

Winslow Court Limited

Park House

Inspection report

28 Sherford Street
Bromyard
Herefordshire
HR7 4DL

Tel: 01885483935
Website: www.senadgroup.com

Date of inspection visit:
13 June 2016

Date of publication:
15 July 2016

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 13 June 2016 and was unannounced. Park House provides accommodation and personal care for up to nine people who have a learning disability. There were six people who were living at the home on the day of our visit.

There was a registered manager in place 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 2008 and associated Regulations about how the service is run.

People lived in a safe environment as staff knew how to protect people from harm. Staff recognised signs of abuse and knew how to report this. Risk assessments were in place and staff took appropriate actions to minimise risks without taking away people's right to make decisions. There were sufficient staff on duty to meet people's needs and keep them safe. Regular reviews of people's care and the deployment of staff meant staffing levels reflected the support needs of people who lived there. People's medicines were administered and managed in a way that kept people safe.

The provider supported their staff by arranging training and up-skilling staff in areas that were specific to the people who lived in the home. Staff had weekly learning and development time which staff found useful. People received care and support that was in-line with their needs and preferences. Staff provided people's care with their consent and agreement and understood and recognised the importance of this. We found people were supported to eat a healthy balanced diet and with enough fluids to keep them healthy. People had access to healthcare professionals when they required them.

We saw that people were involved in the planning around their care. People's views and decisions they had made about their care were listened and acted upon. People told us that staff treated them kindly, with dignity and their privacy was respected. People received individual responsive care and support that was in line with their preferences which had a positive outcome for people who used the service.

People and relatives knew how to complain and felt comfortable to do this should they feel they needed to. We looked at the providers complaints over the last 12 months and found that 10 complaints had been received. These had been responded to with satisfactory outcomes for those who had raised the complaint.

The registered manager demonstrated clear leadership. Staff were supported to carry out their roles and responsibilities effectively, which meant that people's received care and support in-line with their needs and wishes.

We found that the checks the provider completed focused upon the experiences people received. Where areas for improvement were identified, systems were in place to ensure that lessons were learnt and used to improve staff practice.

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 cared for by staff who had the knowledge to protect people from the risk harm. People were supported by sufficient numbers of staff to keep them safe and meet their needs. People received their medicines in a safe way.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had knowledge, understanding and skills to provide support in an empathic way.

People were supported with meal preparation and food they enjoyed and had enough to keep them healthy.

People received care they had consented to and staff understood the importance of this.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were committed to providing high quality care.

The staff were friendly, polite and respectful when providing support to people.

Is the service responsive?

Good ●

The service was responsive.

People received care that was responsive to their individual needs.

People's concerns and complaints were listened and responded to.

Is the service well-led?

Good ●

The service was well-led.

People were included in the way the service was run and were listened to. Clear and visible leadership meant people received good quality care to a good standard. Staff were involved in improving and developing the service.

Park House

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 13 June 2016 and was unannounced. The inspection team consisted of one inspector.

As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law.

We spoke with two people who used the service and one relative. We spent time with two other people who communicated using sign language. We also spoke with five care staff, the registered manager, the campus principle and the quality improvement manager. We reviewed one person's care records, safeguarding records and Deprivation of Liberty Safeguards (DoLS) applications where they have identified that a person's freedom needs to be restricted for their safety. We also looked at provider audits for environment and maintenance checks, compliments, incident and accident audits, relative surveys and the service user consultation books.

Is the service safe?

Our findings

All the people we spoke with who lived in the home told us they felt staff protected them from harm. One person said, "I like the staff". When talking with one person they indicated they felt safe with the staff who supported them. We spent time in the communal areas of the home and saw the interaction between staff and people. People were relaxed and were at ease with the staff. We saw many occasions where people would initiate contact with staff in the way of a hug or hand holding. We saw that staff would keep other people safe by ensuring that distraction techniques or assisting the person to an alternative part of the room to ensure each person felt safe in their own personal space. A relative we spoke with felt that their family member was safe. They felt that the staff knew how to keep their family member safe from harm.

All the staff who we spoke with showed a good awareness of how they would protect people from harm. They shared examples of what they would report to management or other external agencies if required. One staff member told us about the safeguarding training they had received and how it had made them more aware about when to take action and who to contact. We found the registered manager had a good awareness of the safeguarding procedures and worked with the local authority to ensure people were kept safe.

People's individual risks had been assessed in a way that protected them and promoted their independence. For example, staff had identified one person's triggers for behaviour that may have a negative impact on other people who lived in the home. Steps were put into place to reduce the likelihood of this, by offering people dedicated time in the kitchen area. Staff told us that this technique was working well at keeping all people safe from potential harm.

All the people we spoke with told us they felt there was enough staff on duty to keep them safe. One person told us, "I can do lots of things with the staff when I want to". We saw staff were present in the communal areas and responded to people's requests. Where people received one to one support within the home or on external activities these were organised so that staffing was reflective of people's individual needs. The relative we spoke with told us that they did not have any concerns regarding safe staffing levels within the home.

All staff we spoke with told us they felt there were enough staff on duty to support people. One staff member said, "The staffing levels are not bad. If there is any unplanned sickness then staff always step in to pick this up". They continued to say that there may have been an odd occasion where a person's activity has not taken place, while they had waited for a member of staff, however this had not impacted on people's safety. Staff we spoke with told us they felt the staff team were stable and that everyone worked together as a team. All staff we spoke with said the registered manager was visible within the home and felt that they had good knowledge and understanding of people's care needs in order to put appropriate staffing levels in place.

The registered manager consistently reviewed staffing levels and made adaptations where people's dependency needs changed. The registered manager told us that they had a good skill mix of staff in order to keep people safe and meet their needs.

People and relatives we spoke with did not have any concerns about how their medication was managed. One relative told us how they were involved and aware if the person had any medication changes. We spoke with two staff members who administered medication. They had a good understanding about the medication they gave people and the possible side effects. They showed good awareness of safe practices when handling and administering medicines. We found people's medication was stored and managed in a way that kept people safe. The registered manager had a good understanding of people's medication and aware of the abilities of the staff group to administer these safely.

Is the service effective?

Our findings

People we spoke with felt staff knew how to look after them well and in the right way. One person said, "They help me to go to things that I like to do". A relative told us that staff had more training and re-fresher training, which they felt helped staff become more knowledgeable and involved in caring for their family member.

Staff told us the training they had was useful and appropriate to the people they cared for and that the training was tailored to people's individual needs. The provider had introduced dedicated time each week for staff to learn and develop their skills. All staff we spoke with said this was useful for them. For example, one staff member told us about the specific training they had and techniques they used to intervene during potential situations without having to make physical contact. The improvement quality manager told us that this specific training had had a positive influence in reducing people's agitation so that challenging behaviours did not escalate. They told us that this had also meant that staff had less injuries as the techniques used were non-physical. They continued to tell us that some staff had received further training so they could train and re-fresh staffs knowledge around the techniques used.

Staff told us that they had regular supervisions with a senior staff member and had the opportunities to refresh their training. One staff member told us about how they had a system which tested their knowledge and identified area's that required further training and support. The registered manager told us how they had reviewed all staffs training to ensure they were up-to date. They explained that where they had identified staff had not had re-fresher training, the staff member was not able to carry out this task until their training had been completed and their knowledge and understanding check by them.

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 we spoke with told us staff sought their agreement before carrying out any personal care and staff respected their wishes. One person said, "They ask me first". A further person nodded their head when we asked if staff listened to them and respected their choices.

Staff we spoke with understood their roles and responsibilities in regards to gaining consent and what this meant or how it affected the way the person was to be cared for. Staff told us they always ensured people consented to their care. Through our conversations with staff it was evident staff knew people well and understood each person's individual capacity to make decisions. We saw that people's capacity was considered when consent was needed or when risk assessments were carried out. We found the registered manager ensured people received care and treatment that was in-line with their consent. Where it had been assessed that people lacked capacity to make specific decisions peoples best interest decision had been made with their family members and external healthcare professionals.

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 called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

The registered manager had a good understanding of the MCA process and reviews had been completed for people where it had been identified that they lacked capacity. The registered manager was aware of the Deprivation of Liberty Safeguards (DoLS) and told us that some people who lived in the home had their liberty restricted lawfully. They had taken steps to determine who had legal responsibility to make decisions for people where they lacked capacity to make them. The registered manager had made applications to the local authority where it was assessed that there were restrictions on people's liberty.

All people who we spoke with told us they enjoyed the food at the home and they had a good range of choices. People who lived in the home had discussions with staff about a weekly meal plan so that food could be brought in. The menu choices were displayed in the communal area, with writing and pictures for people to see. Staff explained that this helped to give the day structure, but was not rigid and meals could change dependant on the person's choice that day. Staff told us how they supported people to prepare their meals, where safe to do so, so to maintain people's independence. We saw people were offered drinks throughout the day and staff ensured people had access to the kitchen when they wanted this.

We asked one person if they were able to see a doctor if they wanted to. They replied that they could. A relative we spoke with said that staff responded to people physical and mental health care needs were necessary. All staff we spoke with were able to tell us about the support from external healthcare agencies and how this affected the support they offered to people's on-going healthcare. We saw from records that people had been involved and had the opportunity for regular health care checks. Where people had received further input from external healthcare support and staff actively followed this.

Is the service caring?

Our findings

People we spoke with told us staff were kind and caring towards them. One person said, "I love it here. There is always lots for me to do". Another person gave a positive response when we asked about the staff being kind towards them. A further person gave us the thumbs up and nodded their head when we asked if staff were kind towards them. The relative we spoke with felt the staff were caring and thought the staff treated their family member well. They said they could visit their family member when they wished and that the person would also spend time at their home. They continued to say that the person was always happy to return back to their home.

Throughout the inspection we saw staff were kind and caring towards people they cared for. We saw people smile at staff when they spoke with them. Staff interacted with people in a natural way, which encouraged further conversations. Staff gave people choices throughout the day about different things they would like to do. Staff recognised early signs of people becoming upset and were able to support the person in a way which quickly calmed them.

Some people who lived in the home were keen to show us their bedrooms. We could see their bedrooms had been decorated to their individual style and taste and they took pride in their rooms. They showed us their personal items that interested them and what they had enjoyed doing while in their rooms. The registered manager told us that one person had chosen to have a smaller bed, which meant they were able to make the bed themselves. The person signed to us that they were happy that they could now do this for themselves. One person had a key to their room; they were able to lock this when they went out. We found that people were free to move around the home and staff respected people's choice to either stay in their room or go to a communal area.

Relatives and staff were aware of who was able to make decisions about people's care, where the person was not able. Staff understood the importance of this and ensured that the person's advocate was listened to and the decisions respected. Staff spoke to us about the advocate who visited the home to offer their support with decisions around people's care and support.

People told us they were always treated with dignity and respect. One person told us, "They are good to me". We saw staff ensured people's clothes were clean and they supported people to change if needed. People wore clothes in their preferred style which also maintained their dignity. We overheard staff speaking with people in a calm and quiet manner and where encouragement was needed, this was done gently and at the person's own pace. The person responded positively to this calm interaction.

Where staff were required to discuss people's needs or requests of personal care, these were done in a way that promoted their dignity. Staff spoke respectfully about people when they were talking to us or having discussions with other staff members about any care needs.

Is the service responsive?

Our findings

People told us they felt staff understood their needs and provided appropriate support in response to them. People told us that staff asked them regularly what they would like as part of their social care needs. Staff told us that people's care was reviewed on a monthly basis or when their needs changed. Staff knew people well and recognised when the support that was in place was not working as it should for the person. For example, the registered manager told us that staff had recognised that one person was tired on a Monday due to a busy weekend's and did not always enjoy their planned Monday activity. The registered manager said that they discussed this with the person and their family members, and it was agreed that the Monday activity would stop, so they could use the opportunity to rest and enjoy the Monday night social outing instead. The person told us that they had agreed to this and was happier as a result of the change.

People told us that staff supported them to make their own decisions about their care and support and felt involved and listened to and that their wishes were respected. We saw from care records that people had information they required in a format that was suitable for their individual needs. One person told us that they enjoyed many activities, such as football, cycling and horse riding. They told us that they also enjoyed playing the board game Monopoly. The staff member told us that playing this particular board game helped the person gain confidence with money. They told us that this had supported the person's confidence when spending money outside. For example, providing the right money when they bought a drink. The person told us that they felt proud that they had achieved this.

The registered manager explained that since one person's medication had been altered and was working better for the person, their quality of life had improved. They told us that the person had more energy to be able to do more physical activities. They and staff told us that the person had begun to lose weight through the exercise while maintaining a healthy balanced diet.

Staff told us they worked together and had good communication on all levels. All staff we spoke with told us they had detailed handover of information. All staff we spoke with felt that due to the good levels of communication that was in place, such as detailed handovers, team meetings and on-going communication, people received responsive care in a timely way. One staff member said, "The team leader plans the day, but listens to our opinions". The staff member felt that this improved the delivery of support for people as all staff were up-to date with people's most current care needs.

People did not express any concerns or complaints to us. We spoke with a relative who told us that they felt listened to and felt happy to raise any concern they may have with staff or the registered manager.

The provider shared information with people about how to raise a complaint about the care they received. This information gave people who used the service details about expectations around how and when the complaint would be responded to, along with details for external agencies were they not satisfied with the outcome. This was also available in a format for people who used the service.

We looked at the provider's complaints over the last twelve months and saw ten complaints had been

received. While there was no pattern or trend to these ten complaints the registered manager had responded to these with the complainant being satisfied with the outcome. The registered manager demonstrated how they had learnt from the complaint and put actions into place to reduce the likelihood of the concern from happening again.

Is the service well-led?

Our findings

All people and relatives we spoke with felt included and empowered and had a say in how the service was run. For example, we saw that people had been involved in changes to the home environment. People had decided to paint the garden shed, chosen the colours and painted this themselves. People we spoke with told us they had done this and enjoyed it. Another area that people had been involved in was the development of 'The Hive'. This was an external building that where people had chosen the decorations, such as wallpaper, and items that they would like in there, such as a bar area and a pool table.

People who we spoke with told us they found the registered manager was approachable and responsive to their requests where it was required. One person we spoke with said, "Yes, I like [registered manager's name]". We saw people initiated contact with the registered manager and showed that they were at ease with them. It was clear that the registered manager knew people well and interacted with people in ways that was individual to the person. A relative we spoke with felt that they were listened to by the registered manager.

Staff told us they felt supported by the registered manager. All staff members we spoke with told us they enjoyed their work, and working with people in the home. They said if they had any concerns or questions they felt confident to approach the registered manager. One staff member said, "[registered manager's name] has an open door policy and is very supportive. Always there for us". Another staff member told us, "I'm proud of the job I do, I love the people and the staff. I feel listened to and supported by [registered manager's name]".

The registered manager shared with us compliments that the provider had received. We saw one compliment from a relative who thanked the staff for, "Giving [person's name] the quality of life in a community based setting, which feels like a family environment. They are well looked after".

The registered manager had checks in place to continually assess and monitor the performance of the service. They looked at areas such as environment, care records, medication, training, incidents and accidents. This identified areas where action was needed to ensure shortfalls were being met. For example, the registered manager told us that one area for improvement showed that further training was needed that was specific to the needs of people who lived at Park House. They told us they had developed a programme which was reflective of the needs of people who lived there.

The provider had sent surveys to relatives in April 2015 to gain their views about the service provision. Overall, these were positive comments about the care however concerns had been raised about the changes in managers. The registered manager told us that they had worked at Park House for 18 months. They explained that they had worked at building relationships with families through what had been a challenging time of change for the home. A relative we spoke with told us that while they had problems to begin with, they felt the registered manager was professional and handled situations well and found them to be open and honest where areas of improvement had been required. The Quality Improvement Manager explained that further surveys would be sent out in September 2016 to gain a more up to date reflection of

people, relative and staff views.

The provider completed monthly checks and their findings were fed back to the registered manager for areas of improvement. The registered manager explained how these checks were in line with gaining people's experiences of the care. They told us the report was a positive reflection of the work that had taken place within the home, with some improvement required around better recording of people's hobbies and interests and how their decisions are made, however we found that the identified area for improvement did not have a negative impact on the care provision.