

Parkcare Homes (No.2) Limited

Birches Grove

Inspection report

14 Fairmoor Close
Parkend
Lydney
Gloucestershire
GL15 4HB

Tel: 01594564081

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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?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 13 October 2016 and was announced. Birches Grove provides accommodation for four people who require personal care. There were four people living in the home at the time of our inspection. The home provided personal care and support for people with learning disabilities.

Birches Grove is set in a quiet residential area. It had a lounge/dining room area, kitchen and four bedrooms upstairs. People could freely move around the home and had access to a secure and private back garden.

A new manager had been appointed. They were in process of applying to be the registered manager which is required by the home's conditions of registration. 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 told us they enjoyed living at Birches Grove. Staff approached people in a kind and caring manner. They ensured people received care and support in accordance to their preferences and needs. Their privacy and dignity were respected. People enjoyed range of activities. Some people were independent in the community and had a part time job or volunteered. Others enjoyed activities with the support of staff.

People were supported by staff who had been trained and supported to carry out their role. Systems were in place to check the criminal and employment backgrounds of new staff to ensure they were of good character. The staffing levels of the home were adjusted according to people's health and social support needs.

Staff had been suitably trained in subjects such as safeguarding, fire safety and managing challenging behaviour. They were confident in their abilities. Staff told us they felt trained to carry out their role and were aware of their responsibilities to ensure people were kept safe and to report any concerns.

People's care and support needs and associated risks were assessed and documented. People received the care and support they needed. Measures were in place to support people and allow them to undertake new opportunities. There were sufficient numbers of staff to ensure people's needs were being met.

People's medicines were managed safely. Some people were supported to manage their own medicines. Their care records provided staff with information about their background, levels of independence and their support requirements. People were supported to make decisions about their care. The managers recognised that people care plans needed to be thoroughly reviewed and updated. Plans were in place to review people's care plans to ensure they reflected everyone's needs and consent to their care.

A new manager was in post. They had gained a good understanding of the home and the actions they

needed to take to ensure people received high quality care and staff were trained and supported. Quality monitoring systems were in place to check and address any shortfalls in the service. Most identified shortfalls had been acted on. People's views and opinions were listened to. There were opportunities for people to raise concerns. Complaints were investigated and acted on by the manager.

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 felt safe living at Birches Grove. Staff were knowledgeable about recognising and reporting allegations or concerns of abuse.

People's personal risks had been identified and managed. Staff were recruited safely. People were supported to receive the medicines they had been prescribed.

Is the service effective?

Good ●

The service was effective.

People who were able were involved in making decisions about their care and support.

Records indicated that people had been referred to the appropriate health and social care professional when needed.

People were supported to maintain a balanced diet.

Staff received training and support that helped meet people's needs.

Is the service caring?

Good ●

The service was caring

People's needs were met by kind and caring staff.

Staff ensured people's dignity and privacy was respected. People's levels of independence was promoted and encouraged.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

People's care records provided detailed information about how people's needs should be met, however they did not always reflect people's current needs. Although plans were in place to

update and review everyone's support plans.

The provider and staff valued people's opinions about the care they received. They acted on people's suggestions.

<p>Is the service well-led?</p> <p>The service was well led.</p> <p>Systems were in place to monitor and improve the quality of care people received, although</p> <p>The registered manager and senior staff were described as supportive and approachable. The culture of the home was fair and open.</p>	<p>Good ●</p>
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Birches Grove

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 13th October 2016 and was announced. 24 hours' notice of the inspection was given because the service is small and staff are often out in the community supporting people with their activities. We needed to be sure that they would be in. The inspection was carried out by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service as well as statutory notifications. Statutory notifications are information the provider is legally required to send us about significant events.

We looked around the home and talked with three people in the home, two members of staff and the deputy manager. We observed how staff interacted with people. We looked at the care records of three people and records which related to staffing including their recruitment procedures and the training and development of staff. We inspected the most recent records relating to the management of the home including quality assurance reports. After the inspection we spoke with the new manager and one relative by telephone and a health care professional.

Is the service safe?

Our findings

People appeared relaxed and happy around staff and in the company of each other. People who we spoke with told us they felt safe living at Birches Grove. People were supported by staff who were knowledgeable in recognising different types and signs of abuse. Staff had either completed or were in the process of completing training in 'safeguarding vulnerable adults'. Safeguarding policies were available for staff to refer to. Senior staff were aware of their safeguarding responsibilities and had attended advanced training in safeguarding and protecting vulnerable people. People were supported with areas of their care where there was a risk of being abused such as financial abuse.

Some people were not able to manage their own finances and required support from staff to manage and store their money. A robust system was in place to ensure people were not being financially abused. People's daily income and expenditures were logged by staff onto a computer based system. A monthly statement was produced for each person who was being supported with their money and was cross checked with the balance of their funds. The manager and deputy manager had access to this system and monitored people's finances to ensure people's finances were not accessed inappropriately.

People's health, medical and social well-being risks had been assessed and recorded. For example, people's risks associated with their medical conditions or environmental risks such as crossing the road had been identified. Control measures had been discussed with people and documented. People were supported to take risks to retain their independence such as being independent in the community. Staff acknowledged that some risks were still in place but had discussed and worked with people to discuss and minimise these risks. Staff explained that the benefits of venturing into the community without staff outweighed the possible risks. They said, "We promote and support them to gain independence. Some of the residents are blossoming here. We are always on hand if they need some support." Occasionally people became upset, anxious or emotional. Some people had behavioural support plans in place which provided staff with the guidance they needed to support people if they became upset. People were kept safe from the risk of emergencies in the home. Each person had a personal emergency evacuation plan which staff were familiar with.

People at Birches Grove were cared for by a single member of staff during a 24 hour period. Additional staff were provided if there were changes to people's personal support needs or to support people if they had planned activities in the community such as attending bingo or day trips. Staff and relatives of people told us that the staffing levels in the home were stable. People were mainly supported by staff who were familiar to them and had an understanding of their needs. Where there had been gaps in the staff rotas; staff had carried out additional hours to ensure people were suitably supported. The home was fully staffed, however the manager was recruiting for additional bank staff who could work if there was an unplanned staff shortage. Staff from the provider's other homes also worked at Birches Grove if they were short of staff.

Detailed handovers occurred between staff shifts to share information about the well-being of people and any concerns. A lone working policy was in place to help to protect staff who supported people alone. An on call system operated out of hours to give staff advice and support when needed. Staff told us they were

happy with the support arrangements. They told us they could always contact the manager or a senior member of staff if required. The deputy manager who also assisted with the on-call duty said, "I'm always prepared to answer the on-call telephone and come in if needed."

People were supported by staff who were deemed to be suitable to carry out their roles and of good character. Staff had been through a thorough recruitment and interview process. New applicants were required to apply for employment at the home via the provider's new on-line recruitment system. The manager and deputy manager would soon be receiving training in the new on-line recruitment system to allow them to access the application forms and associated recruitment documents on-line. Background and criminal checks were completed via the Disclose and Barring Service before new staff worked with people. References had been requested from the last employer and to check the character of new staff. Any queries regarding their previous employment or irregularities were discussed and documented during their interview.

People's medicines were managed according to their needs. Individual arrangements were in place to make sure each person received their medicines appropriately and that their medicines were stored safely. A nominated and trained staff member ordered and managed medicines on people's behalf. Staff responsible for administering people medicines had received training to do so. People had been supported to have their medicines reviewed and their dosage adjusted according to their present health and mental needs. Systems were in place to support people who self-medicated. People's ability to manage and administer their own medicines was regularly reviewed. Protocols were in place for people who had known conditions or higher needs and may require prescribed medicines to be given 'as required' such as when they became anxious or needed pain relief. The quantities of people's medicines were checked daily. Any discrepancies in people's medicines had been reported and investigated by the manager.

Is the service effective?

Our findings

People told us they had been involved in the decision to move to the home. They were encouraged to make day to day decisions about the care and support they received. Staff were knowledgeable about the importance of gaining consent from people when supporting them with personal care. Staff and the managers had a good understanding of the Mental Capacity Act 2005 (MCA). 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.

People's support plans gave staff guidance and prompted them to encourage people to make choices about their activities for the day. We observed staff giving people choices and supporting them to be as independent as possible. Some people lacked the mental capacity to make specific decisions about their care. However, records of the assessment of people who had been considered as lacking mental capacity to make certain decisions about their care and support were variable and did not always relate to specific decisions about their care. We raised this with deputy manager who recognised that some recordings of people's capacity to make decisions and the support they required did not reflect current staff practice. They told us people's consent and involvement in their care planning would be addressed with the review and update of people's care plans.

Where people had lacked mental capacity to make specific decisions, they were supported by staff and their family to make a decision. The team leader shared with us instances of how they had worked with people (who lacked mental capacity to make certain decisions), their families and health care professionals to come to a best interest decision on behalf of people. For example, one person had been assessed as not having the mental capacity to manage a large financial decision. They were being supported with the planning and costing of this decision. The team leader was in the process of consulting with the person, their family, GP and social worker to come to a best interest decisions regarding this significant purchase.

We were told that some people had been supported by an Independent Mental Capacity Advocate (IMCA). An IMCA represents the best interest of people and may speak and work on behalf of people. Staff had worked with the advocate to ensure the person's best interests had always been considered.

People's rights were protected by the correct use and implementation of the Deprivation of Liberty Safeguards (DoLS). 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). The DoLS protect people in care homes from inappropriate or unnecessary restrictions on their freedom. The deputy manager and staff understood their role and legal responsibilities in assessing people's mental capacity and supporting people in the least restrictive way. Where people needed to be deprived of their liberty, the manager had applied for authorisation to do this. Most staff had completed training in the MCA and DoLS. This was raised with the manager who told us they would ensure that staff was clear on how the principles of DoLS was applied to their practice through supervisions and additional training with staff.

People were supported by staff who were competent in the role. Staff told us they had been trained and had the skills needed to support people living at Birches Grove. The training needs of staff were monitored and collated on the provider's central training system. The system indicated the courses staff had completed and which courses had expired and required updating. A summary report from the provider's central training system was sent to us after the inspection which showed most staff had completed the provider's required training. Staff received their training mainly via the provider's online central eLearning system with accompanying work books. Staff knowledge and skills were observed and discussed daily. We were told that any concerns in the conduct and performance of staff would be immediately addressed. However, the observations and checks of staff competences were not routinely recorded. Although staff competencies in managing people's medicines had been observed, assessed and recorded.

New staff were given a period of time to shadow an experienced member of staff and get to know the people in the home. Senior staff ensured they completed an induction programme of training and reading material such as reading the provider's policies, care records and services internal procedures including fire safety. New staff were signed off as competent to carry out their role by a manager before they were able to support people alone in the home. The provider was aware of the new care certificate which helps them to monitor the competences of staff against expected standards of care and would be implementing it for new staff. New staff were also required to complete various online courses before they started to care for people. Their skills and knowledge were discussed and observed but not always recorded.

The new manager had a health and social care training background and therefore was able to support staff with additional training and development needs as required. They told us they would immediately implement a system to capture and record the skills and competencies of all staff. Staff had been encouraged to undertake national qualifications in health and social care. Staff had also received additional classroom training such as first aid and how to de-escalate situations if people became agitated and upset. Staff had received on-line training in moving and handling people. People at Birches Grove were independently mobile and required very little assistance with their mobility. We were told the service would seek advice from an occupational therapist or physiotherapist if people had specific problems with their mobility. The manager recognised that some people at Birches Grove were aging and stated they would endeavour to ensure staff had the skills and knowledge in supporting people with assisted walking or standing if people's mobility decreased.

Staff told us that they had not always received regular supervisions; however the new manager had reviewed the structure of the supervision process and had started to implement a plan which would ensure that all staff received regular supervisions in line with the provider's policy. The supervision matrix showed when each staff member was due to attend their supervision meeting and annual appraisal. The deputy manager said, "It's important staff have time to discuss their own personal development and that supervisions are effective and objective." Staff explained they received a lot of informal support from each other as well as the managers and representatives of the provider.

People were supported to maintain a healthy diet. They met weekly to discuss and plan the meals for the following week. We were told people enjoyed a varied menu and their likes and dislikes in food were always accommodated for. They were encouraged to choose healthier options and to try out new meals. Alternative meals were available if they didn't like the meal option on the day. People told us they enjoyed eating out and having a take away once a month. People were encouraged to prepare and cook their meals according to their needs and abilities. Some people assisted staff to shop for the weekly groceries. Staff supported people to have meals and food choices suitable to their dietary needs and followed recommendations made by health care professionals. People were weighed frequently to ensure they maintained their ideal weight.

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist and an optician and were supported to attend health care appointments when required. Information about people's medical conditions were held in their care records to ensure staff had a good understanding of people's medical illnesses and to observe for any changes in their well-being.

Is the service caring?

Our findings

People were at the heart of the service. Staff focused their care on each individual and adopted their approach and support to people's individual needs and preferences. Staff spoke about people in a positive manner, they emphasised the need to ensure people were treated as individuals and equally. One staff member said, "This is a small home so we have to be aware that we are not too intrusive. This is their home and we all have to respect that." Another staff agreed and said, "We treat the residents here as individuals. It's their home not ours." For example, staff introduced us to people and informed and reassured them about why we were visiting their home. They welcomed us into their home and shook our hands. People were caring and friendly with their fellow housemates. They spoke of each other fondly.

The home was situated in a small residential area. The home was clean, tidy and well maintained. People had access to a secured back garden and an outdoor smoking area if required. People were encouraged and supported by staff to clean the home. They had been involved in choosing the decoration of the home as well their own bedrooms. One person offered to show us their bedroom. They told us they had chosen the wall colours and they were planning to change their curtains. People told us staff were respectful of their home and belongings. Staff consistently knocked on people's bedrooms doors before entering.

People were supported by staff who were thoughtful and compassionate towards them. People told us they felt staff were kind and caring. All the comments we received about the service were very positive. Relatives were positive about the care their family members received. They told us staff were friendly and approachable. One relative commented, "As far as I am aware I believe the staff are very nice and kind. I have no worries about them at all." People were supported to maintain contact with their families where appropriate and to recognise significant events such as birthdays and significant anniversaries.

People confirmed they had been consulted about their care. People said that staff were aware of their individual support needs and how they liked to be supported. Staff were knowledgeable about people's individual abilities, support needs and preferences.

We observed staff speaking to people with dignity and respect at all times. Staff took time to listen to their stories and opinions without interrupting them. Staff adapted their approach; they knew who enjoyed having a laugh and a joke. It was clear that relationships between staff were warm and friendly.

During our inspection we observed people and staff carrying out their activities together around the home. Staff gave people the space and time to make their own decisions about how they wished to carry out the activity. Two people chose to visit the local town with a staff member. People were encouraged to be independent and explore new opportunities and learn new skills. Staff had supported people to develop their abilities and skills to be more independent. Some people had been supported to build up their confidence and skills to volunteer and/or carry out a part time job. Staff spoke to people in a caring and equal manner. The relationships between staff and people receiving support consistently demonstrated respect. One staff member helped a person set up their new game and played it with them. The person was pleased tell us they had won the game.

Is the service responsive?

Our findings

People received care from staff which was personalised and responsive to their needs. Staff had a good understanding of people's backgrounds, preferences and needs. People's support needs were described in their support plan which included information about their personal history and individual preferences. Details on people's levels of independence were also recorded including their personal aims and objectives. People's safety in the home and around the community had been considered and documented. Key workers met with people monthly to review the care and support they required and discuss any changes. This information was used when reviewing and updating people's care plan. Whilst we were reassured that people received the care and support they needed and the staff were responsive to any changes, we found people's care plans had not always been consistently updated. Most care plans had been reviewed and reflected people's needs however some risk assessments had not been always updated and some contained historic information and it was not always clear if it was still relevant to the person. There was not a reliable approach to the recording of people's consent to their care or assessment of their mental capacity to agree to aspects of their care. The monitoring and management of changes in some people's behaviours was not always recorded.

We raised this with the deputy manager and manager who told us they had recognised that they were behind on reviewing people's care plans and actions were in place to 'overhaul everyone's care plans'. The deputy manager said, "We know the care plans at Birches Grove need to be reviewed in detail and brought up to date. It is one of our immediate priorities." They told us they were aware that people's support plans needed to be holistic to ensure people's risk assessments and consent to the care they received was better evidenced in their support plans.

People had a health action plan and a hospital passport which described the support they needed to stay healthy and their preferred level of support and communication. This helped visiting health care professional and hospital staff to understand the needs of people.

People enjoyed a variety of activities in the home and in the local community. Some people had been supported to gain part time jobs or volunteer in the community. We were told that some people had attended staff training such as gaining food hygiene certificate to give them the skills they needed for potential employment. Other people enjoyed attending various groups in the community such as art and craft groups. One person told us they loved singing and enjoyed crafts. The provider had a company vehicle to enable people to access groups and activities in the community of their choice.

The provider and staff valued people's feedback and opinion about living in the home. Records showed that people had positively completed a recent survey about living in the home. We were told family and friends had helped people to complete the survey to ensure staff did not influence their views. 'Your voice meeting' occurred monthly which gave people the opportunity to meet together with staff to discuss any concerns and make suggestions. Plans were in place to reintroduce 'Your voice meetings' across the provider's three care homes in the local area including Birches Grove. The aim of the joint meetings was to discuss and share ideas and activities. We were told that people from the three care homes enjoyed meeting together, which

was confirmed by people who were we spoke with. For example, plans were in place so people could attend a fitness session together.

People's day to day concerns and complaints were encouraged, explored and responded to in good time. Concerns and complaints were used as an opportunity for learning or improvement. The complaints file evidenced that one complaint had been made recently. The manager was in the process of investigating and managing the complaint. They were taking appropriate actions to safeguard people and address the complainants concerns. The providers complaints policy as well as a large print pictorial complaints policy was available to people.

Is the service well-led?

Our findings

A new manager was now in post at Birches Grove. They were responsible for the management of Birches Grove and two other of the provider's homes in the local area. Staff told us they felt positive about the new manager and the current management structure. They explained they had seen a significant improvement in the support they now received from the new manager and the provider's managers. One staff member said, "The support we get now has really improved. We are definitely better supported now and we have been given guidance." The team leader said, "We are very supported. The managers are very motivated and have improved the outlook for people who we support. They are very hands on and help to promote new opportunities for people." Staff's day to day concerns and opinions were listened to and acted on. They were invited to attend regular team meetings to share information and discuss any issues.

The deputy manager and team leader of Birches Grove assisted us as the new manager was not available on the day of our inspection. However we spoke with the manager of Birches Grove by telephone after the inspection. They told us they were enjoying their new role and was in the process of applying to CQC to be the registered manager of the home. They explained that since being in role they had spent a large part of their time getting to know people who used the service, support the staff and understand the provider's processes and procedures. They went on to say they were aware that improving staff support had been crucial and said, "It is important that there open lines of communication between us and the staff feel supported."

The manager was also passionate about improving the quality of life of people who live at Birches Grove. They said, "We want to promote independence for people and positively engage with them." The manager told us they led by example and had 'high values and standards' which would hopefully impact on the quality of care being delivered. We were told by the manager that they had a 'hands on approach' with people who lived at Birches Grove and enjoyed getting to know them. This was confirmed by staff and people. The manager was supported by representatives of the provider. They said, "The support I have received so far has been positive. I only need to pick up the phone or send an email and I know they will get back to me to advise and support me through any concerns."

The deputy manager and team leader had a good understanding about the management and running of the home as well as people's support needs. The home had a positive culture that was person-centred, open, inclusive and empowering. Staff knew people well and gave them the opportunity to express their concerns and views of being supported. People and their relatives praised the staff and the management.

The quality of care in the home was checked regularly through a variety of quality assurance audits. For example the regional manager visited monthly and carried out Monthly Provider Reports (MPR) provider to ensure the service was compliant with CQC regulatory requirements include looking at files, talking to staff and people. They produced a monthly action plan which was reviewed the following month. The homes utilities, fire safety and health and safety checks had been completed to ensure people were living in a safe environment. Regular weekly and monthly audits were also undertaken for areas such as the cleanliness and safety of the home and the management of people's medicines. Records showed that shortfalls had

been identified during the auditing process. Staff told us the actions they taken to address gaps in the service but this was not always recorded. Most actions has been acted on, however, some shortfalls identified in the auditing process had not been addressed. For example, the monthly medicines audit identified that people's medicines files required up to date photographs of people. This was shortfall was still outstanding in medicines audits carried out three months later. We raised this with the manager who was aware that the auditing systems needed to be reviewed to ensure there was recorded evidence of whether action was taken when shortfalls were found, when and by whom. The manager agreed to make the necessary additions that would close the audit loop.