

Parkcare Homes (No.2) Limited

Spode Close

Inspection report

6-11 Spode Close
Redhouse
Swindon
Wiltshire
SN25 2EG

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22 July 2020

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Spode Close is a residential care home which was providing care to three people living with learning disabilities at the time of the inspection. Spode Close is a purpose-built block of self-contained studio style apartments. The service can provide accommodation and support for up to seven people with learning disabilities, autistic spectrum disorder, physical disabilities or a combination of these kinds of impairment.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need of people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People using the service felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and they felt confident in how to report these types of concerns. People had risk assessments in place to enable them to be as independent as they could be in a safe manner. There were sufficient staff with the correct skill mix on duty to support people with their needs and keep them safe. Effective and safe recruitment processes were consistently followed by the provider. Medicines were managed safely.

People were cared for in a clean and homely environment by staff who were caring, competent and knowledgeable about people's needs. Training and supervision were arranged to ensure staff had the skills that were necessary to carry out their role. Staff spoke positively about working for the service and said that they received support from the management team. People were provided with maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service promoted this practice. Staff supported people to maintain a healthy diet in line with their assessed needs. People were assisted to access health care if this was needed.

Assessments and support plans were in place identifying what was important to people and how people needed to be supported. The support people received was centred around them and they were involved in any decisions made regarding their care. Staff supported people to enjoy a range of activities which reflected people's individual interests. The provider had a complaint's process which people were aware of to share any concerns. At the time of the inspection, no one was being supported at the end of their life.

People and staff felt supported by the registered manager. The provider had effective systems and processes in place to ensure the quality and safety of service. Spot checks and audits were completed to ensure the quality of the service was maintained. Some of the relatives of people living at Spode Close told us that communication could be improved as they did not always feel informed about and involved in the

care of people using the service.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection (and update)

The last rating for this service was inadequate (published 22 January 2020). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 21 January 2021. During this inspection the provider demonstrated that improvements had been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 10 December 2019. Multiple breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do improve and set up a timeframe for improvement action. The service needed improvement in the following areas: notifications of other incidents, person-centred care, safe care and treatment, safeguarding service users from abuse and improper treatment, receiving and acting on complaints, good governance and staffing.

We undertook the latest focused inspection to check whether they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective, Responsive and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Spode Close on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective 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 ●

Spode Close

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 Care Act 2014.

Inspection team

The inspection was carried out by three inspectors.

Service and service type

Spode Close is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We asked the registered manager to provide us with electronic copies of various records such as recruitment records, oral health care plans, complaints, surveys and staff training records. We obtained feedback from staff, professionals and from the relatives of people living at Spode Close

We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We used a Makaton questionnaire to obtain feedback from a person who did not communicate verbally. Makaton is a unique language programme that uses symbols, signs and speech to enable people to communicate. We reviewed a range of records. These included three people's care records and medication records. We looked at a variety of records relating to the management of the service, including health and safety records, accidents/incidents logs and quality assurance systems.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated 'inadequate'. At this inspection this key question has now improved to 'good'. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we found that the provider failed to establish systems and processes to investigate, immediately upon being aware of, any allegation or evidence of abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made by the time of this inspection and the provider was no longer in breach of regulation 13.

- People living at Spode Close told us they felt safe. One person told us, "I am happy here, I am safe here." Another person told us, "I feel safe here, very safe. We have a big strong gate and no one has access to the back garden."
- Staff were aware of the policy and procedure to follow if they suspected or witnessed abuse. A member of staff told us, "I should raise any concerns with the senior management team immediately. If I am not happy with the way that they have dealt with it, I can escalate higher and contact safeguarding team, the Care Quality Commission (CQC) and 'Whistleblowing'. I have a duty of care to ensure that any concerns are raised." 'Whistleblowing' is a confidential service and there were posters in the building with contact details.
- Staff received training in safeguarding people from abuse and safeguarding reporting. All members of staff had access to an online safeguarding reporting system.

Assessing risk, safety monitoring and management

At our last inspection we found that the provider failed to ensure risks associated with people's care and health and safety were assessed and followed by management plans to mitigate such risks. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made by the time of this inspection and the provider was no longer in breach of Regulation 12.

- Risks were mitigated to help keep people safe. The registered manager had completed risk assessments for every person and they had detailed guidance for staff to reduce risks. These included risks associated with self-harming, eating and drinking, epilepsy, mobility and transport. Behaviour support plans contained detailed information and information was available to staff regarding measures to mitigate risk.
- Possible risks to people in relation to the environment were managed through a series of internal checks and external servicing. For example, water temperature checks were carried out routinely as well as checks

on electrical equipment.

- There were systems in place at the home for the supported living services to deal with a foreseeable emergency. Personal emergency and evacuation plans (PEEPs) were in place in case of an emergency for each person. These included details of how the person should be supported in the event of an evacuation.

Using medicines safely

At our last inspection we found that the provider failed to ensure proper and safe management of medicines. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made by the time of this inspection and the provider was no longer in breach of regulation 12

- People's medicines were appropriately managed. Medicines were safely received, stored, administered and disposed of. Clear protocols were in place for the use of 'as required' medicines.
- Staff received training on the administration of medicines and had their competency to administer medicines assessed to ensure they continued to use safe best practice.
- There were no gaps or omissions in medication administration records (MAR). Stocks of medicines were correct and did tally with what people had been administered.

Staffing and recruitment

- The provider followed a thorough recruitment procedure. Disclosure and Barring Service (DBS) security checks and references were obtained before new staff started their probationary period. These checks help employers make safer recruitment decisions and prevent unsuitable staff being employed.
- People and their relatives told us there were enough staff to meet people's needs. One person told us, "We have some new staff now. They are ok, they are respecting me." One person's relative told us, "There are plenty of staff whenever I have visited and needed to talk to one of them."
- We observed people were supported in a timely manner throughout the day, with staff available to support people with their daily routine and activities of their choice, or help them attend health appointments.

Preventing and controlling infection

- The service provided staff with updated training on infection prevention and control regarding COVID-19. People were provided with easy-to-read/pictorial information to explain restrictions introduced due to the pandemic.
- Staff wore personal protective equipment such as single-use aprons and gloves when providing personal care, handling food, laundry or when cleaning. This protected people from the risk and spreading of infection.
- We saw the home was clean, tidy and odour free. Staff supported people throughout the day to maintain a tidy environment.

Learning lessons when things go wrong

- Where appropriate, accidents and incidents were referred to the local authorities and the CQC, and advice was sought from health care professionals to help mitigate any risks and prevent reoccurrences.

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.

At the last inspection this key question was rated 'requires improvement'. At this inspection this key question has now improved to 'good'. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection we found that staff were not receiving appropriate training and support. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made by the time of this inspection and the provider was no longer in breach of Regulation 18.

- Staff told us they felt supported by the new registered manager and had opportunities to discuss any issues with them. A member of staff told us, "I am supported on a day-to-day basis with doing my job to the best of my ability. The manager supports me with training opportunities and regular supervisions, he is able to support me when I wish to seek advice and is very approachable."
- The provider supported staff through training to ensure they had the appropriate knowledge and skills to meet people's needs. Staff told us they had completed comprehensive induction training when they had first started work. A member of staff told us, "I believe that I have all of the training that I need to do my job effectively. In the event that I am unsure of how to manage a situation, I feel confident to be able to approach my manager and the site learning administrator to seek advice about further training."
- Records showed the provider supported staff through regular supervision. Supervision included discussions about staff roles and responsibilities, and their training and development plans.

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

At our last inspection we found that the provider failed to ensure that people were not deprived of their liberty for the purpose of receiving care without lawful authority. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made by the time of this inspection and the provider was no longer in breach of Regulation 13.

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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff received training to help them understand their role in supporting people's day-to-day decision making. A member of staff told us, "Service users are involved in making their own decisions if they are able to do it. In the event that they are unable to make a decision themselves, a best interest decision is made involving their family, a social worker and the care manager, their key worker and a member of the senior management team."
- We found people were treated in line with mental capacity legislation. Where people were subject to DoLS, details of the deprivation to keep them safe were recorded in care records. These included mental capacity and best interests assessments and the duration for which the deprivations were valid.
- Staff obtained people's consent before providing any support and respected people's rights to make their own decisions.

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

- People's needs were individually assessed and this was reflected in the care support plans we looked at. The care support plans included details of people's daily routines, cultural, nutrition, communication, social and emotional support needs.
- The care plans were kept under review and amended when changes occurred or if new information came to light.
- Where people displayed behaviours which may challenge, their needs were assessed and relevant guidance was in place. This guidance included interventions to be used by staff which were in line with best practice.

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

- The service recorded people's dietary needs in their care plans to ensure people received the right kind of diet in line with their preferences and needs.
- Care support plans contained comprehensive information about people's dietary needs. Staff were aware of people's individual preferences and patterns of eating and drinking.
- People were supported to eat and drink sufficient amounts to maintain good health.

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

- People had 'hospital passports', so key information was readily available if a hospital visit was needed. We saw the hospital passports contained all relevant medical information including people's behaviours.
- Information provided by healthcare professionals was incorporated into people's care plans. Staff followed advice given by other healthcare professionals and sought further advice when needed.
- People were supported to maintain good health and referred to health professionals when needed. Health and medical information was recorded in detail for each person.

Adapting service, design, decoration to meet people's needs

- People's rooms were personalised and decorated with personal effects, furnished and adapted to meet their individual needs and preferences.
- We saw that communal areas were clean and nicely decorated.
- Some furniture used in the service had a half-open design. This meant that people who were unable to retain some information were provided with the opportunity to see and feel what was inside, which could often help to reduce anxiety and avoid confusion.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated 'requires improvement'. At this inspection this key question has now improved to '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; 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

At our last inspection we found that the provider failed to ensure people received care and support that was personalised to their needs. This was a breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made by the time of this inspection and the provider was no longer in breach of Regulation 9.

- Care records reflected people's individual needs and provided staff with clear guidance on people's care and support needs, as well as what was important to each person. People's changing needs were monitored, and their care plans were adjusted to meet those needs if necessary.
- People were supported to maintain relationships that mattered to them, such as family and friendship. Staff encouraged social contact and supported people to engage in activities which helped protect them from the risk of social isolation and loneliness. One person's relative told us, "Staff have taken [person] to see her brother, who isn't local and to her sister's. [Person] is coming to see me this Thursday and staff will bring her."
- Although people were unable to access places such as restaurants, pubs or colleges during the Covid-19 lockdown, we saw that people had been leading active and fulfilling lives. They were supported to participate in activities and pursue interests and hobbies they enjoyed. For example, activities provided included discos, cooking sessions, picnics and flying a kite. After the lockdown people resumed activities in the community, including going out for a walk, shopping and eating out.

Improving care quality in response to complaints or concerns

At the last inspection we noted that the provider failed to establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints. It meant improvements were not made to the quality and safety of service provision as a result of issues highlighted in complaints. This was a breach of Regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made by the time of this inspection and the provider was no longer in breach of Regulation 16.

- The home had a complaints policy and a monitoring process which enabled the registered manager to identify any learning. The policy was provided in accessible formats when needed.
- Records showed complaints were investigated and lessons learnt, which resulted in actions taken to improve the service.
- People and their relatives knew how to raise any complaints or concerns about the service provided, and told us they felt comfortable doing so.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Individual communication plans and guidelines on how to communicate with people were in place. Staff were aware of people's communication needs and knew how to communicate with them effectively.
- We saw evidence that communication needs were met for individuals. For example, information about the pandemic and the lockdown was produced in an easy-to-read format.

End of life care and support

- None of the people currently living at the home required support with end-of-life care at the time of the inspection.
- The management team told us they would respond to any wishes or advance wishes should they support anyone with end-of-life care. They also said they would contact other appropriate services if needed.

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.

At the last inspection this key question was rated 'inadequate'. At this inspection this key question has now improved to 'requires improvement'. The service has not received a Good rating because we need to ensure that the improvements made are well embedded into the service and that they are sustainable. Not enough time had passed since the improvements had been made for us to be assured of this.

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

At our last inspection we found out that we were not always notified about incidents occurring at the service. This was a breach of Regulation 18 (Notifications of other incidents) of the Registration Regulations 2009.

Enough improvement had been made by the time of this inspection and the provider was no longer in breach of Regulation 18.

- The registered manager understood the 'Duty of Candour.' This regulation sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.
- The registered manager told us and records confirmed they were open in informing people's relatives where appropriate when any incidents or accidents had occurred.
- Systems were in place for accidents and incidents to be reviewed for consideration of what lessons could be learnt to prevent incidents from reoccurring.

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

At our last inspection the provider did not have effective systems in place to monitor and improve the quality of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made by the time of this inspection and the provider was no longer in breach of Regulation 17.

- There was a range of checks and audits to monitor the quality and safety of the service and to help drive improvements. These included checks on incidents and accidents, medicine administration records (MARs) and health and safety checks. Action was taken to address any identified issues.
- The service had a registered manager in post. They had in-depth knowledge about people living at the home and made sure they kept staff updated about any changes in people's needs. People's relatives and

staff praised the registered manager.

- Leadership at the service had a clear vision of how they wanted the service to run and put people at the centre of what they did.

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

- People, staff and most of people's relatives told us that the new management of the service improved the quality of care. One person told us, "He is really good". Another person told us, "I like [the registered manager]." One person's relative told us, "There have been changes but they are wonderful".
- People were at the centre of the service. The registered manager ensured people chose how their care and support were provided and how the care home was arranged. For example, each person's bedroom was unique with separate colour schemes, furnishings and artwork in line with people's preferences. Similarly, people chose the photographs of themselves which were displayed within the service.
- The registered manager had established a culture in the service that emphasised the importance of providing person-centred care. He was knowledgeable about people's individual needs and the support each person required.

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

- Some of the relatives of people living at Spode Close told us they did not feel involved in the care of their loved ones and that communication with the service needed improvement. One person's relative told us, "We understand that the new manager has been looking at these plans and is intending they get reviewed and simplified, but we have not been involved in this, and are not aware of what his current support plans are." Another person's relative told us, "I don't remember ever giving or being asked for any feedback to the management. Some staff members are better at contacting me than others. Contact could be better."
- There was positive staff morale with staff saying they felt supported in their roles. Staff told us there was effective teamwork and the registered manager set an example by being open and supportive. A member of staff told us, "I have been really impressed with the way [the registered manager] has come in and changed things for the better."
- The registered manager maintained good communication with the staff team to ensure there was a shared understanding of any quality issues or new risks within the service. A member of staff told us, "The service manager communicates well with me. I have detailed handovers following periods when I have been off, any changes to documents are communicated in good time."

Continuous learning and improving care; Working in partnership with others

- The registered manager and staff had developed good working relationships with health professionals and the local authority, and worked to implement any recommendations they made.
- The provider had a service improvement plan, which included actions identified through internal audits and checks. This means the provider had procedures and systems in place to continually drive forward service improvements
- A governance and management structure was in place and provided lines of responsibility. The registered manager was supported by a number of key staff, who led on various different areas of the business.