comfortable with staff. Relatives praised staff for their caring approach to people used the service, and to themselves as relatives. One relative told us, "The staff are very good; very helpful." Another described staff as, "Very caring" and "Extremely welcoming." They also described the sensitivity and respect staff had shown them, as a relative, enabling them to adjust to their loved one moving to the service.
- Staff demonstrated good knowledge of people and spoke about them warmly.
- The provider had an equality and diversity policy and there was information in people's care files about any needs in relation to protected characteristics of the Equality Act. One person was supported to go to church every week.

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

- We observed staff offered people choices and engaged them in discussions.
- Person-centred planning tools were used to help understand people's views and inform care plans.
- People had access to independent support with decision making and expressing their views, where required. Some people had support from advocates or relatives.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected.
- Staff provided examples to demonstrate how they maintained people's dignity. This was verified by our observations and feedback from relatives.
- The service had a dignity champion and meetings were held to discuss best practice and ideas for promoting people's dignity and wellbeing.
- Staff tailored their support in order to promote people's independence and maintain their skills.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff were responsive and understood people's individual needs and preferences.
- The provider developed care plans with information for staff about how to support people. These were regularly reviewed and updated when people's needs changed.
- Staff completed records of the care they provided. These records showed people received the support outlined in their care plan.
- Relatives confirmed staff understood people's preferences and adapted their support accordingly. One relative told us, "Staff have shown an incredible way of getting to know [Name of person]. All the staff have taken time to understand [Name]'s non-verbal communication."

Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Detailed information about people's communication needs was recorded in their care file and staff were aware of the different ways each person communicated. This included body language, eye contact, signing and gestures.
- The provider had recently commenced communication focus group meetings, to promote best practice.
- A range of information was available in easy read or pictorial format.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in a range of leisure and social activities.
- A member of staff told us, "Activities are looked at really well here. It's quite varied and people all like different things and have an individual program. There are music groups, people go to concerts, the theatre, the local pub with music, days out and there is entertainment coming in (to the service)."
- One person told us they enjoyed going bowling regularly and they were looking forward to a day out of their choice which had been planned.
- A relative told us staff organised a birthday party for their loved one and family and friends were welcome to visit any time.

End of life care and support

- The provider had systems in place to ensure people received compassionate end of life care.
- The provider worked very well with other healthcare professionals to ensure people's needs were met. People had an advanced care plan, where relevant, which had been developed with other professionals involved in the person's care.
- Where required, people had anticipatory medicines available to relieve symptoms.
- The provider was in the process of sourcing additional training for staff in end of life care.

Improving care quality in response to complaints or concerns

- The provider's accessible complaints policy was on display in the home.
- Complaints and compliments were recorded, along with information about how complaints had been investigated and resolved.
- Relatives confirmed they would feel comfortable raising any concerns with staff or the registered manager and were confident they would be dealt with.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was aware of regulatory requirements and had provided information about relevant incidents to CQC as required by law.
- The registered manager attended a number of local professional networks and forums to exchange information about current guidance and best practice in supporting people with learning disabilities.
- Staff were made aware of their responsibilities by attending daily handover meetings, staff meetings and supervisions.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood requirements in relation to the duty of candour.
- Where any mistakes had occurred, records showed the provider offered an unreserved apology to relevant parties, such as relatives, along with an explanation of what had occurred and the responsive action taken.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, relatives and staff spoke highly of the registered manager. One relative told us, "[Registered manager] seems to be quite efficient and is very approachable." A staff member told us, "[Registered manager] is really good. She is easy to talk to, has the door open and is always willing to listen, even though she's busy."
- Staff were motivated and demonstrated commitment to providing high quality, person-centred care. A staff member told us they were particularly proud of the team work at the service. Another commented how much they enjoyed their job.
- There was a quality assurance system and regular audits were conducted to check on the quality and safety of the service. Action was taken in response to issues identified in audits.

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

- Feedback was gathered from people and relatives. This included individual review meetings and satisfaction surveys. The registered manager agreed to develop a more accessible version of the feedback received from the survey for people.
- Staff were engaged in the running of the service and had opportunity to provide feedback in staff meetings.

Staff confirmed they felt listened to, and one told us, "[Registered Manager] seems to have confidence in us and is willing to listen to our ideas."

Continuous learning and improving care

- There was a culture of continuous improvement at the service. The staff team used person-centred thinking tools to reflect on what things worked well and what could be improved.
- The registered manager had recently re-introduced a range of champions meetings to promote best practice and new ideas. Plans were also underway to make improvements to the gardens, purchase a range of additional equipment and install Wi-Fi and new assistive technology.

Working in partnership with others

- The provider worked well with other organisations and developed good links within the community. People were supported to access a range of local facilities and activities.
- Staff worked in partnership with other health and social care professionals to meet people's needs. This had resulted in positive outcomes for people.