

Parkcare Homes (No.2) Limited

Fitzwilliam Lodge

Inspection report

Westfield Road
Rawmarsh
Rotherham
South Yorkshire
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Tel: 01709523400

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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

The inspection was unannounced, which meant the provider did not know we were coming. It took place on 26 July 2016. The home was previously inspected in July 2014, and at the time was meeting all regulations assessed during the inspection.

Fitzwilliam Lodge is a care home for people with mental health conditions. The service can accommodate 16 people. The accommodation comprises of 13 single rooms, which share three bathrooms and three self contained flats.

The home had a registered manager. 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 had responsibility for a number of services in Rotherham and Sheffield. There was also a general manager at Fitzwilliam Lodge who also had management responsibilities to ensure the service was managed well.

People told us they felt safe living at Fitzwilliam Lodge. Staff had received training on how to protect people from abuse and had an understanding of their responsibilities in relation to safeguarding people and keeping them safe.

Care records demonstrated the provider had identified risks to people's health and wellbeing and how they planned to protect people and support their safety. People received their medicines from trained, experienced staff who were assessed regularly to confirm their on-going competency to give medicines safely.

Staffing levels were based on the needs of people living in the home. At the time of our inspection we found there were adequate staff to meet people's needs. The provider's recruitment process ensured risks to people's safety were minimised. Staff received an induction, training and support from managers to carry out their roles safely and effectively.

Staff understood the requirements of the Mental Capacity Act 2005. Staff worked with people to support them in making wise decisions, and to look at the consequences of making decisions which might be harmful to them.

Staff were aware of people's dietary needs and encouraged people to eat a healthy diet which met their needs. There were regular multi-disciplinary meetings with external healthcare professionals to discuss the support needs of people who lived at Fitzwilliam Lodge.

Systems were in place which continuously assessed and monitored the quality of the service, including obtaining feedback from people who used the service and their relatives. Records showed that systems for

recording and managing complaints, safeguarding concerns and incidents and accidents were managed well. Management took steps to learn from such events and put measures in place which meant lessons were learnt and similar incidents were less likely to happen again.

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 from harm. Staff knew what action to take if they suspected abuse was taking place. Risks to people had been identified and assessed and there was guidance for staff on how to keep people safe.

There were sufficient numbers of staff to meet people's needs safely. The service followed safe recruitment practices when employing new staff.

There were appropriate arrangements in place to manage people's medicines.

Is the service effective?

Good ●

The service was effective.

Staff worked within the principles of the Mental Capacity Act. They supported people to make wise decisions and to look at the consequences of making decisions that may be harmful to them.

Staff worked with people and other healthcare professionals to maintain people's mental and physical health.

Meals were designed to ensure people received nutritious food which promoted good health and reflected their specific needs and preferences.

Is the service caring?

Good ●

The service was caring.

People told us staff were caring and kind and that they were actively involved in discussions about their support needs. Staff were supportive of people's feelings and took time to understand their needs. People could be as independent as they wished to be and their privacy was respected.

Staff spoke with pride about the service and about the focus on promoting people's wellbeing.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care and support which had been planned with their involvement. Support was goal orientated to help people achieve what was important to them.

Care plans provided detailed and comprehensive information to staff about people's care needs, their likes, dislikes and preferences.

People's concerns and complaints were investigated, responded to promptly and used to improve the quality of the service.

Is the service well-led?

Good ●

The service was well led.

There was an open culture and dialogue between people who lived at the home and managers. Staff had opportunities to share their views and discuss developments in the service. Staff we spoke with felt the service was well led and were supported by the management team who were approachable and listened to them.

Quality monitoring and audits took place to ensure policies and procedures were being followed.

Fitzwilliam Lodge

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 checked 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 26 July 2016 and was unannounced. The inspection was undertaken by an adult social care inspector.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service including the 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 also looked at notifications sent to the Care Quality Commission by the registered manager. We spoke with the local authority commissioners, contracts officers and safeguarding. They told us they were not aware of any issues or concerns regarding the service.

As part of this inspection we spent some time with people who used the service talking with them and observing support. This helped us understand the experience of people who used the service. We looked at documents and records that related to people's care, including two people's support plans. We spoke with six people who used the service.

During our inspection we spoke with four support staff and the general manager. We also looked at records relating to staff, medicines management and the management of the service. We also spoke with two health care professionals following our visit.

Is the service safe?

Our findings

Most people we spoke with all told us they felt very safe living at Fitzwilliam Lodge. One person said, "We are safe here." Another person said, "The staff help me when I am not well and help me feel safe."

The provider had safeguarding policies and procedures in place to guide practice. Safeguarding procedures were designed to protect people from abuse and the risk of abuse. Staff told us, and records seen confirmed that all staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. Where concerns had been raised the registered manager and general manager had notified the relevant authorities and taken action to ensure people were safe.

We looked at two people's care files these showed the actions taken to minimise any risks to people that used the service. Each person had assessments about any risk that were pertinent to their needs and these had been reviewed regularly. However one person's care plan had not been reviewed and their needs had changed. Staff were aware of the changed needs and what actions they need to take to safeguard the person and meet their needs. The general manager told us they had been waiting to attend a meeting that had been arranged to discuss the best ways of supporting the person before they reviewed the plan. The meeting was planned for 29 July 2016. The general manager did acknowledge that the plan should still have been reviewed and this was completed on the day of our inspection.

We saw risk assessments had been developed where people displayed behaviour that may challenge. These provided guidance to staff so that they managed situations in a consistent and positive way, which protected people's dignity and rights. Where people's behaviour changed in any significant way we saw that referrals were made for professional assessment in a timely way. One health care professional told us, "The staff will call us for advice, request information and act on our recommendations to ensure people's needs are met and risks are managed."

We were told that people were free to move around the home and access the community when they wished. We saw this during our visit. We saw people go out shopping and into town. There were procedures in place to ensure this was safe and emergency procedures were in place to be instigated if an issue arose.

During our inspection we saw there were staff in sufficient numbers to keep people safe. Staffing was determined by people's needs and staff worked flexibly to accommodate people's needs. Some people also had hours each week where they received one to one support to meet their personal care needs, to ensure their safety and to access the community. Staff we spoke with told us they felt there was enough staff on duty. People we spoke with told there were always staff available when they needed any support or assistance or just to talk.

The recruitment and selection process ensured staff recruited had the right skills and experience to support the people who used the service. The staff files we looked at included relevant information, including evidence of Disclosure and Barring Service (DBS) checks and references. DBS checks helps employers make

safer recruitment decisions and prevent unsuitable people from working with vulnerable people. Where any issues had arisen as to applicant's suitability to care for vulnerable people there was evidence that the risks had been considered and appropriate safeguards had been put in place to ensure people's safety.

We looked at the systems in place for managing medicines in the home. This included the storage, handling and stock of medicines and medication administration records (MARs) for people who used the service.

Medicines were stored safely, at the right temperatures. Although the fridge had gone above the recommended temperature, the general manager had called the supplier to have the fridge checked to ensure temperatures could be maintained. We also found the room temperature on a number of occasions had risen above the recommended temperature. Staff were monitoring this and had installed a fan. We saw records were kept for medicines received and administered. We also saw disposal of medicines followed correct procedures.

Where possible, people were supported to be independent in the management of their medicine. Although nobody in the home was able to self-medicate at the time of our visit, staff encouraged people to take some control of their medicines. For example, one person required insulin for their diabetes. The person administered the insulin themselves, and staff supported the person to ensure it was carried out safely. People were aware of when they needed to take their medicines. They told us the times they needed to be in the building to have their medicines administered. There were policies in place for staff to follow should people not be in the building to take their medicines.

Staff were able to explain how they supported people appropriately to take their medication that was prescribed as and when required. Staff told us most people were able to tell staff when they required this type of medication. For example pain relief. However, staff said they were aware of signs when people were in pain, discomfort, agitated or in a low mood to ensure they received their medication when required.

Is the service effective?

Our findings

People we spoke with told us the staff were good. One person said, "I like living here I am happy." Another told us, "Staff help me when I need help."

The general manager told us staff had received Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) training. Staff we spoke with confirmed this. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

We saw everyone had choices of when they wanted to eat, what they wanted to eat and where they wanted to eat. There was a main meal cooked in the evening taking into account people's preferences, but again people had the choice of something different if they wanted. We saw a good variety of food and healthy snacks were available including fruit.

We looked at people's care plans in relation to their dietary needs and found they included detailed information about their dietary needs and the level of support they needed to ensure that they received a balanced diet. People who lived in the self contained flats told us they were given an allowance if they cooked and shopped for themselves which supported them to develop their skills in planning and promoted their independence. Staff were aware of people's dietary needs for example, diabetes and encouraged people to eat a healthy diet which met their specific needs. However, they respected that people did not always do what was in their best interests.

People's care records showed that their day to day health needs were being met. People had good access to healthcare services such as dentist, optical services and GP's, although some people declined to attend appointments. This was clearly documented in their care files. People's care plans also provided evidence of effective joint working with community healthcare professionals. One health care professional we spoke with said, "They support people with very complex needs and meet both their mental health needs as well as their general physical needs."

Staff we spoke with said they had received training that had helped them to understand their role and responsibilities. We looked at training records which showed staff had completed a range of training sessions. These included managing challenging behaviour, infection control, safeguarding of vulnerable adults, fire safety, and health and safety. The general manager told us the provider was also developing a positive behaviour support programme, this was a research based approach to working with individuals who present with behaviours that may challenge. They were aiming to be able to use the least restrictive practices and to learn best ways to deal with individuals behaviour. The general manager also explained they were attending positive behaviour training with the local authority to help understand how to support people who may present with behaviours that challenge.

New staff received an induction to the service which included working alongside more experienced staff so

they understood the needs of the people who lived at Fitzwilliam Lodge. Staff told us that as part of new starter's induction they would complete the Care Certificate. The Care Certificate sets the standard for the fundamental skills and knowledge expected from staff within a care environment.

Records we saw showed staff were up to date with the mandatory training required by the provider. Staff we spoke with told us the training was good. Staff also told us they did additional training to further understand how to meet the needs of people they supported. We saw training records that confirmed staff had attended training. We also saw records that staff had received supervision. However, this had not been as regular as required. The general manager told us that they had got behind with staff supervision, but had now completed one supervision session with each staff member and others were booked in to ensure staff were adequately supervised. Staff told us they felt supported by general manager and if they needed to discuss anything they were always available.

Is the service caring?

Our findings

Most people we spoke with were positive about the staff and the management team. People told us staff were kind and caring. One person said, "The staff are nice." Another person said, "The staff are respectful."

Staff understood the importance of making time to listen to people. One staff member told us, "You need to be able to sit and talk one to one with them give them time to discuss their problems." During our inspection we saw several occasions when people indicated they wanted to talk with staff. The staff member concerned gave the person the time they needed. Staff also explained to us how a calm and relaxed environment supported people's mental health.

People were involved in deciding how their care and support should be delivered, and were able to give their views on an on-going basis. Care records demonstrated that people had been actively involved in discussions about their support needs. They were written from the person's perspective and signed by the person to say they agreed with the information and support required. One person told us, "I have input into my care plan and staff always involve me in any changes." A health care professional told us, "The staff actively involve people they support in their care plans and listen to people's views, wishes and choices."

During our visit we spent time in communal areas talking to people who used the service. We saw positive interactions between people and staff. Staff were caring and compassionate. From conversations we heard between staff and people who used the service it was clear staff understood people's needs, how to approach people and when people wanted to be on their own.

We saw that staff respected people's dignity and privacy and treated people with respect and patience. For example, the care workers we observed always asked people if they were alright or if they required any help or assistance. We found that staff spoke to people with understanding, warmth and respect, and took into account people's privacy and dignity. For example each person had their own room key so they could lock their room and have privacy from others. Staff did not enter people's rooms without permission unless they were concerned for a person's safety or wellbeing.

It was clear that the ethos of the service was about respecting people as individuals and supporting them to achieve a level of independence in their everyday lives. All staff we spoke with were passionate about providing high quality care. They all knew the people well who they supported.

Staff told us they were listened to and valued by the general manager and were just getting to know the new registered manager. They told us they worked together as a good team, and this had a positive impact and improved the quality of life for people they supported.

Is the service responsive?

Our findings

We found that staff worked with people to identify their needs and what support they needed to meet those needs. We found from talking with staff they were knowledgeable on people's needs and how to best meet people's needs. People we spoke with told us the staff helped them and understood them.

We looked at two people's plans of care and found each person's care plan outlined areas where they needed support and gave instructions of how to support the person. The plans were person centred and detailed people choices and decisions. One had not been updated, however, this was being completed at the time of our visit as the person's needs had changed due to deterioration in their mental health.

The plans had been written with the involvement of the person, where the person wanted to be involved and where appropriate, their close relatives. One person told us, "I go through my plan with my key worker if I want to."

People's support plans we looked at contained details of activities people liked to participate in or outings they enjoyed. People were supported to engage in activities outside the home to ensure they were part of the local community. Staff supported people in maintaining relationships with their friends and family members and people told us that their visitors were made welcome. There was a very good range of activities and we saw that staff actively encouraged and supported people to engage, which helped to make sure they were able to maintain their hobbies and interests. People accessed the community on a regular basis continuing with hobbies and interests.

The staff demonstrated a good awareness of how people they supported could present with behaviour that challenged and could affect people's wellbeing. The individualised approach to people's needs meant that staff provided flexible and responsive care, recognising that people could live a full life involved in the community.

The general manager told us there was a comprehensive complaints' policy and the procedure was on display in the service where everyone was able to access it. People told us they felt able to express their views and talk about any concerns they had. People were given information about how they could make a complaint when they moved into the home and were reminded of the process during 'your voice' meetings, which were for people who used the service. Any complaints received were recorded on the provider's database. This helped the provider to identify any trends or patterns to inform changes in practice.

There had been one complaint regarding overgrown trees in the grounds since our last inspection visit. This had been managed under the provider's complaints procedure and appropriate action taken. The registered manager had identified that minor concerns were not always recorded or monitored and was implementing a concerns log for staff, visitors and people who used the service to be able to complete it if they had any minor concerns or issues. This ensured no matter how minor any issues were they were appropriately addressed and resolved.

We spoke with the local authority contracts officer who visits the service. They told us they felt the service was very responsive to people's needs. They also told us they had achieved a rating of good following their visit. We also spoke with health care professionals who regularly visited the service, they told us the service provided a good level of support. One health care worker told us, "The support and care provided is to a good level, I have no concerns."

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager who had only recently been registered with the Care Quality Commission. There was also a general manager who had day to day oversight of the service.

Staff told us that that regular supervision and support had recommenced and they felt supported. They said they had an annual appraisal of their work which ensured they could express any views about the service in a private and formal manner.

There were systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the registered and the general manager. The reports included any actions required and these were checked each month to determine progress.

The general manager told us they completed daily, weekly and monthly audits which included environment, infection control, fire safety medication and care plans. The registered and operations managers also carried out monthly audits. We saw a variety of audits and it was clear any actions were identified and addressed. For example the environmental audit had identified that carpets and furnishings required replacing these had been ordered and awaiting delivery. People who use the service had also requested new garden furniture which was being considered.

There was regular staff meetings arranged, to ensure good communication of any changes or new systems. We saw the minutes of meetings that had been held. There were also key worker meeting each month involving the people who used the service. these ensured people had opportunity to raise any issues or concerns or just to be able to talk with their key worker communicating any choices or requests.

Satisfaction surveys were undertaken to obtain people's views on the service and the support they received. We also saw there were meeting for people who used the service. The minutes of the last meetings were available for all people to see. The service also had a 'Your voice 'representative. There was representatives in each service and they met regularly to ensure people's views were considered to continually monitor the quality of the service provision.

We found that recorded accidents and incidents were monitored by the registered and general manager to ensure any triggers or trends were identified. We saw the records of this, which showed these were looked at, to identify if any systems could be put in place to eliminate the risk.

Systems were in place for recording and managing complaints, safeguarding concerns and incidents and accidents. Documentation showed that management took steps to learn from such events and put measures in place, which meant they were less likely to happen again.