Parkcare Homes (No.2) Limited

The Old Vicarage

Inspection report

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Date of inspection visit:
03 September 2018
04 September 2018

Date of publication:
15 October 2018

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 announced inspection took place on 3 and 4 September 2018. We gave the provider short notice of this inspection because we wanted to ensure the registered manager, staff and people who used the service would be available to speak with us.

The Old Vicarage is a care home for up to 7 people. At the time of this inspection there were 3 people living at the 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 Old Vicarage consists of one building with self-contained flats, communal areas and garden tailored to support adults and young adults with complex needs including autism spectrum conditions and learning disabilities.

This was the first time we inspected this service since it was registered in September 2017.

On the day of our inspection a registered manager was in place. 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 provider considered people's mental capacity when making decisions about their health and care, however, some mental capacity assessments were not decisions specific and some best interest decisions did not evidence how family had been involved in making relevant decisions. We made a recommendation to the registered manager to make improvements in how they were recording this information.

People told us they felt safe using the service and relatives corroborated this. Safeguarding procedures were in place and staff knew what to do if safeguarding concerns were identified.

People's medicines were managed safely.

There were assessments in place that identified relevant risks to people and management plans to reduce these risks were in place to ensure people's safety. There were sufficient staff to meet people's needs and provide a flexible service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People's needs in relation to the protected characteristics under the Equalities Act 2010, were considered in the planning of their care. People's communication needs were assessed and staff adapted their communication methods to better meet people's needs, for example, using simple questions or pictures.

People were supported to prepare and eat a balanced diet that met their individual dietary needs. They were supported to access healthcare services to maintain their health.

Staff were supported through a comprehensive induction, regular supervision and annual appraisals. People were supported by staff who had attended regular and relevant training.

Staff had a good understanding of infection control procedures and used personal protective clothing when required to prevent the spread of infection.

People and their relatives told us staff were kind and caring and their privacy and dignity was respected by staff.

Staff told us they felt supported by the management team and the team communicated regularly and effectively. The provider had monitoring systems that enable them to identify good practice and areas for improvement.

People lived in a service which had been designed and adapted to meet their needs and there were governance systems in place to maintain the quality and safety of the service.

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.

Medicines were managed safely. Staffing levels were sufficient to meet people's needs. Staff recruitment processes were robust.

There were safeguarding systems to protect people from abuse. Risks to people's health and safety were assessed and mitigated. Safe infection control systems were in place.

Is the service effective?

Good

The service was effective.

People's rights under the Mental Capacity Act 2015 were considered by the provider, however, improvements were required in how mental capacity assessments and best interest decisions were being recorded.

Staff had received the training and support they required for their job role and to meet people's needs.

People received support to ensure their healthcare and nutritional needs were met.

Is the service caring?

Good

The service was caring.

People and relatives told us staff were kind and caring.

People were treated with respect and their privacy and dignity was maintained by staff.

Is the service responsive?

Good

The service was responsive.

People received person centred care and were involved in meaningful activities of their choosing.

A complaints procedure was in place and people and relatives

were confident if they had concerns these would be dealt with appropriately.

Is the service well-led?

Good

The service was well-led.

Systems were in place to assess, monitor and improve the quality of the service.

Staff were supported by an effective management team who were approachable, supportive and provided good leadership.

The Old Vicarage

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 inspection took place on 3 and 4 September 2018 and was announced. We gave the provider short notice of our inspection so we could be sure staff and people who used the service would be available to speak with us. The inspection was carried out by one adult social care inspector.

Before the inspection, we reviewed information we held about the service including notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to tell us about by law. We used this information to help us decide what areas to focus on during our inspection. The provider was asked to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We discussed this information during the inspection. We requested and received feedback on the service from the local safeguarding teams and commissioners.

We spoke with two people who used the service, two relatives, two care staff, one senior care staff and the registered manager. Some people living at the service were not able to fully communicate their views so we spent some time observing interactions between people and staff.

We looked at two people's care records and two medicine records. We reviewed the service's training matrix and looked at training records, recruitment and supervision for two staff members including assessment of their competencies. We looked at minutes of team meetings, various policies and procedures and reviewed the quality assurance and monitoring systems of the service.

Good

Is the service safe?

Our findings

People told us they felt safe at the service and with the staff who supported them. One person said, "Yes, the front door is locked." Relative's comments corroborated this.

Staff had a good understanding of safeguarding and whistleblowing procedures and knew how to identify and escalate any concerns. Staff told us how they prevented any harm to come to people by making sure people were receiving the care they required daily. One staff member said, "[We] stay around all the time to look out for hazards, make sure people have their one to one support." Staff told us they had received safeguarding training and training records confirmed this. Safeguarding incidents had been referred to the local safeguarding team and the appropriate notifications had been sent to CQC.

Medicines were managed safely. People's medicine administration records (MARs) provided details about people, the medicines prescribed as well as specific instructions about administration. There were no gaps in the records we reviewed. We found the written guidance for one person's 'as required' medicine were not as detailed as the information staff were able to give us verbally. We discussed this with the registered manager and they immediately added the relevant information. People were encouraged to apply their own creams and were supported by staff to ensure they were safe to do this. Some people visited their families on a regular basis and there were clear processes in place to handover the medicines between families and staff.

Medicine audits were done monthly. These were thorough and reviewed all aspects of medicine management. Some audits had identified shortfalls and it was clear what actions had been taken to address them. Staff knew what to do in case of a medicine error or near miss. Staff confirmed they had received medicines training and had their competency assessed and this was confirmed in the records we reviewed.

Risks related to people's health and care were well managed. We saw relevant risk assessments were in place to consider the potential risks to people and control measures to manage these. For example, some people's behaviour could pose a risk to themselves or others. We saw there was clear guidance to staff on how to manage these behaviours in the least possible restrictive way. Our conversations with staff and the records of daily care we reviewed confirmed this. One relative told us about one occasion when they observed staff providing support and reassurance to their relative after a behavioural incident. The service had personal emergency evacuation plans (PEEPs) that detailed the support each person required from staff in the event of an emergency such as a fire. The provider had systems in place to audit accidents and incidents and used them to review people's care and learn from them.

People's finances were kept safe. People had appointees to manage their money when needed and the provider had a robust system to record how people were supported with their finances. Staff told us that if people wanted to do an activity or buy new clothes the management team were quick in making funds available.

People had their needs met by sufficient numbers of staff. We saw staff had time to meet people's needs and

socialise with them. The service had robust recruitment processes in place. This is important to make sure people are supported by staff who has been appropriately vetted and are of good character.

Staff had a good understanding of infection control procedures and used personal protective clothing and other equipment when relevant to prevent the spread of infection. One staff member told us how they used "colour coded boards in the kitchen and mops coloured for different areas."

Good

Is the service effective?

Our findings

People told us they were supported by staff they knew them well. One person said, "Yes, they know me well." One relative said, "They seem to know [relative] well". Our conversations with staff corroborated this.

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 when this is in their best interests and legally authorised under the MCA. The provider had liaised with appropriate professionals and made applications for people who required this level of support to keep them safe.

The registered manager understood the principles of the MCA and were aware of their responsibilities under the Act. We saw staff consulted with people and involved them in decisions about their care and support. One staff member told us, "You have always to think they have capacity, if there are restrictions it's because they need them." When we reviewed the records of mental capacity assessments we found these were not always decision specific and best interest decisions did not always record how families had been involved. By speaking with the registered manager and reviewing other records we were reassured it was a recording issue and decisions had not been made with the appropriate consent being sought. We made a recommendation to the registered manager to make improvements in how they were recording this information. On our second inspection day the registered manager showed they had started working on our recommendation.

People were supported to prepare and eat a balance diet to meet their nutritional needs. People's care plans included information about their nutritional needs and any risks related with this. For example, there were clear instructions in one person's nutritional care plan about how staff should use closed questions when offering a meal to facilitate choice and prevent issues that had happened in the past. We observed staff supporting one person with choosing and preparing their meal; staff gave clear step by step instructions that enabled the person to safely prepare and enjoy the meal of their choosing.

People were encouraged to remain fit and healthy. For example, some people had been referred to the local exercise referral scheme to encourage regular attendance at the local gym. One relative commented, "They are doing everything to help [relative], they referred [relative] to PALS [local exercise on referral scheme], they identified the need and acted on it."

Staff supported people to access relevant healthcare professionals. The service had developed an individualised health care plan for each person which contained detailed information about any specific health conditions and the action required from staff. Records of care evidenced staff had helped people access healthcare professionals as and when required. For example, one person had developed a skin condition. This was identified by staff who promptly booked an appointment with the GP and supported the person to get the medicine they required.

People were supported by staff who had the training to meet their specific needs. Staff had been trained in areas such as first aid, medicines, including administration of emergency medication, fire safety and positive behavioural support. Staff confirmed they had completed an induction which also introduced them to the provider's ethos, policies and procedures.

Staff had access to regular supervision and appraisals. We saw the registered manager had developed a supervision matrix to monitor when staff were due their next supervision or appraisal. Staff told us they felt supported by regular supervision sessions. The records we reviewed showed relevant discussions about people's needs, the performance of the staff member, areas for improvement and carer progression had taken place. One staff member said, "You can raise your concerns [during supervisions] but we can go to any senior anytime."
People were supported in a property adapted to their needs. The rooms all had en-suite bathrooms and an enclosed kitchen area. There was a communal living room and a dining area and kitchen which everyone was able to access. The garden area was open to people to use. The decoration and equipment available for people was suitable for their needs. People were supported to have their rooms decorated and furnished how they wanted and the home was personalised for the people that lived there.

Good

Is the service caring?

Our findings

People were provided care by staff who valued them. People appeared relaxed and comfortable with the staff. There was a good atmosphere in the service. One relative commented, "They [staff] seem to be kind."

People were supported by staff who were kind and caring and we observed staff treating people with patience. People were seen having positive and joyful conversations with staff and we heard and saw plenty of laughter and smiles.

The provider facilitated the involvement of people, relatives and representatives in decisions about people's care. One person was involved in regularly writing their own daily notes with support from staff. One relative said, "I've been in two meetings [to plan for relative's care]." People's needs were reviewed and where needed, updated, regularly with staff who knew them well. People had access to independent advocacy services, when required. This helped ensure the views and needs of the person concerned were considered when care was being planned or reviewed.

People received their care from a regular staff team that demonstrated genuine care and affection for people. One staff member said, "They [people] have a good life and they change our lives." This consistency in the staff team helped meet people's behavioural needs and gave staff a better understanding of people's communication needs.

People's independence was respected and promoted. For example, staff encouraged people who were able, to participate in everyday household tasks. We observed one person doing their laundry and preparing their meal. People were supported by staff at people's own pace. Staff were seen to be patient and gave people plenty of time while supporting them. One person had expressed the wish to do voluntary work and staff supported them with this on a weekly basis. The registered manager explained how every bedroom had an enclosed and secured kitchen area fitted in to allow people the choice to prepare and have their meals in their own personal space. Records showed some people were using this option at times.

People's privacy and dignity was promoted. Staff knocked on people's doors prior to entering their rooms. Staff described us how they promoted people's dignity when delivering personal care. One staff member explained how they would "keep doors shut and cover service users with a towel" when supporting with personal care.

Good

Is the service responsive?

Our findings

People told us they could make choices about their lives including the activities they wanted to do. One person showed us a notebook they had put together with photos of several activities they had been involved since living at The Old Vicarage. During our inspection we saw each person followed activities of their choice. One person enjoyed a meal out, one person had been baking a cake and another one was getting ready to do their weekly shopping.

The service supported people to maintain relationships with relevant people to them. For example, some people were supported to visit their families in their homes on a regular basis.

The registered manager explained how they assessed people's needs prior to commencing the service. We reviewed records held at the service to one person that was due to move in soon. These records showed an assessment of this person needs had been carried out and staff from The Old Vicarage had visited the person's current placement to get to know them better and to facilitate a smooth transition between placements.

Each person had a detailed document which gave important information about them such as their support needs, preferences and health conditions. These could be taken by the individual if they attended or were admitted to hospital so the staff there had essential information about how to support them. For instance, one person had a medical condition which required constant monitoring. Their care plan detailed the signs staff had to look out for and what to do to support this person to manage this condition. Staff we spoke with were knowledgeable about this information. We reviewed this person's care records and saw relevant information about the frequency of these episodes and support provided were being recorded. This information had been shared with this person's healthcare professionals to help manage their condition.

People's needs in relation to the protected characteristics under the Equalities Act 2010, were taken into account in the planning of their care. People's care plans had detailed information about people's communication needs and preferences. For example, one person's care plan indicated "[Person] is verbal and can communicate [their] needs quite well. Now and next systems work very well." We reviewed this person's records of care and saw that in one evening this "[Person] was prompted that "next" was bed and remained in the lounge 30 min before saying "bed, go to bed now." This demonstrated staff were using a communication method that this person had been assessed for and worked to better communicate with them. The service had developed a talking service user guide; this device enabled people to listen to simple sentences that explained how the service worked.

The registered provider had a procedure for receiving and responding to complaints about the service but none had been received since the opening of the service. We asked people if they would tell staff if they had any concerns, they said they would. Relatives told us they knew how to raise a complain and were confident the management team would deal with it appropriately.

At the time we carried out our inspection there was no one in the home who required end of life care. The

registered manager said the provider had policies and procedures that were available as a resource and guidance if people required end of live care and they told us about their experience in supporting people on end of live care in other services they managed.

Good

Is the service well-led?

Our findings

We asked people if they enjoyed living at The Old Vicarage. One person said, "I love it all the time". Another person said, "Everything is good." One relative said, "[Relative] seems happy enough, content."

There was a registered manager at the service; they were not always based at the service but visited it regularly and had a home manager and a team of senior staff who they delegated some work to and who they trusted. We saw one person hugging and engaging in playful interaction with the registered manager. One relative was complimentary about one senior care worker, they commented, "[Senior care worker] is lovely, brilliant."

Staff told us they felt well supported by the service's management team. They told us the registered manager was committed to providing a high-quality service to people. One staff member said, "It's a great home with a great team, we will help promote [service user's] independence to their ability." Another staff member said, "It is probably the best service I worked for; it's really well run."

We saw the registered manager and staff in the home carried out checks on the service to monitor that good standards were being maintained. Medication, care records and the safety of the environment were checked to ensure people received safe care that met their needs. Areas for improvement were identified and actions taken.

The service had effective systems of communications in place. Staff told us there was a communication book and handovers were taking place at the beginning of each shift; this allowed staff to be informed for instance, of any changes in people's needs and any activities or healthcare appointments people had planned for that day. Records confirmed monthly team meetings were being organised and one staff commented that "Staff meetings gives you a chance to say what you think." Staff told us they had made a suggestion during a team meeting about how to improve service user's healthy eating options and this had been well received by the management team and implemented.

Registered providers of health and social care services are required by law to notify CQC of significant events that happen in their services such as allegations of abuse and authorisations to deprive people of their liberty. The registered manager ensured all notifications of significant events had been provided to us promptly. This meant we were able to check appropriate actions had been taken to keep people safe and to protect their rights.

The home had developed relationships and worked in partnership with other organisations, for example, with a local college. The registered manager confirmed they also worked with a range of different health and social care providers to liaise about people's care plans and prospective residents. The records we saw supported this.