

# Parkcare Homes (No.2) Limited Station Road

## Inspection report

8-8a Station Road  
Winchmore Hill  
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### Ratings

#### Overall rating for this service

Good 

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?

Good 

### Overall summary

This inspection was carried out on 14 December 2015 and was unannounced.

During our inspection on 24 June 2014 we found that the service was compliant.

Station Road provides accommodation and support with personal care for up to 12 people with a learning disability. There were 11 people living at the home at the time of our inspection.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'.

Registered persons have legal responsibility for meeting the legal requirements in the Health and Social Care Act 2008 and the associated regulations on how the service is run.

Urgent remedial action was not carried out, following an electrical safety check by a qualified professional on 5 June 2014 to ensure people living at the home were safe. The registered manager told us after the inspection that qualified professionals have been booked to carry out the remedial work.

# Summary of findings

Each person had a health action plan focussing on aspects of their health, which included medicines, health condition and GP details. We noted the plans were not updated regularly as people's health and medication may have changed over time.

People benefitted from staff that understood and implemented the principles of the Mental Capacity Act 2005. Deprivation of Liberty safeguarding application had been made for people that, due to their own safety, required supervision when going outside. Mental Capacity Act 2005 and Deprivation of Liberty safeguarding is a law protecting people who are unable to make decisions for themselves or whom the state has decided their liberty needs to be deprived in their own best interests.

People were safe and protected from the risk of abuse. Staff received regular training to make sure they understood their responsibilities to identify and report safeguarding concerns.

Risks were assessed and managed to protect people from unsafe or inappropriate care. There were systems in place to manage behaviours that may challenge the service.

Medicines were stored and administered correctly. Staff administering medicines were trained to ensure they were competent and safe.

Staff had the knowledge, training and skills to care for people effectively. Staff received regular supervision and support to carry out their roles.

People had access to healthcare services such as the GP and dentists. People were supported to make healthcare appointments and visits were made with the assistance of staff.

People enjoyed the food and were supported to maintain good health.

People's privacy and dignity was maintained. People were encouraged to be independent and we saw people helped with the cooking and set up the table for dinner.

Care plans were personalised to the individual. People were involved in planning their care and the care plan was then signed by them to ensure they were happy with the care and support listed on the care plan.

Activities in the home were tailored to suit people's individual needs and preferences. People looked forward to going to drama classes, art classes and to the day centre.

Complaints had not been made by people or relatives about the service. People were aware about how to make complaints and staff knew what to do in the event a complaint was made.

Systems were in place to monitor the quality of the care provided and the information was used to improve the service.

The service had a quality monitoring system which included surveys for staff and people. We saw the overall results of the survey, which was positive.

We identified breach of regulation relating to premises. You can see what action we have asked the provider to take at the back of the full version of this report.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

Some aspects of the service were not safe.

Urgent remedial action was not carried out following an electrical installation safety check on 5 June 2014.

Safeguarding assessments were carried out with people. Staff knew how to recognise signs of potential abuse and how to report their concerns.

Risk assessments were in place to protect people from known risks.

There were sufficient numbers of staff available to meet people's needs.

Recruitment procedures were in place to ensure staff were fit to carry out their roles.

There were suitable arrangements in place to manage medicines.

Requires improvement



### Is the service effective?

The service was effective.

Staff had received training and were supported to provide the care people needed.

Staff received regular one to one meetings and appraisals.

People enjoyed the food at the home and were offered choices.

People were supported to make their own decisions and appropriate systems were in place to support those people who lacked capacity to make decisions for themselves.

Good



### Is the service caring?

The service was caring.

We saw people were happy and cared for. People had positive relationship with staff and told us that staff were caring.

Staff promoted people's independence and encouraged them to do as much for themselves as they were able to.

People's privacy and dignity was respected.

Good



### Is the service responsive?

The service was responsive.

Care plans were current and reviewed regularly with people. Staff had a good understanding of people's needs and preferences.

People were involved in a wide range of everyday activities.

Good



# Summary of findings

People, and their relatives, knew how to raise concerns and make a complaint if they needed to.

## Is the service well-led?

The service was well-led.

There was an open and inclusive atmosphere within the home.

People, relatives and staff were very positive about the registered manager.

Audits and checks were carried out to make sure the service was safe and effective.

The service sought feedback from people and staff through meetings and surveys.

Good



# Station Road

## 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.

The inspection was carried out on 14 December 2015 and was unannounced. The inspection was undertaken by a single inspector.

Before the inspection we reviewed relevant information that we had about the provider including any notifications

of safeguarding or incidents affecting the safety and wellbeing of people. We also made contact with the local authority for any information they had that was relevant to the inspection.

During the inspection we spoke with six people, two relatives, three staff members and the registered manager. We observed interactions between people and staff to ensure that relationships between staff and the people was positive and caring.

We spent some time looking at documents and records that related to people's care and the management of the home. We looked at five people's care plans, which included risk assessments.

We reviewed five staff files which included induction and supervision records. We looked at other documents held at the home such as medicine records, training records and the complaint book.

# Is the service safe?

## Our findings

People told us they felt safe. One person said “I am safe here” and another person commented “We all safe up here.” A relative told us “He [relative] is safe.” Despite these positive comments we found that some aspects were not safe.

An electrical installation safety check was carried out by a qualified professional on 5 June 2014 and the overall electrical installation of the premises was judged to be ‘unsatisfactory’. The report listed ‘urgent remedial action was required’ as some of the electrical installation was found to be ‘potentially dangerous’. The provider had not arranged for a qualified professional to carry out the urgent remedial work to ensure people living at the home were safe. The registered manager told us after the inspection that professionals had been booked to carry out the remedial work on 23 December 2015 and provided evidence to support this.

The above issues related to a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

We saw evidence that demonstrated appropriate gas safety, legionnaires and portable appliance checks were undertaken by qualified professionals. The checks did not highlight any concerns.

The home had made plans for foreseeable emergencies including a personal emergency evacuation plan for each person at the home. Regular fire tests and evacuations drills were carried out and a fire risk assessment was in place to ensure people were kept safe in the event of an emergency. Staff were trained in fire safety and were able to tell us what to do in an emergency, which corresponded with the fire safety policy.

Staff were aware of their responsibilities in relation to safeguarding people who used the service. Up to date training certificates on safeguarding were evidenced in training records. Staff also understood how to whistle blow and knew they could report to outside organisations such as the local authority and the Care Quality Commission. Whistleblowing is when someone who works for an employer raises a concern which harms, or creates a risk of harm, to people who use the service. There was

information on whistleblowing on the home’s noticeboard. There were policies and procedures to guide staff on the appropriate approach to protecting people and for raising concerns.

Abuse was also discussed at both staff and residents meetings. There was a safeguarding assessment in people’s care plans, which showed types of abuse people were vulnerable to, based on their background and health condition.

Staff received training in handling challenging behaviour safely. Staff told us they had not used physical intervention to manage behaviours which challenged the service. One staff member told us “We are not allowed physical restraint.” They described how they used de-escalation techniques to support people such as singing and providing reassurance. One staff member told us “We calm them down by talking gently.” There were risk assessments in place for people that may demonstrate behaviour that challenged the service. The assessments included de-escalation techniques specific to people and also listed the triggers such as loud noises and speaking loudly.

There was a traffic light plan for people that demonstrated behaviour which may put people and staff at risk. The plan listed behaviour of people when they were happy or angry and the steps staff should take to avoid or manage behaviours that challenged the service.

Assessments were carried out with people to identify any risks and provided clear information and guidance for staff to keep people safe. Assessments were specific to individual’s needs such as road safety, railways, aggression and health conditions. Assessments were regularly reviewed with people and updated to ensure they were current. Staff had knowledge of the risk assessments and what steps they should take to help keep people safe from harm.

We reviewed the incident and accident report. Appropriate action had been taken by staff working at the time of the accidents recorded. Clear records were kept of the investigations into the accidents and the action taken in reducing any further risks to people.

Staff files demonstrated the provider followed safe recruitment practice. Records showed the provider collected references from previous employers, proof of identity, criminal record checks and information about the experience and skills of the individual. The registered

## Is the service safe?

manager told us that staff were not offered a post without first providing the required information to protect people from unsuitable staff being employed at the home. This corresponded with the start date recorded on the staff files.

There were sufficient staff on duty to meet people's needs. Staff comments included "We have enough staff." One person told us "There is enough staff to help." The registered manager told us staffing levels were matched to individual needs. During the inspection we observed staff were not rushed in their duties and had time to chat with people and engage with them in activities. The staff rota confirmed planned staffing levels were maintained.

People received their medicines as prescribed and people confirmed this. Medicine records were completed accurately and were stored securely in a locked cabinet. Staff received appropriate training in medicine management to ensure they were competent and safe. Staff confirmed that they were confident with managing medicines and we saw that the manager regularly audited the management of medicines.

# Is the service effective?

## Our findings

People and relatives told us staff were skilled and knowledgeable. One person told us “They [staff] know me” and another commented “They look after us very well.” A relative told us “Staff are excellent, everybody is great.”

We saw each person had a health action plan focussing on aspects of people’s health. Parts of the plan were recent and completed by the people, which focused on their nutrition, well-being, communication and fitness. However, we noted that important details such as health conditions, medicines and GP details were not updated regularly as people’s health and medication may have changed over time and we fed this back to the registered manager, who told us they would be updated.

Records showed that people had access to a GP, dentist and other health professionals. Visits were recorded on people’s individual’s records along with any letters from specialists.

People and relatives confirmed that there was easy access to healthcare professionals when needed. Staff told us that they know when someone is unwell and gave us examples that people may behave differently and will not talk. One staff member commented “We take them to GP’s” and a person told us “I have been to see doctors.” We saw a person was not feeling well after coming home from the day centre. An appointment with the GP was booked immediately and staff supported the person to see the GP.

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. The application procedures for this in care homes and hospitals are 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 were being met.

The manager and staff had a good understanding of the MCA and understood the principles of the act. Records showed assessments had been carried out, where necessary of people’s capacity to make particular decisions. Records contained information about the best interest decision making process, as required by the MCA.

People confirmed that staff asked for their consent before proceeding with care or treatment. A staff member told us “We ask for permission.” For example, a staff member asked whether people were happy to talk to the CQC inspector and gained their consent before letting the inspector speak to them.

DoLS are put in place to protect people’s liberty where the service may need to restrict people’s movement both in and outside the home. We saw that the front door was kept locked and most people did not go out by themselves. DoLS applications had been made and authorised for people who, due to their own safety, required supervision when going outside.

Staff told us they had worked at the service for several years and told us they received an induction, which included opportunities to shadow a more experienced member of staff and look at care plans. This made sure staff had the basic knowledge needed to begin work. The service had systems in place to keep track of which training staff had completed and future training needs. Staff told us that they had easy access to training and had received regular training. Training needs were discussed during appraisals and formal one-to-one supervision. One staff member told us “Training is useful.” Staff told us most of the training was completed online and they would prefer “face-to-face”. We fed this back to the registered manager who told us plans were in place to provide training in workshops. Staff completed essential training that helped them to understand people’s needs and this included a range of courses such as, equality and diversity, first aid, handling challenging behaviour, moving and handling, infection control and autism. The registered manager told us that systems will be developed to carry out competency tests after staff received training to check their understanding.



## Is the service effective?

Staff confirmed they received regular supervision and appraisals. They told us they could talk about concerns and any training needs. Records showed that the home maintained a system of appraisals and supervision. Formal individual one-to-one supervisions were carried out regularly. Appraisals were scheduled annually and we saw that staff had received their annual appraisal in 2015.

People told us that they liked the food at the home. One person said, "Food is lovely, I like the meals here" and another person told us, "Cooking here is absolutely marvellous, excellent." A staff member told us "Food here is very, very good." People told us they had choices during meal times, one comment included "We get choices" and another person told us "I choose what I would like to eat." A relative told us "He [relative] likes stew and they do cater for that."

Records showed that people were given different meals during meal times and it was varied, nourishing and fresh. We saw the kitchen was well stocked with fresh fruit, vegetables and dry and tinned supplies. We saw one person wanted a takeaway for lunch and this was provided. Assessments were in place to identify if individuals were at risk when they were eating such as food to be cut in small portions if people eat too fast to minimise the risk of choking. People's weight was monitored on a regular basis and the registered manager told us people did not have any weight issues and if there were any concerns, they would be referred to a GP and encouraged to eat regular nutritious meals.

# Is the service caring?

## Our findings

People using the service and relatives told us staff were caring. One person told us “I love all the staff.” Another person commented “They [staff] are excellent here, kind, calm and caring.” We observed that people had a positive relationship with staff. One relative commented “Staff are caring.” People chatted with staff and the registered manager about their day and well-being. Staff told us they build relationships with people by talking to them and taking them outside. One staff member commented “I talk to them to try and understand their feelings.”

We saw staff were patient in their interactions with people and took time to listen and observe their verbal and non-verbal communication. Staff asked permission before carrying out any tasks and explained what they were doing as they supported them. This guidance was also available in people’s support plans which documented how people liked and needed their support from staff.

Care plans listed how to communicate with people. For example, one person’s plan listed to ensure eye contact by communicating face-to-face and using short sentences. There was also a communication dictionary, which listed how people indicated if they were happy, sad, tired, unwell or angry. Not all of the people were able to fully express their views verbally. Staff made use of body language, hand gestures and employed other methods of communication to support people with non-verbal communication to have a voice and maintain choice and control. Care plans provided detailed information to inform staff how a person communicated.

People told us that staff allowed them privacy and we observed people going into their rooms freely without interruptions from staff. Staff told us they respected people’s privacy and dignity and people and relatives confirmed this. One person told us “We like our own space

and I have my own space.” We saw staff knocked on people’s doors and waited for a response before entering. Staff told us that when providing particular support or treatment, it was done in private and we did not observe treatment or specific support being provided in front of people that would have negatively impacted on a person’s dignity. People confirmed their dignity was always respected.

Staff supported people to be independent and make choices in their day-to-day lives. Observation confirmed people were independent; we saw people setting up the table during dinner and helped with the cooking. People told us they were encouraged to be independent, one person told us “We get to choose what we wear” and another person commented “I am independent.” A relative told us “He [relative] is given choices.” The registered manager told us one person helped write reports on the running of the home and the person confirmed this.

The service had an equality and diversity policy and staff were trained on equality and diversity. We observed that staff treated people with respect and according to their needs such as talking to people respectfully and in a polite way. People confirmed they were treated equally; one person told us “They [staff] treat everyone equally.” We saw people’s spiritual beliefs were recorded. The registered manager and staff told us people attended religious institutes and the service accommodated this. One person told us “I go to church on a Sunday.” During the inspection the home was preparing for Christmas and we saw a Christmas tree with presents for people in the lounge.

People had contact with family members and details of family members were recorded on their care plans. A relative told us “I can visit anytime.” People visited their family and we saw one person came from visiting their family members. There were pictures of relatives in people’s rooms.

# Is the service responsive?

## Our findings

People and relatives told us that the home is responsive to their needs and staff listened to them. One person told us “Staff listen to us.”

Records showed pre-admission information had been completed. An assessment was carried out to identify people’s support needs and they included information about their medical conditions, behaviour, communication and their daily lives.

Care plans were individual and personalised according to each person’s needs. People told us they were able to make decisions about their care and one person commented “We get to make decisions”. Care plans were current and were written in the first person to make them personal.

Care plans had a personal profile outlining the communication methods, social interaction, behavioural support, identity, religion, key skills and mobility. There was a 'life story sketch' for people providing information on people's background and upbringing and a section on "what would you like staff to know about you in order to make you feel comfortable" listing significant events that was important to them. People and relatives were involved in planning their care and regular meetings were undertaken with staff, one relative told us, "We have yearly reviews." The care plans and meeting notes were signed by people to ensure they agreed with the information on the care plan and notes.

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service.

We saw evidence that the home was responsive to people’s needs. The registered manager told us a person raised concerns that their bedroom door was faulty and we saw contractors during the inspection repairing the bedroom door.

There was a staff handover book, which recorded key information about people’s daily routines such as behaviours, activities and medication, and the support provided by staff and this was also communicated on staff handovers. The registered manager told us that the information was used to communicate between shifts on the overall care people received during each shift.

Records showed no complaints were made about the service since the last inspection. Complaint forms were easily accessible and were available on the noticeboard. People told us that they had no concerns about the service. One person told us “I have no concerns, staff are great” and a relative said “I have never had cause to concern.” Staff were able to tell us how they managed complaints in line with the service’s complaint policy.

We saw compliments had been received from a relative. Comments included, “We have been so lucky in our choice of care home. I have never had to worry that he was being mistreated” and “The present staff are probably the kindest and the most efficient. Led by [registered manager] who always knows what is going on and really cares about her charges.”

People enjoyed the activities organised by the home such as going to the daycentre and going to museums. One person told us “We go to club on Thursday and do activities, we go anywhere.” Another person commented “I am going art group tomorrow.” One person enjoyed drama and the home arranged for this person to go to drama classes, the person told us with excitement “I am going drama class tonight, can’t wait.” We saw pictures in the dining area when people went to the museum and the park. A person supported a particular football team and pictures confirmed the person visited the team’s football stadium. People spoke about activities during resident meetings and we saw evidence that their preferences were catered for. Relatives confirmed that people take part in activities.

# Is the service well-led?

## Our findings

People told us they enjoyed living at the home, one person told us “I don’t want to move out” and another person commented “I like it here.” Staff told us they enjoyed working at the home, one staff member said “I enjoy working here a lot.” The registered manager told us “We are very protective of the service users” and “I see them as my family.”

The registered manager had been registered with the Care Quality Commission since 2010.

The registered manager told us that staff turnover was low, which created a family type environment within the home. Staff confirmed that this was the home’s approach; one person told us “There is a homely culture.” There was a stable staff team in place and most had worked at the service for a number of years. We observed the environment to be relaxed where people were free to chat and laugh with people and staff, and move around freely. For example, people were able to go to their rooms or go outside to buy lunch. A relative told us “The place is very homely, it’s like a big family.”

Staff told us they were supported by the registered manager. One staff member commented “She is excellent, good with clients and staff” and another staff member told us “She is a good manager.” The interaction between staff and the manager was professional and respectful.

People told us they liked the registered manager. One person told us “She is excellent” and another person commented “Manager is marvellous, I like her very much.” One relative told us ““She is really, really good.”

Staff told us staff meetings took place regularly. Meetings kept staff updated with any changes in the service and allowed them to discuss any issues. Minutes showed staff had discussed health and safety, service issues, training and the needs of the people who used the service. Meeting minutes were made available for staff that were unable to attend meetings. Residents meetings, enabled people who used the service to have a voice and express their views. Resident meeting minutes showed people contributed to the running of the home, discussed food preferences and activities.

The registered manager told us the provider monitored the quality of service provision through information collected from comments, compliments/complaints and survey questionnaires. We saw results were very complimentary and positive about the service and staff. Comments included, “I like the way the home is run by manager and staff” and, “I am happy with service here.” We saw the results of the staff survey, which was also positive.

The service had systems in place for quality assurance and continuous improvements. We saw that a number of health and safety audits were undertaken by the registered manager in medicines, fire safety, infection control and general safety around the building.

There were policies and procedures to ensure staff had the appropriate guidance, staff confirmed they could access the information. The policies and procedures were reviewed and up to date to ensure the information was current and appropriate.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of unsatisfactory maintenance. (Regulation 12(2)(d))