

# Parkcare Homes (No.2) Limited

# The Old Vicarage

## 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

At our last inspection we had found that training in challenging behaviour had not been completed. This placed both the staff and people living at the service at risk. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation this was a breach of Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the provider had completed their action plan and staff were all now trained to respond to behaviours that may challenge.

There was a registered manager for the services. 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 helped to stay safe because the provider had systems that helped reduce risks to them. People were supported by enough staff to keep them safe and to reduce the risks of them experiencing harm. Staff were well trained about how to provide safe care. The staff knew how to protect people if they had any concerns about their safety or wellbeing.

People were helped by staff to manage and receive their medicines safely. People were properly supported to stay healthy. They were also well supported to have positive relationships in their life. Each person had a detailed care plan in place and these were produced with people and their relative's involvement. Care plans showed how each person's care and support needs were met. Care plans were reviewed regularly. This was to ensure they were up to date and reflected people's full range of care and support needs.

The staff were kind and caring and the communication we saw between people and staff were warm and friendly in nature. The staff understood that part of their role was to promote people's independence and encourage them to take part in activities they enjoyed. People told us they liked going out for example to visit family and take part in a range of social events.

Staff felt they were supported in their work and they also felt the management were supportive. The quality of care and service that people received was checked and monitored. This was to make sure it was safe and suitable for them.

People were supported with their range of day to day needs by a team of staff who were well trained and properly supported and supervised in their work. The staff were able to go on regular training courses and felt developed and supported in their roles. This helped the staff to improve and develop their skills and competencies when they supported people at the home. The staff felt positive about working as a team and they felt there was usually a good morale and team spirit among them.

The visions and values of the organisation were understood and put into practice by the team. The staff showed how they followed these visions and values in their work. They included providing personalised care, treating people as unique individuals and encouraging independence.

## 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.

People were protected by staff who knew how to recognise and report abuse. Risks were identified and properly managed.

Medicines that people needed for their health and well-being were managed safely.

The provider had recruitment systems in place that helped to ensure only staff who were suitable to work at the home were employed.

There was enough staff employed to meet the needs of people living at the home.

### Is the service effective?

Good ●

The service was effective.

The requirements of the Mental Capacity Act 2005 were complied with in the home. This meant that the freedoms and rights of people were protected.

People benefited because they were supported with their needs by staff who understood how to provide them with effective care and support.

People were able to eat and drink the food and drinks of their choosing. Staff supported people when needed to eat and drink enough to stay healthy.

People were well supported with their health care needs and GP's and healthcare professional's provided guidance and treatment when needed.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff who had a kind and caring approach.

People were assisted by staff who knew them well and were aware of their individual choices and preferences.

### Is the service responsive?

Good ●

The service was responsive

The care and support people received was planned in a flexible way that ensured their needs were met.

Peoples care records clearly explained how to support people to meet their range of needs.

People were supported to make their views known. There was a procedure in place to respond to concerns and complaints.

### Is the service well-led?

Good ●

The service was well led

The staff team felt supported by management. The registered manager had a close and trusting relationships with people at the home.

The quality of care and service that people received was monitored to make sure it was safe and suitable.

The organisations visions and values were understood by the team. The team demonstrated that they followed these visions and values in their work

# The Old Vicarage

## **Detailed findings**

### Background to this inspection

We carried out this unannounced 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.

The inspection took place on 10 February 2017 and was unannounced. One inspector carried out the inspection.

Before the inspection, we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

We read the Provider Information Record (PIR) and previous inspection reports before our visit. The PIR was information given to us by the provider. This enabled us to ensure we looked closely at any potential areas of concern. The PIR was detailed and gave us information about how the service ensured it was safe, effective, caring, responsive and well led.

We met six people who were living in the home. Staff we spoke with included the registered manager, the deputy manager, and three support staff.

We observed how staff interacted with the people they supported in all parts of the home.

We viewed the care records of three people, staff training records, staff recruitment files, supervision records and staff duty rotas. We also checked a number of other records relating to the way the home was managed and run.

# Is the service safe?

## Our findings

People were protected from the risk of abuse because staff had a good awareness of what the different types of abuse were that could occur. The staff understood how to report concerns about people at the home. The staff explained that they were able to approach the registered manager if they were concerned about a person at the home. The staff also told us they had been on training and updates on the subjects of safeguarding adults from abuse. Staff also said that the subject of safeguarding people was also brought up at staff meetings and at their one to one support meetings. This was to make sure that they knew how to raise any concerns and what to do to keep people safe.

A copy of the procedure for reporting abuse was on display on notice boards in several areas of the home. The procedure had been written in an easy to understand way to help to make it easy to read and use. There was also information from the local authority advising people how to report abuse. The registered manager reported all concerns of possible abuse to the local authority and informed us when required.

The staff we spoke with had an awareness of the different legislation used to protect people's rights and keep them safe. Staff knew what whistleblowing at work was and how they could do this. Staff understood they were protected in law if they reported possible wrongdoing at work. Staff had also attended training to help them understand this subject. There was a whistleblowing procedure on display in the home. The procedure had the contact details of the organisations people could safely contact.

Medicines were managed and administered safely to people. The medicines that people needed were stored safely in a trolley that was locked away inside a secure cupboard with other medicines when not in use. Staff regularly checked medicines that needed extra storage security. There were regular stock checks on the remaining balances of medicines that people had been given. There were daily checks carried out and records kept of the fridge and room temperatures. This was to ensure medicines were stored at the temperatures needed to maintain their effectiveness. Staff had guidelines in place to refer to for people who had medicines prescribed to be taken as and when required. There was guidance to support staff to give 'take if required' medicine, for example to help people manage their mood and anxiety levels. Body map templates were in place when they were needed. These guided staff as to when to apply creams and lotions. This helped to ensure people received their medicines safely.

People were supported by a sufficient number of suitably competent staff to keep them safe. The registered manager and staff also told us staffing levels were good and always at a high level. They said people were well supported with what they wanted to do. The staffing levels were increased on the days that people went to community-based activities or to go out to see friends and family. We saw that staff were readily available when people needed two staff to help them with their mobility needs. Staff sat with people, spent time and engaged them in social conversation. Staff gently provided support to people who needed extra assistance with eating and drinking.

The provider's recruitment procedure aimed to keep people safe by reducing the risks of unsuitable staff being employed. Potential new staff were only taken on for employment after a number of checks had been

completed. These included references, proof of identification and criminal records checks. Staff we spoke with told us they had undertaken these checks. Disclosure and Barring checks were carried out on all the staff. There was proof of identification in the form of passports, were also checked for all staff. There was also a probation period that all new staff were required to work. This could be extended if there were any concerns about the suitability of new staff to work at the home.

When people had been involved in an accident or an incident had happened, learning took place. If a person for example exhibited behaviours that were challenging towards others changes to their care and support were put in place if needed. The staff recorded what had happened after any incident or accident. This information was used to make sure they reflected any changes to people's care after an incident. The staff told us this information was also raised at team meetings. This was to make sure that staff were aware of issues that had arisen if an incident had occurred.

To protect the health and safety of people staff and visitors there were systems to keep people, the environment and equipment safe. There was a fire risk assessment in place to guide staff to support people in the event of a fire. The firefighting equipment and fire detection systems were regularly checked to ensure they were in working order. Moving and handling equipment was also regularly checked and maintained in good condition. This meant people had safe equipment to support them with their mobility needs.

The premises looked safely maintained in the areas we saw. Health and safety checks of the premises were carried out regularly. When needed suitable actions were put in place to reduce the risk of harm and to aim to keep people safe. There was guidance in place that explained how to support people to use the kitchen and facilities safely. Checks were also completed to ensure that electrical equipment and heating systems were safe.

The staff followed systems that were in place to try to reduce risks from cross infection. The staff helped maintain a hygienic environment. They used colour coding system in place for their cleaning equipment. This helped to reduce the risks of the spread of potential infection. For example, cleaning equipment used to clean toilets was not used to clean bedrooms or other areas. The staff had protective plastic gloves and aprons to use when giving personal care. This was to reduce risks of cross infection.



## Is the service effective?

### Our findings

Since the last inspection the whole team of staff that supported people had completed tailored training course around how to safely respond to behaviours that challenge. The staff we met spoke positively about this training course. They said it helped them to put into action safe responses when people exhibited behaviours that were challenge such as aggression towards them. This was also confirmed in the training records that we viewed. The staff we spoke with told us they had been on a variety of training and learning opportunities that were relevant to the needs of the people who lived at The Old Vicarage. Training records confirmed there was regular training provided for staff. Recent training sessions staff had attended included caring for people with behaviours that challenge, nutritional needs of people, safeguarding people, health and safety and medicines management. This range of training helped to make sure staff had the skills and knowledge necessary to effectively meet the needs of the people at the home.

We sat and spent time observing at the ways that staff supported and communicated with people. This was because some people were not able to give their verbal opinion about the service they receive. We saw that the staff used a gentle tone of voice and an open friendly body posture when they engaged with people. We saw staff sit next to people who were sat on the floor and engaged them in social conversations. The staff sang with people and used gentle humour that we were told the people concerned really liked. People responded to all of these approaches in a very positive way. The staff encouraged people to make choices throughout the day of different activities they enjoyed. We saw people went out with staff for a trip to the community. We saw other people make drinks and snacks with staff support. We heard laughter and good-humoured interactions between people and staff. Our observations showed that people were being well supported by staff to meet their needs.

People's care records showed when they saw the dentist, GP and other healthcare professionals. We saw appointments were made for people when required. Arrangements were in place for people to receive the services of opticians, and dentists and chiropodists if needed. Some people were supported by a community based speech and language therapy team. This was to assist them with specific complex nutritional needs. We saw staff assist the person who had a Percutaneous endoscopic gastrostomy( a PEG feed). This is a tube that is tube passed through a person's stomach to help them with their nutritional needs, Staff assisted the person in the correct ways that were set out in their care plan.

Staff had an understanding of how to obtain consent and the importance of ensuring peoples' rights were maintained when they offered them care and support. The staff we spoke with explained how they asked and then talked though with the person what they were about to do before carrying out care and support. We saw staff ask people before they carried out any part of their care.

Staff consulted people and respected their choices. People were offered choices about what they would like for their lunch and what activities they may wish to take part in during the day. To assist people make decisions about what they wished to do, staff used a variety of communication tools such as pictures, cards and signs.

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 the best interests and as least restrictive as possible. Staff have been trained around mental capacity and they were supported with policies and procedures to offer further guidance. Staff understood that a person's capacity needed to be assessed for a specific decision they were making. They also understood how this legislation applied to people who lived at The Old Vicarage. Families were involved when people were not able to sign their care plans and be involved in planning their care.

The staff team had attended Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) training. The Mental Capacity Act 2005 is a legal framework to support decisions to be made in the best interests of adults who do not have the capacity to make an informed decision. There was guidance available about the Deprivation of Liberty Safeguards Law (DoLS). This information meant staff could get hold of guidance, if needed to ensure safeguards were in place to protect people in the least restrictive way. This information also helped to inform staff how to make a DoLS application.

People were offered a choice of suitable and nutritious food and drinks. The staff told us they had to know over the time they had worked with people what meals people enjoyed or did not like. There was information about people's dietary preferences written in each person's care plan. We saw staff support people to eat their breakfast and lunch. The staff assisted people who needed extra support in a calm and discrete way. The staff prompted certain people to eat their meals. People approached the staff who asked them what they wanted for breakfast and lunch. The staff supported some people to assist with making their own lunch. People were also offered drinks throughout the morning and the afternoon between meals.

Care planning processes helped ensure people received suitable support to meet their nutritional needs. There was guidance from a dietician recorded in one person's care records. This was to assist the staff in supporting the person with their complex nutritional needs. We read information in the care plans we looked at which showed that the person's particular nutritional need had been identified. The care plans clearly set out what actions were required to help people to meet their identified nutritional needs. The staff were able to tell us how to effectively assist people in the ways set out in their care plan. This showed staff understood how to meet the nutritional needs of the people they supported.

The staff told us that the registered manager or deputy manager regularly checked the manner and approach they used when supporting people. This was to make sure that staff provided care that was suitable for people and met their needs. We saw the registered manager and deputy manager provide direct supervision and guidance to the staff during our visit. This showed how that the managers were monitoring the quality of care people received. The staff supervision records confirmed staff were formally supported and guided in their work. The staff told us that they met with the registered manager or deputy manager regularly. This was to discuss with them how they supported people and to review how they were performing overall. Training needs and support needs were also discussed at each meeting.

Staff felt positive in their views about the training and learning opportunities they were able to go on. Staff felt they were properly trained to help them to support people effectively. They told us they had been on training in subjects that related to the needs of people at the home. Training records confirmed staff had attended training in a range of subjects. These included the subjects such as caring for people with learning disabilities, safeguarding people from harm and abuse, health and safety subjects matters, food hygiene, first aid, infection control and medicines management.

## Is the service caring?

### Our findings

Two people we met told us how caring the staff were. One person said "I would give them 50 out of 10". They said this was because they found all of the staff very caring and very supportive. We saw how relaxed people were in the company of the staff who were supporting them. People gently teased the staff and they responded with warm and gentle humour. Staff showed respect for privacy by knocking on doors and waiting for people to respond before they went into bedrooms. Staff also asked people what they wanted to do during the day. The staff spoke to people in a dignified and respectful way at all times.

We sat with people and staff and spent time observing daily life for people at the home. All of the staff that we observed supported people in a manner that was patient, caring and warm towards them. This was apparent in a number of ways. We saw how staff sat next to people and stayed at the same height as them when they spoke with them. This was instead of standing over people, which can be an impersonal approach.

We saw all of the staff used different types of warm, gentle touch. They held the hands of people, or gently touched them on their arm or shoulders. The staff told us they knew people very well. The staff also told us they knew who liked this form of interactions with them. When the staff used these types of approaches people smiled and responded in a very friendly way. Staff spoke with a soft tone of voice and in a calm and gentle way. We also saw that staff did not ignore people and they engaged with each person for a consistent amount of time.

The staff told us about the types of caring approaches that they used with people. The staff said it was important to show a calm friendly approach when they supported people. They also explained how they read certain people's body language and facial expressions to anticipate their mood and their needs. Staff were observed caring and responding to certain people in the ways they had described to us.

The staff also had a good understanding about what person centred care was. They explained that this idea meant to always respect and act on people's individual choices and wishes. The staff on duty communicated with each person in a manner that showed they treated them as an individual. This was also evidenced by how staff encouraged people to make choices such as what to eat, what time to get up, and what activities they wanted to undertake that day.

To help support staff to provide individualised care there was information in each care plan about the history of the person concerned. There was also information about what was important to them in their daily life. This included the names of their important family and friends. The care plans included guidance and information so that staff were able to provide people with individualised care. There was information in people's care records about how people's preferences were met. These included what time they chose to get up each day, what time they wanted to go to bed, food likes and dislikes, and activities and interests they enjoyed.

## Is the service responsive?

### Our findings

The staff had a good knowledge of the different needs of people they assisted with their care and support needs. For example, they told us how they assisted people with physical care needs, emotional needs and their nutritional needs. Staff also told us how they supported people if they exhibited behaviours that may challenge such as aggression. They used a calm and consistent approach to support people and others safely. The staff also told us they supported people to be able to take part in activities in the community.

Care was planned in a flexible way and staff knew how to provide people with the support they needed. Staff told us they read the care records of the people they were supporting every day when they were started work. The staff explained able to tell us how to provide flexible care and support to the people who lived at the home. We saw staff assist people with their personal care, and social care needs in the ways they had told us. This was as was written in their care records. This helped to show that care was well planned and that staff provided support to people that was consistent. Each care plan contained detailed guidance to help staff to support people to meet their needs. The records included pictures to make the records more accessible to the people who they were written about. The care plans contained information that showed staff what actions to take to assist the person with their needs. They addressed areas such as personal care, medicines, communication, nutrition and social needs. Care plans were regularly reviewed and updated to make sure they were still an accurate guide about how to support each person.

There was a suitable procedure in place to respond to complaints and comments to improve the service. There was an easy to follow complaints procedure in place for people to make a complaint about the service. This included a timescales for a response, as well as a clear course of actions that would be taken if a complaint was received. There had been no complaints made in the last twelve months. The staff told us they also advocated for people to ensure their views were known. They gave us examples of how they acted for people. These included when people meals were not the one they had chosen. Staff gave us another example of one staff told us about, was ensuring that one person who liked a quiet environment, was able to sit somewhere that suited them. The staff also went on to tell us that each person's care plans contained detailed information about how they liked to spend their day. They said this was very important information because some people could not directly make their views known if they were not happy about the care and service.

People were supported to be a part of the community if this was what their preference. There was evidence that people went out regularly with the support of staff. During our visit another person went out later in the morning to go to the shops. There were photos of people on trips to pubs, coffee shops and, community venues and on holidays. The staff told us people went out for a trip into the community, if possible every day.

## Is the service well-led?

### Our findings

The staff told us that the registered manager was open in their management approach. We saw the registered manager spent time with people and with the staff during our visit. The staff said that the registered manager worked with them. They said that the registered manager was helpful when they needed extra support with people at any time. We saw the registered manager support people and they also spent time with staff who wanted to see them.

The registered manager kept themselves up to date about current matters that related to care for people with learning disabilities by going to meetings with other professionals and colleagues who work in the same field in social care. The registered manager told us that they always shared information and learning from these meetings with the staff team. We saw online articles and journals about health and social care matters on display for staff to read in the office.

The provider was actively seeking the views of people who used the service. The registered manager told us seniors managers came to visit the home regularly. The registered manager told us the managers met staff and the people who used the service. They also sent a report after their visit. They highlighted any actions that may be needed to improve the services. At the last visit, there were some actions required. These included ensuring staff training and staff supervision was kept up to date.

Staff meetings were held regularly and the team told us they were readily able to make their views known to management. We saw records of recent minutes of staff meetings. These were used as a chance to keep staff informed about changes and about how the home was run. Staff were also given the chance to make their views known. This showed there was an open management culture.

The overall experience of life for people and the quality of service was regularly checked and monitored. Audits were carried out on a number of areas of the service. These included the quality of care planning processes, health and safety, management of medicines, staffing numbers, training and staff support. We saw that the registered manager had identified medicines matters that required attention when they carried out their audits. The registered manager had written an action plan to address them. They had identified that some medicine administration charts had not been completed properly. The registered manager had identified that improvements were needed.

The staff were invited to complete a staff survey which asked for their views about the organisation and various aspects of working at the home. They were also asked if they had suggestions for improving the organisation. Staff told us they felt listened to by the organisation they worked for.