

Parkcare Homes (No.2) Limited

The Mews

Inspection report

97-99 Main Street
Bramley
Rotherham
South Yorkshire
S66 2SE

Tel: 01709548218
Website: www.craegmoor.co.uk

Date of inspection visit:
03 October 2017

Date of publication:
27 October 2017

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

The Mews is a care home for people with learning disabilities. It can accommodate up to eight people in single occupancy self-contained flats. The service aims to prepare people to move onto support living. The service is situated in the centre of Bramley, close to local shops, amenities and public transport.

We inspected the home on 4 October 2017 and the visit was unannounced. The home was previously inspected in August 2015 when we rated it as 'Good'. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'The Mews' on our website at www.cqc.org.uk

The service had a registered manager in post at the time of our 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 and associated Regulations about how the service is run. There was also a general manager who was responsible for co-ordinating the daily support provided at the location.

All of the people we spoke with who lived at The Mews spoke positively about their experiences living at the home and the support they received.

Systems were in place to protect people from the risk of harm. Staff were knowledgeable about safeguarding people from abuse and protecting their rights. People were encouraged to be as independent as possible, while staff took into consideration their wishes, and any risks associated with supporting them. Support plans and risk assessments were robust and internal systems were in place to enable the management team to get a clear overview of potential risks to people, so these could be managed effectively.

People received inclusive, caring and mindful support from staff who knew them well and whose main aim was to support people to have the kind of life they wanted, while keeping them as safe as possible. People were supported by a core team of staff which was led by their keyworker.

Care files provided detailed up to date information about the areas people needed support in and reflected their preferences, these enabled staff to provide care and support that was tailored to their individual needs. People discussed their support plans regularly with their keyworker to make sure they were happy with the planned support.

People received their medications in a safe and timely way from staff who had been trained to carry out this role.

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 support this practice.

Staff were recruited robustly. They had undertaken a structured induction and essential training at the beginning of their employment. This had been followed by periodic refresher training and on-going support sessions.

People were fully involved in shopping for their chosen meals, which were prepared in their flat either by themselves or with assistance from staff.

People had access to social activities that were based around their interests and hobbies. They told us they enjoyed the activities and outings they took part in.

People had access to the registered provider's complaint policy, which clearly told them how to raise concerns. This was also available in an easy to read version that used pictures to help people understand the process. No-one we spoke with raised any complaints or concerns.

There was a formal quality assurance process in place. This meant that the service was monitored to make sure good care was provided, and planned improvements and changes could be implemented in a timely manner.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

The Mews

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 was 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.

An adult social care inspector carried out the unannounced inspection on 04 October 2017.

At the time of our inspection there were eight people using the service. We spoke with five people living at The Mews, saw two people's flats and generally observed how staff supported people during our visit.

We spoke with the registered manager, the general manager and three care workers. We also spoke briefly with the operations manager. We requested the views of professionals who were involved with supporting people who lived at the home, such as service commissioners, social workers and community nurses. We also contacted Healthwatch Rotherham. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service. We also asked the registered provider to complete a provider information return [PIR] which helped us to prepare for the inspection. This is a document that asks the registered provider to give some key information about the service, what the service does well and any improvements they plan to make.

We looked at two people's care files, as well as records relating to the management of the home. This included minutes of meetings, medication records, the recruitment records of two recently recruited staff, training and support records, as well as quality and monitoring checks carried out to ensure the home was operating to expected standards.

Is the service safe?

Our findings

We asked people using the service whether they felt safe living at The Mews, and they all said they did. There were emergency plans in place to ensure people's safety in the event of a fire or other emergency at the home. Where people were assessed as being more at risk, such as going out into the community and cooking meals, management plans were in place to keep them as safe as possible. We also saw where there was the potential for people to pose a risk to other people; action had been taken to manage the risk. We spoke with staff about some of the risk assessments and they showed a good understanding of the contents and their responsibilities.

A community nurse told us, "From my snapshot perspective the service is managed very well. They have supported a service user with complex needs who presents risks to others and they have managed this situation very well. They were able to tailor the service around the individual and adopt a very person centred approach to the care and support they have delivered. They have been able to deliver consistent care and support and have maintained a core staff team with my service user, which has enabled the service user to develop working relationships and has had an enormous impact on reducing incidents of challenging behaviour."

The registered provider effectively protected people living at The Mews from the risk of abuse, because they had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Staff had completed training in how to safeguard people from abuse and demonstrated a good awareness of the types of abuse that could take place and their role in reporting any concerns.

The general manager explained to us that each person had a key card that gave them access to their own flat. Where it had been assessed that people were able to go out into the community without staff support their key card also gave them access to the gates, so they could leave as they wanted to. Other people were accompanied into the community by staff, who had access to all areas. We saw CCTV cameras were also positioned in the internal courtyard so staff in the office could monitor who was coming and going, this did not intrude on people's privacy.

We looked at the number of staff that were on duty during our visit and discussed the staffing arrangements with the general manager, people who lived at the home and staff. From their comments it was clear they felt there was enough staff available to meet people's needs. When one to one support had been funded this had been provided as agreed.

Recruitment procedures at the home had been designed to ensure that people were kept safe. We found potential staff had completed an online application form, attended face to face interviews and undertaken pre-employment checks. This included obtaining written references and a satisfactory criminal records check. Following being appointed staff had undertaken a structured induction to the company. However, we noted that the last two staff employed did not have a copy of their previous health and social care training certificate in their file to evidence that they had completed it. We spoke with the general manager about this and they said the staff had been asked to bring their certificates into the office for copying.

We checked the arrangements in place to ensure people's medicines were safely managed and we found they were. Medication was securely stored in lockable cabinets in each person's flat, and their medication records were also in their flat. Where people were taking 'when required' [PRN] medicines clear protocols were in place to tell staff what the medicine was for and in what circumstances it should be given. The medication records we sampled had been completed appropriately. There were systems in place for stock checking medication, and for keeping records of medication which had been destroyed or returned to the pharmacy.

Staff who assisted people to take their medication had received training in this subject. We saw that periodic observational competency checks had also been completed by senior managers to ensure staff were following the correct procedures, and medication was being managed safely.

The dispensing chemist had carried out two audits each year. The report from August 2017 indicated medication was being handled safely, but they made a few minor recommendations to improve the system. The general manager said this had been actioned as necessary.

Is the service effective?

Our findings

People were empowered to be involved in decision making and were happy with how staff delivered their support. We saw people were cared for by staff who were supportive, patient, friendly and understanding. They listened to what people wanted and took time to make sure their preferences were met. People we spoke with gave positive feedback about how staff supported them. One person told us, "They [staff] are good." Another person commented, "I'm happy with the help I get."

We looked at the arrangements in place for complying with the requirements of the Mental Capacity Act 2005 [MCA] and the Deprivation of Liberty Safeguards [DoLS]. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are DoLS.

Where the registered provider needed to deprive people of their liberty it had made appropriate applications to do so, and the related paperwork was in order. There was a system in place for monitoring DoLS applications, and for ensuring that any conditions associated with DoLS authorisations were adhered to.

At this inspection we found people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. One care worker described to us how they booked appointments for people with the GP, but emphasised that it was their decision whether to go or not. People living at The Mews told us staff consulted them about things and gained their consent when needed. Senior staff had a good understanding about gaining consent and the process for making decisions in people's best interest, and this was reflected in the records we saw. Staff told us they had completed training in this subject and demonstrated a good general awareness of the topic.

A community nurse told us staff were, "Mindful of individual needs and decision making within the Mental Capacity Act."

People were encouraged to maintain a healthy diet. Records highlighted people's individual likes and dislikes about food, as well as any particular dietary needs. This helped staff to support people to have the diet they needed and preferred. Staff explained how each person was involved in choosing what they ate for each meal and went food shopping for the ingredients, this helped them plan menus and manage their own food budgets. Each flat had a kitchen so people prepared and cooked their meals in their own flat, with staffs' assistance as needed.

People were supported to maintain good health and to access healthcare services when needed. Records showed people had been supported to access healthcare professionals such as their GP, psychologists,

opticians and community nurses when needed. People's wellbeing had been monitored regularly and timely action taken if additional support was needed. For example, records showed some people had attended an annual diabetes review with their GP.

Staff had the right skills and knowledge to meet people's needs. The general manager described how new staff completed a structured induction at the beginning of their employment. This included completing the company's mandatory training package and working alongside experienced staff until they were assessed as confident and competent to work on their own. If staff had not already successfully completed a nationally recognised qualification in care they had been enrolled on the Care Certificate. The Care Certificate looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

Training records showed most staff had completed essential training, as well as some appropriate additional training. Topics covered included, basic life support, equality and diversity, fire awareness, moving and handling people safely, food safety and infection control. We also found staff had accessed additional training specific to the people they supported, such as learning disability awareness, crisis management and dementia. This was confirmed by the staff we spoke with. Where the training records showed further training was required, this was mainly for new staff and was being addressed.

We spoke with staff about the arrangements for supervision and appraisal. They confirmed they received regular support sessions and an annual appraisal of their work performance. We checked a sample of supervision records and saw they also covered staff training and development. The supervision system also incorporated direct observation of staff carrying out specific care tasks, such as administering medication.

Is the service caring?

Our findings

We asked people about their experience of receiving care at the home. They all told us they enjoyed living at The Mews and said they were very happy with how staff supported them.

During our visit we were shown round two of the flats and saw staff interacting with people when they visited the office. Staff supported people in an inclusive, sensitive and friendly manner, treating them with dignity and respect. They displayed a genuine affection and caring for the people they supported and everyone seemed at ease with each other.

Most people had lived at the home for several years and staff knew them well. People's preferences were detailed in their care plans, along with information about what was important to them. Staff we spoke with demonstrated a good knowledge of the people they supported, their needs, likes and dislikes, and any triggers that could affect their behaviour. We saw staff treated each person as an individual and respected their wishes, decisions and ideas.

Each flat had a bedroom, bathroom, living room and kitchen. The ones we saw were airy and decorated to reflect each person's individuality. One person proudly showed us round their flat; it had a 'lived in' feel with lots of pictures and posters on the walls that they had chosen. They were also pleased with the colour scheme, which the general manager told us the person had been involved in choosing.

People were given choice about where and how they spent their time, what they ate and what social activities they took part in. We observed staff encouraging people to be as independent as possible while providing support and assistance where required.

People's support plans described how they wanted staff to support them in a way that meant their privacy and dignity was upheld. Our observations indicated that staff were providing care in accordance with people's assessed needs in relation to dignity and privacy.

People were encouraged to maintain relationships with people who were important to them. Staff told us there were no unnecessary restrictions on times or lengths of visits or outings. One person told us they were going out to visit a relative, which they did on a regular basis. Staff supported them to get there, and then returned later to take them back home.

People were supported to access an independent advocacy service if they needed one. Advocates can represent the views and wishes of people who are unable to express their wishes. We also saw 'Speakup' a local self-advocacy service had visited The Mews to provide awareness training to the people living at the home. For example, last year they spoke with people about fire safety and this year they had covered people's personal safety, such as being out at night, and using taxis. As well as talking to people they had also provided DVDs and an easy to read version of the training provided.

Is the service responsive?

Our findings

People told us staff were responsive to their needs and promoted their involvement in how their support was delivered. For instance, we found they had been involved in planning their care and setting aims and objectives, which they regularly reviewed with their keyworker.

Each person's care file provided comprehensive information about the care and support they required, as well as their preferences and daily routines. At the front of the file there was also a one page profile about what the person liked and did not like, what was important to them and how best to support them. Support plans were person centred and clearly involved people who used the service. The plans also highlighted people's abilities, so staff knew what they could do for themselves and where assistance was needed, which helped them to promote people's independence.

In one file we saw the person had not signed their support plans, even though they had told us they had been involved in formulating and reviewing them. We asked the general manager why this was. They told us that following a visit by the compliance team they had been told that due to the person's Deprivation of Liberty Safeguard status they were unable to sign to say they agreed with their support plans. We have asked the registered manager to look into this as there was no clear evidence in the file to show that the person could not decide some aspects of their support.

Support plans and risk assessments had been evaluated on a regular basis to make sure they were being effective in meeting the person's needs. We saw records were maintained about how people had spent their day, what they had enjoyed doing and any changes in their wellbeing.

The general manager gave us examples of how the service had supported people to enhance their skills and confidence. For instance, we met one person who used to be very withdrawn and would not interact with people very well. However, during our inspection they were happy to talk with us and show us round their flat. A community nurse told us, "From my perspective the service has been focussed on promoting independence as they have worked well with supporting my service user to develop his independent living skills." Another community nurse said, "The Mews facilitates me to work with individuals on a personal and confidential basis, and is able to adjust plans of care as recommended by myself. The team are proactive in identifying areas of need that may require input from the wider clinical team and assist with assessments, planning and implementation of care to a very good standard."

People had access to social activities and educational opportunities that were tailored to their preferences and needs. We spoke with one person as they returned from a day centre and saw other people going out shopping or for walks. Records, and people's comments, showed that social activities included outings into the community such as to a safari park, football matches and to visit relatives. We also saw people had taken part in the annual learning disability sports day organised by Rotherham council, which one person described as "Brilliant". People told us they had also had barbeques, sold cakes in support of Children in Need and celebrated bonfire night and Halloween.

People were also involved in household tasks such as cleaning their flat and shopping for food. One person said they liked to listen to music in their flat, while another person said they enjoyed playing computer games. A third person said they enjoyed going to a local disco.

The registered provider's complaints procedure was available to people living and visiting the home, this was also available in an easy to read pictorial format. The registered manager told us no complaints had been received over the last 12 months. However, we saw a system was in place to record any complaints received and the outcomes.

People were regularly involved and consulted about how the home was run and asked about their satisfaction in the service they received. No-one identified any complaints or concerns during our visit. One person told us if they did have any concerns they would speak to the general manager.

The home also used other ways to encourage people to engage with them, such as 'Your Voice' meetings. Care files contained copies of what was discussed at the last meeting, what had been done to address any concerns highlighted and any new issues. For instance, one person had raised an item to be discussed at the next regional meeting about the home needing a new shelter for people to smoke under.

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission. 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.

The registered manager was not based at the home on a daily basis as she was also the registered manager at two of the company's other services. However, she told us she routinely visited the home at least once a week, but more often if required. The registered manager was supported by a general manager, who organised and monitored the home on a daily basis. Other team members included team leaders and care workers. Throughout our visit we saw both managers had an excellent rapport with, and knowledge of, the people living at The Mews. They took time to speak to people using the service when they visited the office, and people were comfortable talking to them.

The people we spoke with said they were very happy with the support provided and how the home was run. None of the people we spoke with could think of anything they would want to change at the home. There was a friendly atmosphere present throughout our inspection, with people wandering in and out of the office to speak to the manager or access the village. We saw staff had a good understanding of their roles and responsibilities and carried them out efficiently.

Staff told us the managers were very supportive and approachable. They said one of the most positive things about working at The Mews was the team work. One care worker said, "I really enjoy working here. Everyone was really welcoming." Another person told us, "It's fantastic here, it's a good team and [the general manager] makes sure we are happy."

Communication was at the forefront of daily life at the service with people being consulted about every aspect of living at the home. People using the service and staff freely entered the office throughout our visit asking questions and sharing ideas.

The registered provider used meetings and an annual survey to gain people's views on how the home operated. For instance, we saw people living at The Mews had completed easy to read questionnaires in 2017. The general manager said they had looked through each one and there were no areas highlighted that needed addressing. However, there was no summary of the outcome available that could be shared with people. The general manager said they would ensure summaries were available in future.

Staffs' views were captured at staff meetings, one to one discussions and informally during the working day. We also saw the provider gained their views in an annual staff survey. The summary of the 2017 survey contained mainly positive answers to the set question. Staff felt well supported and able to take ideas and concerns to the managers.

The company employed a number of managers to offer support to the registered managers and monitor if services were meeting required standards. This included an operations manager who carried out the registered manager supervision meetings and offered support as needed, a team who monitored the quality of the service and the human resources team who supported the recruitment and retention of staff.

There was a system in place to audit the quality of the service. This included the registered manager and the general manager carrying out regular checks in areas such as medication, health and safety and the content and quality of people's support plans. We also saw a member of the quality team had carried out a 'compliance inspection' in 2017. Where areas had been identified as needing improvement action plans were put in place.

We contacted four health and social care professional who worked with the home to ask for their opinion of The Mews. A social worker told us, "The service is of high quality and the home is managing well my service user, who has high level of needs. There is a consistency in the level of staffing and management, and staff are well trained to understand individual's needs."

Two community nurses also provided feedback. One told us, "I have worked mainly [though not exclusively] with [the general manager] in managing the care, risks and long term health and wellbeing for two individuals who live there [The Mews]. I have found [the general manager] to be very professional in her approach and timely with the exchange of information pertinent to the care domain. Throughout my involvement with the Mews I am unable to give anything but positive feedback."

The local authority had rated the home as 'Excellent' at their last assessment. This is the highest achievable rating.