

## Parkcare Homes (No.2) Limited

# The Birches

### Inspection report

18 Gladstone Road  
Chesterfield  
Derbyshire  
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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

About the service:

The Birches is registered to provide accommodation and personal care for up to seven adults with mental health needs. It is situated in Chesterfield. Six people were living there at the time of our inspection.

People's experience of using this service:

Systems were in place to monitor the quality of the service provision; however, these were not always effective in ensuring issues were identified or improvements were made and sustained.

Improvements were required to the service's governance arrangements to assess and monitor the quality of the service and ensure that action was taken as required.

Whilst people received their medicines safely and as prescribed by their GP, the completion of the medicine administration records needed attention.

People and staff were positive about the care provided at The Birches.

Staff knew people well and had developed meaningful relationships with them. People were given choice and supported to develop daily living skills.

Staff were kind and caring and people were treated with dignity and respect.

People received effective care from staff who understood how to recognise and report issues of concern and potential abuse. Staff were recruited safely, were visible in the service and responded to people quickly.

There was a complaints system in place and people felt able to raise concerns which were addressed.

People could access the community and take part in a range of activities which promoted their wellbeing.

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 health was well managed and there were positive links with other professionals to ensure that individual needs were met.

People and staff were positive about the manager and felt they were approachable.

Rating at last inspection: Good (report published 7 October 2016)

Why we inspected: This was a planned inspection based on the previous rating.

Enforcement: Please see the 'action we have told the provider to take' section towards the end of the report.

Follow up: We will continue to monitor all intelligence received about the service to ensure the next planned inspection is scheduled accordingly.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

**Requires Improvement** ●

# The Birches

## Detailed findings

### Background to this inspection

#### The 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.

#### Inspection team:

The inspection was carried out by one inspector.

#### Service and service type:

The Birches is registered to provide accommodation and personal care for up to seven adults with mental health needs. Six people were living there at the time of our inspection.

The service did not have a manager registered with the Care Quality Commission. The previous registered manager had recently left. A senior member of staff was acting as manager whilst recruitment was in progress. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

This inspection was unannounced and took place on 17 April 2019.

#### What we did:

We used information the provider sent to us in the Provider Information return (PIR). This is information we require providers to send to us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. We looked at information we held about the service, including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders, for example, the local authority and members of the public.

During the inspection, we spoke with the acting manager and three care staff. Only one person who lived at the service wished to speak with us.

We looked at care records, three staff employment related records and records relating to the quality and management of the service.

Details are in the Key Questions below.

# Is the service safe?

## Our findings

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

Some aspects of the service were not always safe.

Assessing risk and supporting people to stay safe from harm and abuse.

- People receiving support appeared safe and comfortable with the staff present. One person told us, "I feel very safe here."
- Care records provided clear information around identified risks in order for staff to keep people safe from avoidable harm.
- Staff had received safeguarding training and had access to relevant information and guidance when required. Staff understood what was meant by abuse and they were confident about how to report safeguarding concerns.
- The service maintained a record for any safeguarding incidents that may occur. Where concerns had been raised we saw that an in-depth investigation was conducted to identify the cause of the concern and what could be done to prevent a recurrence.
- We found assessments were carried out to identify any risks to the person or the staff supporting them. These included environmental risks and any risks to people's health and well-being. Risk assessments were person centred and gave guidance to people and staff on how risks could be minimised and managed whilst promoting people's independence and opportunities. Records showed that risk assessments had been regularly reviewed and updated when people's needs changed.
- Contingency plans gave information to staff on action to take for events that could disrupt the service. These included; flood, loss of electricity and gas and outbreak of illness.

Staffing and recruitment

- There were sufficient numbers of staff to provide people with the support they needed. To ensure continuity of support, cover for staff on sickness or annual leave was provided by staff from the home or from dedicated bank staff.
- Safe recruitment processes were used to ensure only staff suitable for their role were employed at the service. Staff had received training in health and safety and their understanding and competency was discussed in one to one supervision meetings with a line manager.

Using medicines safely

- Systems were not always effective to check that people received their medicines as prescribed. The stock of some medicines could not be assessed as correct. Best practice of two staff signatures was not always evident in the recording of controlled drugs. Controlled drugs are medicines that are subject to additional legal requirements in relation to their storage, administration and destruction due to the risk of their misuse. Medication was booked out when people went to stay with family, however, the balance of the medication returned was not always recorded. Medicine administration records (MAR) did not always record the number of 'as required' (PRN) administered. This meant an accurate level of stock could not be determined. Audits did not identify any of the issues highlighted by our inspection.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff responsible for supporting people with their medicines had their competency checked to make sure they were safe to do so.
- The manager told us people were encouraged to manage their own medicines if they could do so safely. This was good practice that would help ensure people did not lose this area of independence.

#### Preventing and controlling infection

- Staff told us there was sufficient personal protective equipment, such as disposable gloves and aprons to maintain good standards of infection control.
- We found the home to be visibly clean in all areas and there were no unpleasant odours. Records showed that staff had received training in infection prevention. There were robust systems in place to prevent the spread of infection or disease.

#### Learning lessons when things go wrong

- We looked at how accidents and incidents were managed by the management team. They detailed the nature of the incident, time and action taken to resolve it. When accidents or near misses occurred, they were reviewed so that lessons could be learnt and to reduce the risk of similar incidents occurring.



# 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.

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.

- Care and support was planned, delivered and monitored in line with people's individual assessed needs.
- Systems were in place to assess people's needs and choices in line with legislation and best practice. The assessments were completed prior to people receiving support to ensure the service and staff could meet people's needs and provide effective support.
- Assessments by the service and those obtained from social care professionals resulted in planned, effective care which also included expected outcomes for people based on their needs and choices.

Staff support; induction, training, skills and experience.

- Staff received sufficient training, induction and support to help them undertake their role effectively.
- Staff told us they felt they received the training and induction they needed to provide care competently to people. One staff member talked about completing their induction training at the same time as shadowing more experienced staff, which they had found helped their understanding.
- The service used a mixture of internal and external training providers. We saw staff had received recent training in topics including, safeguarding, moving and handling, medicines, infection control and first aid. A training matrix demonstrated training was up to date.
- Staff told us they received regular supervision, which they found useful. We looked at records of supervision and competency assessments, and found them to be up to date.

Supporting people to eat and drink enough with choice in a balanced diet

- Care plans seen confirmed people's dietary needs had been assessed and support and guidance recorded as required.
- We found that people's nutritional needs were met. Food was stored and prepared safely. However, despite being aware of people's allergies, the provider did not assess or record the allergens present in the food provided.
- People who used the service chose what food to purchase and cook. People were involved in shopping for and preparing food. One person told us, "The food is really nice and I'm baking cakes today."
- Staff informed us they had completed food and hygiene training to ensure they were confident with meal preparation and always checked food use by dates.

Staff providing consistent, effective, timely care within and across organisations

- Where people received additional support from healthcare professionals this was recorded within the care records.
- People were supported by staff to attend medical appointments when needed.
- Staff were able to tell us of the healthcare needs of the people they supported, and were aware of the processes they should follow if a person required support from any health care professionals.
- Advice provided by healthcare professionals was followed by staff which ensured people were supported to maintain their health and wellbeing.

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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- The service was working within the principles of the MCA, restrictions on people's liberty had been authorised and conditions on such authorisations were being met.

# 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.

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff received training in equality and diversity and people's cultural and spiritual needs were respected.
- The provider had systems which ensured staff were monitored to make sure their practice was kind and caring.
- Staff related to people in a respectful, easy and friendly manner. Staff spoke with genuine compassion and empathy about people.
- People were respected as individuals. Care records contained information about people's life histories.
- We found staff knew people well, both their care needs and as individuals. They knew about people's families and their preferences, what food they liked, what might upset them and what activities they enjoyed. This showed staff and the manager took time to get to know people and genuinely cared about the people in their care.

Respecting and promoting people's privacy, dignity and independence.

- People were encouraged to do what they could for themselves to promote their independence including preparing meals, domestic chores and taking medicines.
- Daily records were respectfully written and information was treated confidentially.
- Staff treated people with privacy, dignity and respect and provided compassionate support in an individualised way. Where one person required some space, this was given and staff checked on the person later to make sure they were okay.

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

- People were encouraged and supported to express their views about their day to day routines and personal preferences and were actively involved in making decisions.
- Staff knew people well and knew the best way to encourage people to express their views.
- People could give their views through meetings which were led by those living at the service. Subjects discussed in these 'Your Voice' meetings included activities and menus and these views had been listened to and acted upon.
- People's preferences and choices were respected. One person said, "Anyone can speak up at any time. I feel very comfortable talking to staff about things, and they listen." One staff member said, "It is very relaxed, decisions are often a compromise of peoples different wishes."

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People's individual care needs had been identified. Care plans had been developed with the involvement of the person and professionals or family members where appropriate.
- Care plans were person centred; they took account of people's likes, dislikes, wishes and preferences in relation to their daily routines.
- Staff had access to information about people's care needs; care plans detailed all tasks required and ensured that people received care that was person centred and appropriate to their needs.
- Staff completed a daily record of each shift to ensure that any concerns or identified changes were recorded. This ensured that staff had access to relevant and up-to-date information.
- People received care and support from regular staff who knew their routines well. People had named keyworkers which ensured they received one to one time to talk. Individual strategies were in place to promote people's wellbeing.
- The service recorded and shared information relating to people's communication needs as required by the Accessible Information Standards; for example, care plans considered the different ways people communicated and identified people's information and communication needs. Information was available in easy read to aid people's understanding.
- We saw people taking part in a range of activities during the inspection that were led by the person or staff-team. This included baking, tending to guinea pigs and staff supporting people on trips out from the home to access the local community.

### End of life care and support

- The manager told us the service at present does not support people with end of life care although the service had provision for staff training in 'end of life care'.

### Improving care quality in response to complaints or concerns

- The provider listened to, and acted upon people's complaints or concerns.
- People felt able to raise any concerns they might have. They told us they were confident that staff would take any concerns or complaints they raised seriously. One person told us, "I've nothing to complain about but if I did, the staff would listen."
- The home had a complaints procedure on display in the reception area alongside contact numbers for advocacy services and people who could support individuals to make complaints.

## 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.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- At the time of our visit the service was without a registered manager as they had recently left the organisation. In the interim, the staff team were being managed by a senior member of staff who was acting as manager during the recruitment of a new registered manager and was being supported by the registered manager of another service.
- Monitoring systems were in place to monitor the quality and safety of the service however, these were not always robust.
- Whilst checks had been carried out on medication the auditing processes had not identified the anomalies found during our inspection. Maintenance issues reported to the provider in 2018 had not been addressed.
- Staff at all levels understood their roles and responsibilities and the management team was accountable for the staff and understood the importance of their roles.
- The provider understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people using the service. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events. They were also aware of their responsibility to have on display the rating from their latest inspection. We saw the rating was clearly on display on the provider's website and within the service.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- Staff told us they felt happy in their work at The Birches and that morale amongst the staff was good.
- Staff were motivated and told us they felt well supported by the manager and provider. They told us they would feel comfortable raising any concerns they had with the manager and said they would be listened to. One staff member said, "Be it the manager or the provider I know I would be listened to and be supported."
- The staff team knew people's individual needs and ensured good outcomes for people.
- The management team was open and honest when things went wrong and lessons were learned to ensure people were provided with good quality care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- There was a positive and motivated culture within the service and staff worked well together. One staff member said, "Staff work really well together here."
- The manager had an open and positive approach to feedback and to developing the service. They told us, "All feedback is useful, either to confirm what we are doing well or to identify where we could improve."
- The manager monitored and worked alongside staff regularly to identify where staff skills and knowledge needed could be improved. They were approachable and provided feedback to ensure continuous development.

Working in partnership with others:

- The management team worked in partnership with commissioners, the local authority safeguarding team and other healthcare professionals to ensure people received the care and support they needed.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  People's medicines were not always safely managed.