

Parkhouses Independent Living Services Ltd

Parkhouses Independent Living Services

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Parkhouses Independent Living Services is a community-based care provider that provides personal care to people living in their own homes and supported living settings. At the time of inspection there were 16 people in receipt of the regulated activity of personal care.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

People told us they felt safe and staff were kind and caring. Staff understood how to protect people from harm or discrimination and had access to safeguarding adults' procedures. There were sufficient numbers of staff deployed to meet people's needs and ensure their safety. The office manager agreed to carry out a full audit of all staff files to check recruitment records. Following the inspection, the provider sent us an action plan detailing their plans to update the recruitment procedure.

The management team carried out risk assessments to enable people to retain their independence and receive care with minimum risk to themselves or others. People were protected from the risks associated with the spread of infection. People received their medicines safely and were supported to eat and drink in accordance with their care plan.

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 supported this practice. People's needs were assessed prior to them using the service. The provider had arrangements for the induction of new staff and provided regular training updates for existing staff. Staff were supported by the registered manager. People were helped to access healthcare services, as appropriate.

People and their relatives told us staff were caring and showed kindness, sensitivity and respect. People and where appropriate their relatives had been consulted about their care needs and were involved in their ongoing care and support. People and their relatives had access to a complaint's procedure, if they wished to raise a concern.

The management team carried out a number of audits to check the quality and safety of the service. Spot checks were carried out to monitor staff performance. People were asked for their views and their suggestions were used to improve the service and make any necessary changes.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or

autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support

- Staff supported people to make their own choices about the care they received and how they spent their time. Staff focused on people's strengths and on what they could do to ensure they led a fulfilling and meaningful everyday life. Staff promoted people's independence and supported their access to the local community.

Right care

- Care was person-centred and promoted people's dignity, privacy and human rights. People confirmed their privacy and dignity was respected. Support plans were person centred and ensured the person was involved in the development and review of their plan as far as possible. Training and support for staff ensured human rights was at the heart of the delivery of care and support.

Right culture:

- Ethos, values, attitudes and behaviours of the manager and staff ensured people using services led confident, inclusive and empowered lives. People's diverse needs were assessed, supported and respected. People were supported to make choices and live the life they chose.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The service was registered with us on 30 May 2019. This was the first inspection of the service.

Why we inspected

This was a planned inspection for this newly registered service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Parkhouses Independent Living Services

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The provider also provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living or domiciliary care; this inspection looked at people's personal care and support.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service short notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager or a representative would be in the office to support the inspection. We

also requested consent from people to visit their home and to call people over the telephone.

Inspection activity started on 21 April 2022 and ended on 22 April 2022. We visited the location's office on both days.

What we did before the inspection

We reviewed information we had received about the service since it had been registered. We also sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

With their permission, we visited seven people living in their own homes. We also spoke with three people using the service, five relatives and five staff over the telephone. We spoke with the office manager at the agency's office.

We reviewed a range of records. This included two people's support plans and care records as well as two people's medication records, we also checked medicine storage arrangements. We looked at two staff files in relation to recruitment. In addition, we looked at a wide range of records relating to the management of the service including policies and procedures and staff training as well as audits and quality reviews.

After the inspection

We discussed the inspection findings with the registered manager, who was on annual leave at the time of the visit. The registered manager sent us an action plan in response to the findings of the inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse or avoidable harm. One person told us, "I feel very safe with the staff. I find they are all friendly and respectful". Relatives had no concerns for the safety of their family members. One relative said, "I'm very pleased with the service and feel [family member] is looked after really well."
- Staff understood safeguarding matters and were aware of when to report incidents and safeguarding concerns to other agencies. All staff had received regular training in safeguarding vulnerable adults.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's personal safety were assessed, monitored and managed effectively. People's care plan documentation included a series of risk assessments, which had considered risks associated with the person's environment, their care and treatment, medicines and any other factors.
- The provider had a business continuity plan which described how people would continue to receive a service in the event of adverse circumstances.
- Staff had completed accidents or incidents records. Systems were in place to investigate any incidents and ensure any actions taken were effective. Methods had been established to ensure any lessons learned from incidents or observations of people's care were quickly communicated to the staff team.

Staffing and recruitment

- A sufficient number of staff was deployed to meet people's needs in a person-centred way. People told us they usually received care from the same team of staff. This meant there was a good level of consistency and staff were familiar with people's needs and preferences.
- The provider had a recruitment and selection procedure. We noted robust checks had not always been carried out. The office manager agreed to audit all staff files and address any shortfalls. Following the inspection, the registered manager sent us an action plan setting out updated arrangements for the recruitment of new staff.

Using medicines safely

- Medicines were managed safely. The provider's systems and processes were designed to ensure people had the level of support they needed to manage and take their medicines safely.
- Staff had access to best practice guidance and appropriate policies and procedures. Staff were trained to administer medicines and checks were carried out on their practice.
- Staff maintained appropriate records following the administration of medicines. The records were checked at least once a month.

- We noted instructions for the administration of medicines prescribed 'as necessary', were included in people's care plan documentation not in the medicines records. Following the inspection, the registered manager confirmed separate protocols would be developed.

Preventing and controlling infection

- The provider had systems to help prevent and control the spread of infection and staff had received training on this topic. Staff had access to an infection prevention and control policy and procedure. Staff were provided with personal protective equipment including face masks, disposable gloves and aprons as well as hand sanitiser. People confirmed staff used the equipment when providing personal care.
- The provider made sure infection outbreaks could be effectively prevented or managed. They had arrangements to alert other agencies to concerns affecting people's health and wellbeing as necessary.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider had established systems to ensure people's individual needs and choices were met. A member of the management team completed an assessment prior to a person receiving a service. The assessment considered people's protected characteristics, such as sexuality, religion or belief and all aspects of their needs and choices.
- People's current needs were regularly assessed to ensure they continued to receive the correct level of support.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff had received training and understood the relevant requirements of the MCA. Staff confirmed they asked for people's consent before providing care, explaining the reasons behind this and giving people enough time to think about their decision before taking action.
- Where people were deprived of their liberty, the provider had worked with professionals to make any necessary applications to the Court of Protection.
- Following the inspection, the registered manager agreed to update two people's care documentation with details of the legal authorisations placed on their liberty along with the least restrictive options of care.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink in line with their needs and preferences.

- The management team carried out risk assessments as necessary and monitored people's food and fluid intake if they were at risk of poor nutrition and hydration.
- Staff were aware of people's dietary preferences and helped people to prepare food in line with people's needs. Specialist advice had been sought as appropriate.

Staff support: induction, training, skills and experience

- Staff were provided with appropriate support and training. People and their relatives told us the staff were competent and well trained. One relative said, "The staff are well trained and understand people's needs. They are aware of signs of [family member's] distress and will pre-empt these to lower their anxiety."
- New staff were supported through an induction programme, which included the provider's ongoing mandatory training and where appropriate the Care Certificate. Staff training was monitored, to ensure staff completed their training in a timely way.
- Staff were provided with one to one supervision and an annual appraisal. This facilitated discussions around work performance, training needs and areas of good practice.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported with their healthcare needs and staff had strong supportive relationships with other agencies and professionals to provide a flexible and effective service, which was adapted to people's needs.
- People living in a supported living setting had a health action plan and a record had been maintained of healthcare appointments.
- People were supported to attend annual health checks, screening and primary care services in line with their needs and preferences.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People's rights were promoted, and person-centred care was delivered. People and their relatives expressed satisfaction with the care provided and made complimentary comments about the staff team. One person told us, "The carers have a professional approach and are extremely kind and caring."
- The provider promoted and encouraged inclusion. Staff had received training on equality and diversity issues and had access to a set of policies and procedures.
- Staff understood their role in providing people with compassionate care and support. They were knowledgeable and respectful about people's individual needs, backgrounds and personalities.

Supporting people to express their views and be involved in making decisions about their care

- People contributed to and were involved in making decisions about their care and support needs. People confirmed they had discussed their care needs with staff and agreed with the contents of their personalised care plan. This demonstrated people's views were listened to and respected.
- The staff understood people's individual likes and dislikes and accommodated these when delivering their care. Staff were committed to ensuring the best possible outcomes were achieved. They spent time with people to understand their preferred methods of communication, including non-verbal communication.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected. Staff offered people opportunities to increase their independence and to have freedom and control over their lives. One person told us, "They always ask me what I would like them to do as the tasks are variable and they respect my choice."
- Staff had access to policies and procedures and training about caring for people in a dignified way. This helped to make sure staff understood how they should respect people's privacy and dignity in a care setting.
- Staff understood their responsibilities for keeping people's personal information confidential. People's information was stored and held in line with the provider's policies and current legislation.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had varied lives and received personalised care and support specific to their needs and preferences. People told us they were happy with their care and staff responded to any requests made for assistance. One person commented, "The staff are great. I can't fault anything."
- Care plans and risk assessments were in place to show the support people needed and these were reviewed regularly. Care plans were person centred and detailed people's cultural needs. They contained detailed information about people's individual support needs and what outcomes they would like to achieve.
- Staff understood people's needs and it was clear people were supported to make choices and to take control of their daily lives. Staff documented the care people had received, in a detailed and respectful way.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider understood the Accessible Information Standard. People's communication needs were identified and recorded in their care plans. Information was available in a variety of formats and in a way people could understand.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in meaningful activities and to engage with the local community in line with their interests and preferences. People told us they participated in a broad range of activities.
- An emphasis was placed on social interaction and building people's independence and confidence, as well as accessing the community.

Improving care quality in response to complaints or concerns

- The provider had arrangements for recording, investigating and resolving complaints. The office manager confirmed no complaints or concerns had been received about the service.

End of life care and support

- At the time of the inspection, there was no one in receipt of end of life care. However, in these circumstances the provider would work closely with health and social care professionals to ensure the comfort and dignity of the person.
- All staff had completed end of life training and one member of staff was designated as the end of life champion.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Managers and staff had a clear understanding of their roles and contributions to service delivery. We found staff morale was good and they felt valued and respected.
- The management team and staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time.
- The provider had established systems to monitor the quality of the service. The management carried out regular audits and monitored the standards and safety of the service. This ensured continuous learning and ongoing improvements to the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider promoted and encouraged candour through openness and honesty. The management team were aware of their responsibilities in line with the requirements of the provider's registration.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and staff promoted the provision of person-centred care to achieve the best outcomes for people. Staff confirmed they felt everyone was well supported and they all told us how much they enjoyed their work.
- Throughout the inspection, people and their relatives spoke positively about the registered manager and the staff team. One relative told us, "[Registered manager] is always on the ball, she checks everything to make sure things are right and she always picks excellent staff" and another relative commented, "They all do a marvellous job. I have no concerns whatsoever."
- Organisational policies and procedures set out what was expected of staff when supporting people. Staff had access to these, and they were familiar with the key policies.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The management team and staff were actively involved in supporting people to achieve their goals and ambitions. They were aware of people's individual needs and fully considered their equality characteristics to ensure they were involved in the delivery of their care.
- People, their relatives and staff were invited to give feedback on the service and had the opportunity to

attend meetings and other events, as well as complete quality questionnaires. The last quality survey for people using the service and their relatives was carried out in December 2021. We saw the collated results and noted the respondents had expressed satisfaction with the service.

- The registered manager and staff worked in partnership with external agencies to learn and share knowledge and information which promoted the continued development of the service.