Parkcare Homes (No.2) Limited

Devonshire Road

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

This inspection took place on 5 March 2018 and was unannounced. At the last inspection on 5 October 2015 the service was rated Good. At this inspection we found the service remained Good.

Devonshire Road is a residential care home for five people with learning disabilities and mental health needs. 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. At the time of this inspection there were five people living at the service.

At our last inspection we rated the service 'Good'. At this inspection we found the evidence continued to support the rating of 'Good' and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

We observed people to be happy and very settled living at Devonshire Road. Some people had been living at the home in excess of 20 years.

Care plans contained clear and specific risk assessments with guidelines for staff on how to support people so as to reduce or mitigate each identified risk in order to keep people safe from harm.

People and relatives told us that they felt safe living at Devonshire Road and with the support that they received from the care staff.

The service followed robust recruitment processes to ensure that only care staff that were assessed as suitable and safe to work with vulnerable adults.

We observed appropriate staffing levels available to support people. Staff levels were flexible dependent on people's level of need.

Medicines were administered and managed safely and people received medicines as prescribed.

People's needs were assessed prior to admission and regularly reviewed so that people received the

appropriate care and support that took account of their needs and requirements.

Care staff received appropriate training and support in order to effectively deliver appropriate care and support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The provider had policies and systems in place to support this practice.

People were supported with their nutrition and hydration needs which took account of their choices, preferences and wishes. Where specialist dietary requirements had been recorded, people received the appropriate and specific support as outlined in provided guidance.

People were supported to access a variety of health care service where required to enable them to live a healthier lifestyle.

People were supported to be as independent as possible. People had established caring and meaningful relationships with other people living at the home and with the care staff that supported them.

Appropriate processes were in place to deal with any complaints that were received. People and relatives confirmed they knew who to speak if they were not happy with any aspect of their care and support.

Care plans were detailed, person centred and responsive to people's care and support needs, choices and wishes.

The provider had processes in place to ensure that the quality of care was regularly monitored and checked so that subsequent learning could take place and improvements made to the delivery of service.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Devonshire Road

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 comprehensive inspection took place on 5 March 2018 and was unannounced.

One inspector carried out this inspection with the support of an expert by experience who made telephone calls and spoke with relatives of people using the service. An expert-by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection, we reviewed the information that we held about the service and the providers including notifications affecting the safety and well-being of people who used the service and safeguarding information received by us. We reviewed the Provider Information Return (PIR) which the provider had sent to us. A PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make.

During our inspection we spoke with three people who used the service and three relatives. We observed interactions between people and staff. We also spoke with the registered manager and four support workers. We looked at four care records, five staff and training records, five medicines records and records relating to the management of the service such as audits, policies and procedures.

Good

Our findings

People told us that they felt safe living at Devonshire Road and with the care and support that they received from the care staff. One person told us, "Yes, I am safe." Relatives also commented on people's safety and told us, "Yes I think they do risk assessment and safeguarding and she is very happy there." In addition we observed people who were unable to communicate to be at ease and comfortable in the presence of care staff who they knew.

Safeguarding policies and procedures in place were understood by all staff who clearly communicated to us how they would identify abuse and the steps they would take to report any concerns. All care staff had received appropriate safeguarding training. All staff knew of the term whistleblowing and demonstrated a good understanding of what this meant and who to contact if they had any concerns without fear of recrimination.

Each person's care plan contained detailed risk assessments which identified each individuals risks associated with their health and support needs. Risk assessments provided a description of the risk and triggers and the required control measures in place to reduce or mitigate the known risk. Risk assessments covered areas such as epilepsy, allergies, mobility, physical and verbal aggression, environmental and nutrition.

During the inspection we observed there to be appropriate staffing levels in place which was based on people's level of needs. Rotas confirmed that staffing levels were flexible and adjusted based on people's needs especially where people required support and assistance accessing the community. One relative told us, "Yes as far as I know I think there is enough staff she gets to go out a lot."

The provider followed robust recruitment processes to ensure that only care staff that had been assessed as safe and suitable to work with vulnerable adults were recruited. Checks included criminal record checks, conduct in previous employment, identity verification all of which confirmed potential staff members previous conduct and suitability for the job that they had applied for.

We confirmed that the provider had safe and appropriate processes in place to ensure people received their medicines safely and as prescribed. Records had been completed in full with no gaps or omissions in recording. Where people had been prescribed 'as and when required' (PRN) medicines, a PRN protocol was in place which detailed the medicine, why it had been prescribed and when they should be administered. The registered manager completed daily and monthly medicine checks to ensure that people were being

administered their medicines safely and appropriately.

Care staff told us and records confirmed that they had received medicines training. Observations of care staff were also completed as part of their induction process and periodically thereafter in order to assess their competency.

Any accident or incident involving people or staff had been clearly documented with details of the incident and the actions taken. A monthly overview and a lessons learnt exercise was completed by the registered manager to submit to the provider and to present at monthly staff meetings so that each accident/incident could be analysed to identify any trends or patters and to consider any learning or improvements that could be made as a result to prevent any such future re-occurrences.

We observed that the home was clean and free from mal-odours. The service ensured that staff understood infection control and how to protect people from infection. Staff had been trained in infection control and had access to a variety of personal protective equipment including gloves, aprons and shoe covers.

We checked all food storage areas including the fridge and freezer and found that these were clean. Processes were in place which ensured that people had access to food which was safe to consume.

The safety of the building was routinely monitored and records showed appropriate checks and tests of equipment and systems such as fire alarms, emergency lighting, gas and electrical safety and legionella were undertaken. Personal Emergency Evacuation Plans (PEEPs) were in place and the provider had a clear contingency plan in place to help ensure people were kept safe in the event of a fire or other emergency.

Good

Our findings

Relatives confirmed that care staff appeared to be well trained and knew the people they supported really well. One relative told us, "Yes I do, most of them [care staff] have been there a long time so they know her very well."

The service ensured a comprehensive pre-admission assessment was completed prior to anyone coming to live at Devonshire Road. Based on the information gathered the service was able to confirm whether they would be able to appropriately meet the needs of the person taking into account their needs, choices and preferences. A detailed care plan was compiled based on the information gathered and was reviewed and evaluated on a monthly basis or sooner to ensure the information was always current and reflective of the persons needs and requirements.

Care staff told us and records confirmed that they received regular training and support which enabled them to deliver their role effectively. Newly recruited staff received a comprehensive induction prior to commencing work. Training was regularly refreshed to ensure care staff were kept abreast of the most recent and relevant information. Care staff were also supported through regular supervisions and annual appraisals which gave them the opportunity to discuss development opportunities, workload and any identified issues. One care staff told us, "They are quite good. We talk about areas for improvement, training and service users well being."

People were supported to eat and drink in a way which promoted their health, provided a balanced diet and enabled them to be as independent as practicably possible. Care staff supported people to prepare and cook their own meals where possible. The service had devised a weekly menu plan which was used as a discussion tool for people to use to choose what they wanted to eat on a daily basis. People also had the option to eat out in restaurants and pubs whenever they so wished. Where people required specific intervention with their meals due to identified swallowing and choking difficulties, these had been risk assessed and specific guidance was available to staff on how the person was to be supported safely. One relative when asked about whether their relative was well nourished told us, "Yes I think she is, she attended a course recently on healthy eating and they are putting that into practice with her she is now a healthy weight."

Documents seen confirmed that the service worked in a way which enabled effective communication and exchange of information about people within the service and across a variety of external organisations involved in the provision of health care and support. A daily recording book for each person was used as a

handover record for all care staff to read which gave them information about the person and their daily activities and wellbeing. The service also worked closely with the local authority learning disabilities team, occupational therapists and community resource teams and referrals had been submitted where people required specific support with their health and care needs.

People were supported to access a variety of other external healthcare professionals including GP's, dentists, opticians, chiropodists, therapists and psychiatrists. Each visit with any such professional was clearly documented with details of why the visit was required, the outcome of the visit and any subsequent actions that needed to be addressed. Staffing levels were adjusted to ensure that where people required assistance to attend appointments that this support was available.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that the service was meeting the requirements of the MCA 2005 and the Deprivation of Liberty Safeguards.

The registered manager and care staff demonstrated a good level of understanding in relation to the MCA and its principles and how this may affect a person that they supported. We observed people being asked for their consent before any type of support or assistance was provided and people were always offered a choice in every aspect of their care. Capacity assessments and best interest decisions had been completed where people had been assessed as lacking capacity with details of how the service was to support the person in making those identified specific decisions. Care plans had been signed by people where the service had assessed the person's capacity and understanding to do so. Where people had not signed the care plan, relatives had been involved in the care planning process and had signed the care plan confirming this.

People's rooms had been adapted and decorated in line with the person's needs, choices and preferences. People's rooms were personalised with items of interest and personal belongings of their choice.

Good

Our findings

People were observed to be happy and content living at Devonshire Road. Some people had been living at the home in excess of 20 years. One person told us, "I am very happy here." The same person told us that care staff were "caring." We observed that people had not only established caring and positive relationships with each other but with the care staff that supported them. We asked relatives if they found care staff caring. One relative told us, "Yep as far as I can see, she [person] never tells me anything different."

Care staff knew the people they supported really well. We observed positive interactions between people and care staff which were based on mutual respect and understanding. Care staff also had a good understanding of people's personalities and behaviours and were able to support them accordingly and in a way which promoted positive well-being. One care staff told us, "Care plans give us information but we have to really get to know the person."

We observed that people were involved in all aspects of their health, care and social needs at every given opportunity. People were always consulted about the how they wished to be supported, the activities they wished to participate in and social outings. Relatives also confirmed that where possible they had been involved in their relatives care planning, annual reviews and were also kept updated by the service on a regular basis. One relative commented, "They keep me informed about what [person] is doing we have annual reviews we have meetings about what she is doing."

Care staff clearly understood the importance of maintaining people's privacy and dignity and how this was to be done. Examples such as knocking on people's doors, giving people choice and giving people privacy whilst supporting with personal care were shared with us. One care staff told us, "We treat everyone as how you or I would want to be treated."

Promoting and enabling people's independence was a key part of the service ethos to ensure that people were supported to live independent and meaningful lives. We observed people were encouraged and prompted to clean their rooms, cook, go shopping and do their own laundry. Care staff clearly understood the importance of supporting people with their independence and told us, "We encourage and support them to do what they [people] can. It's about helping them to maintain their daily living skills" and "It's about encouragement. Where people are capable of doing things we let them and we just supervise."

Care plans were reflective of people's cultural, religious and personal diversity and staff were clearly aware of people's individual needs and how these were to be met. We asked staff about supporting people who

may identify themselves as lesbian, gay, bi-sexual and transgender (LGBT). Staff members responses included, "People have choices. If they are happy, I am happy" and "We treat everybody the same and with respect. Everyone is to be treated equally and fairly."

Good

Our findings

Care plans were person centred and gave care staff detailed information about the person, their life, their specific health and social care needs, their likes and dislikes which enabled care staff to provide care and support that was responsive to their needs. A one page profile had been constructed about the person listing specific points about the person under areas such as communication, nutrition, behaviour support, hobbies and interests and key skills.

For one person who was unable to communicate we saw a communication dictionary in their care plan which detailed how the person would react and respond when in specific situations such as if they were happy, unhappy or when they were hungry. This enabled care staff to recognise and support people in response to their expressed needs.

Daily monitoring records such as bowel movements charts, night checks, daily care records and a hospital passport were available and used where required. A hospital passport is a document which assists people with learning disabilities to provide hospital staff with important information about them and their health when they are admitted to hospital. These documents were easily accessible to all staff and provided them with immediate and relevant information about the person and their needs in order to provide care that was responsive to their needs.

Where people expressed certain behaviours that challenged, care staff were provided with detailed guidance and structure on how to support the person with their behaviour that ensured their safety and ultimately took them into positive well-being. Behaviour plans were in place which identified how the person would behave when they were happy and how to respond, when they were becoming agitated and what to do and when they were becoming very angry the steps to take to support them.

People were supported to set achievement goals in particular areas of interest that the person was not very confident in and had not been able to participate in. Care plans documented the details of the goal and how the person was to achieve this. We also saw records on the progress that they had made in achieving their goal. People's goals included going away on holiday for a week, accessing the community by bus twice a week and carrying out monthly health and safety checks within the home.

People had been allocated a named member of care staff as their key worker. Key workers were responsible for ensuring that the persons care and support needs were being met as well as ensuring regular communication with the person, their family had any other health care professionals were established and

maintained. People met with their key worker on a monthly basis to review their care and support plan and review the progress of their achievement goals.

The service also ensured that people had access to advocacy services where this was an assessed need. We saw guidance that had been compiled for the person explaining to them what an advocate was and how they could support the person especially where specific decisions needed to be made.

People were supported to access a variety of activities based on their likes and dislikes, hobbies and interests. People also were given the choice of participating only if they so wished. The registered manager told us that there was no formal activity timetable in place but that activities were planned on a day to day basis dependent on what people wanted to do. People attended day centres, colleges and the leisure centre. People also took part in ad-hoc activities such as knitting, therapies, beauty treatments, shopping, going out for lunch, reflexology and board games. The service also planned and took people on an annual holiday of which we saw several photos that had been taken.

Relatives we spoke with knew who to speak with if they had any complaints or issues and were confident that these would be addressed appropriately. One relative told us, "I have never really had that but if I do have a complaint I would raise it with the manager." The provider's complaints policy clearly outlined details on how to raise a complaint and the steps the provider would take to address and deal with each complaint. The service had only received one complaint since the last inspection. Records confirmed that this had been dealt with appropriately.

Good

Our findings

There was a registered manager in post at the time of the inspection. 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.

People were observed to be comfortable approaching and addressing the registered manager and the care staff at any time. Staff also ensured that they were available for the person and gave them their full attention when they were approached by the person. One person told us, "[Registered manager] is a lovely boss." Relatives also confirmed that they knew the registered manager well and felt able to speak with them when required. Comments included, "Yes, I think she is good since she took over a couple of years ago" and "Yeah of course, I see her every week but this week I'll see her twice in one week."

Care staff were very positive about the registered manager and told us that they were always available to them for guidance and support. Care staff told us that they were appropriately supported not only through supervision and appraisals but also through daily handovers and bi-monthly team meetings. Care staff felt that they were listened to and were able to give ideas and suggestions on how people could receive good quality care. Feedback from care staff about the registered manager included, "She is very good and supportive. She is the best. She knows everything from the ground" and "She is very good. She is understanding and approachable and gives us a choice."

The registered manager and care staff were very clear about the providers values and visions and told us that there was a very clear structure and support mechanism in place to ensure people received the best quality care and support possible. The registered manager told us, "We are one family, we are open and we are honest so that the service user receives the best quality care. I think my staff team achieve this. There is a very clear structure of management and there is always someone available on call."

The provider had a number of systems and processes in place to monitor and oversee the management and quality of care provision in order to learn and drive through further improvements where required. This included daily and monthly medicine audits, care plan reviews and health and safety checks. The provider had also carried out a benchmark inspection of the service in anticipation of a CQC inspection. This inspection was based on the CQC's key questions and key lines of enquiries. Where issues were identified an action plan had been developed accordingly with regular updates after each action had been completed.

The registered manager told us about how one person who had a keen eye for health and safety issues and liked to make sure things were in their right place and so to promote their interest had made them the health and safety champion within the home. This involved the person alongside the registered manager completing monthly health and safety checks. The registered manager told us that this person had the ability to spot things that were not working or not in their right place. This particular person had also been provided with infection control training to support them in their role.

Monthly resident meetings gave people the opportunity for people to voice their opinions and ideas about how they wished to live within the home and the way in which it should be managed. Meetings named 'Voice Meetings' and included topics such as food, activities, equality and diversity and people's thoughts on LGBT staff supporting them for discussion. Individual people were also asked to teach other people specific words from the language that they spoke and give feedback from the health and safety audits that they had completed. Minutes were pictorial so that people could easily access, read and understand and where actions were noted there was records of when the action had been completed.

People, relatives and staff also had the opportunity to engage with the service through annual quality satisfaction surveys. Completed surveys were positive and no concerns had been noted. One relative had written, 'All staff are very supportive towards [person] and myself. [Person] appears happy and confident and the home and staff go out of their way to meet her needs.' Where care staff had raised any negative points these had been discussed with care staff through the team meetings.

The service worked in partnership with other agencies to support care provision. We noted that that the service maintained positive links with a variety of healthcare professionals and community services including psychiatrists, the day centres that people attended, local supermarkets, social workers and local pubs and shops. The registered manager told us that the local community surrounding the home knew the people living at Devonshire Road well, this meant that established relationships had led to people in the community being readily available to offer their support and assistance to people where required.