Care Quality Commission

Parkcare Homes (No.2) Limited

Newtown (65a)

Inspection report

65a Newtown
Trowbridge
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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 took place on 24 January 2016 and was unannounced. The last inspection took place on 21 May 2013 and no breaches of legal requirements were found at that time.

Newtown 65a provides care and accommodation for up to three people with a learning disability. At the time of our inspection there were two people using the service.

There was a registered manager in place at the home. 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.

The service was safe in most aspects; however more needed to be done to ensure that the risks associated with infection control and health and safety were minimised.

Staffing levels were assessed to meet the needs of the people living in the home to provide one member of staff

Summary of findings

at all times in the home and one to one support, when people accessed their community. However we noted the rota on the day of the inspection, failed to demonstrate the correct staff numbers for the day.

Procedures were in place to manage and dispense people's medicines safely. Medicines audits were also undertaken. Stock levels that we checked were correct.

There were risk assessments in place to ensure that staff received guidance in how to support people safely. These were reviewed and updated accordingly when necessary.

People received effective care that met their health needs. Staff worked with healthcare professionals to ensure that professional advice was sought when necessary.

People's rights were protected in line with the Mental Capacity Act 2005. This is legislation that protects the rights of people's who are unable to make decisions about their own care and treatment. Where appropriate, applications to deprive a person of their liberty were made to the relevant authority.

People were supported by staff who were kind and caring and treated people with respect. People were encouraged to maintain relationships with people that were important to them. People were involved in planning their own care where possible.

Staff understood and were responsive to people's individual needs and preferences. People were able to follow their own preferred routines during the day, for example by getting up and going to bed when they wished.

The service was well led by the registered manager. Staff reported feeling well supported and able to raise any concerns or issues. There were systems in place to monitor the quality and safety of the service. This included a programme of audits that included: medicines, the environment and people's care plans.

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?

Requires improvement

The service was not always safe. In most aspects the service was safe for people. However we found that improvements needed to be made in relation to infection control and health and safety to minimise potential risks to people.

While people had risk assessments in place not all were detailed sufficiently for accessing the kitchen area.

Staffing levels were assessed according to the needs of people that lived in the home.

Medicines were stored safely and securely so that only those authorised to do so were able to access them.

People had risk assessments in place for their 'activities of daily living' that guided staff in providing safe support for people. Risk assessments were reviewed regularly and if people's needs changed.

Is the service effective?

Good

The service was effective.

People's rights were protected in line with the Mental Capacity Act 2005. Staff gained consent from people before any care was delivered.

Staff confirmed training was provided to a sufficient level to enable them meet people's need effectively.

People received co-ordinated care and their ongoing health needs were managed. People's care records were maintained accurately and completely.

Is the service caring?

Good

The service was caring.

People appeared relaxed and content in the company of staff and staff respected people's privacy and dignity.

Support plans guided staff to promote people's independence.

People were supported to maintain links with people that were important to them.

People's views were sought on a regular basis. This included surveys on a yearly basis.

Is the service responsive?

Good

The service was responsive.

Personalised care and support was offered to all people that lived in the home.

Summary of findings

Staff understood people's needs and preferences. They had a good knowledge of people's individual likes and dislikes.

A system was in place to respond to complaints. Information was supplied in appropriate formats to meet people individual communication needs.

Is the service well-led?

Good

The service was well led.

People's opinions were sought to improve the quality of the service.

Staff were confident about raising issues and concerns and felt supported by the management team.

There was a management team in place to support the registered manager and who undertook monitoring checks of the service.

Newtown (65a)

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 24 January 2016 and was unannounced. The inspection was undertaken by one inspector. Prior to the inspection we looked at all information available to us.

This included looking at any notifications submitted by the service. Notifications are information about specific events that the provider is required to tell us about.

As part of our inspection we reviewed the care records for the two people living in the home and also looked at staff records to see how they were trained and supported. We made observations of the care people received. This was because they were unable to tell us verbally of their experience of living in the home. We spoke with the one member of staff on duty. We looked at other records relating to the running of the home which included audits, staff supervision and training records and meeting minutes.

Requires improvement

Is the service safe?

Our findings

In most aspects the service was safe for people. However we found that improvements were needed to be made in relation to infection control and health and safety guidelines. We spent a period of time in the kitchen area while the member of staff was preparing a Sunday roast. We observed one person stood in the kitchen and positive interactions were observed between the staff and person, as the member of staff explained what they were doing for their lunch.

The person noticed some spilt water on the floor and proceeded to wipe it with a tea towel and put it back on the worktop. The member of staff had been using the same tea towel. We noted this to staff who said "we wouldn't use this again after that was done". However, as the member of staff did not explain to the person to use a separate cloth to wipe the floor and the kitchen door remained open during our inspection, steps had not been taken to prevent reoccurrence of this practice, and posed an ongoing risk of cross contamination with cooking utensils and food. We asked the member of staff if appropriate risk assessments were in place for people accessing this area. The member of staff confirmed that no risk assessment was in place in relation to people using this area unattended.

Whilst in the kitchen the person was dressed in their underwear and a soiled tee shirt and had no footwear on. When asked, the member of staff explained the person is currently having difficulty responding to personal care support and this was being monitored and managed by staff. We also observed the person using the bathroom and leaving without washing their hands. They then returned to the kitchen area. While we acknowledged it is the person's home, there were both health and safety and infection control risks to be considered as food was being both prepared and cooked. Without foot protection people could be at risk of slipping on any spillage as hot saucepans were carried from the cooker to the sink area. There was also a potential risk of cross infection as no risk assessment or protocol was in place for people to follow, to include best practice guidelines for care homes. Following our inspection, the registered manager confirmed staff were reviewing people's support plans and risk assessments, particularly in relation to the kitchen area.

We observed in the fridge some foods were not dated when opened which posed a risk of people eating out of date food as staff could not be sure of how long the food had been in the fridge. In addition, some food was not wrapped or sealed in the fridge to maintain its freshness. We viewed the microwave and noted some enamel around the inner frame was both missing and lifting in parts. This would make it difficult to clean effectively. Following our inspection the registered manager confirmed they had purchased a new microwave.

While the office door was a recommended fire safety door, we noted that part of the inner strip of the door was broken. Therefore in the case of a fire, this door would not be fully effective as smoke may have entered the room. We also found an area of carpet was lifting by the lounge door that could pose a trip hazard for people.

This was a breach of Regulation 12 (2) 2) (d) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection the registered manager confirmed a carpet strip had been ordered and would be affixed immediately and the fire door strip had been fixed. They also confirmed the maintenance program for decorating the hallway and lounge area, would be carried out when the people living in the home were next away. This was to enable the least disruption for them.

Staffing was arranged across four local homes in the organisation's group and most staff worked in all the homes at certain times throughout the month. We were told staff who worked in this home had to be trained to manage specific medical needs for some people, as staff often worked for long periods on their own, both in the home and when out on activities with people. The staffing arrangements were; one member of staff when people were at home at all times and one to one support when out in the community. There was also one member of staff that stayed awake during the night time hours. The member of staff told us a floating member of staff would be arranged for certain hours during the day (depending on people's activity plans), to enable a person to go out on their chosen community activity. On the day of our inspection the member of staff was unsure if a 'floating' member of staff was coming on duty and the rota did not show a floating member of staff. They said "[name] would normally go home today so [name] could have gone out". When we spoke with a senior member of staff on the telephone

Requires improvement

Is the service safe?

during the inspection, they confirmed a member of staff was being deployed later in the afternoon. The rota did not depict the actual staffing numbers for the day to enable people to plan their activities but previous days did.

Medicines were stored safely and securely so that only those authorised to do so were able to access them. A clear policy was in place and staff received training to ensure they were competent in medicines administration. Medicines were recorded on a Medicine Administration Chart (MAR) chart provided by the dispensing pharmacy. We found no omissions or errors in the charts that we viewed. Stock levels were checked when new supplies were delivered from the pharmacy. Between these times, senior staff checked the stock levels to ensure people received their medicines in line with the GP instructions. As staff often worked alone in the home, an additional safety procedure was in place. The member of staff told us "when we administer people's medicines, we also ring the team leader on duty at [name] home to tell them we have done it. I also talk it through with the person as I do it. This double checks things with me as well". During our inspection we observed the member of staff undertake the administration of people's medicines and found this was undertaken in line with the organisations policy.

People had risk assessments in place for their 'activities of daily living' that guided staff in providing safe support for people and were reviewed regularly. For example, one person's risk assessment in relation to their 'as and when required' (PRN) medicine stated 'staff always to use distraction and re directing techniques for [name] to a positive activity. If no change in presentation staff must not administer until they have spoken with an on call manager'. The risk assessment was detailed and gave staff clear options to try before medicines were considered for use.

There were recruitment procedures in place to help ensure that staff were suitable for their role. This included gathering information through references and a Disclosure and Barring Service check (DBS). The DBS provides information about any criminal convictions a person my have and whether they have been barred from working with vulnerable adults.

We found the provider had systems in place that safeguarded people from abuse. Staff we spoke with had a good understanding of what safeguarding meant and the processes to follow to report concerns. Staff received training in safeguarding and from speaking with staff it was clear they also received regular updates to ensure they were up to date with the latest guidance. Pictorial policies were also viewed for people that used the service. This helped people understand what safeguarding meant and how they were protected.

We asked the member of staff if they understood the term 'whistle blowing'. This is a process for staff to raise concerns about potential malpractice of other staff in the workplace. Staff understood whistleblowing and the provider had a policy in place to support staff who wished to raise concerns in this way. A poster named 'SOS' was also viewed. This poster translated to 'speak out safely' and provided contact numbers for people to use should they wish to raise any concerns.

Emergency contingency plans were in place and regular fire alarm tests took place to ensure all equipment was fit for its purpose and staff were aware of the procedure in place. People had individual personal evacuation plans in place that contained information of how they needed to be supported in the case of a fire.

The provider had appropriate arrangements for reporting and reviewing incidents and accidents The registered manager audited all incidents to identify trends or lessons to be learnt. Records showed these were clearly audited and any actions were followed up and support plans adjusted accordingly.

Good

Is the service effective?

Our findings

The service was effective. People's rights were protected in line with the Mental Capacity Act 2005.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 legally authorised under the MCA. We saw examples of best interest decisions being taken on behalf of people, where it had been assessed they did not have the capacity to make specific decisions. Documentation also contained details of who was consulted and involved in the decision making process. Pictures were used to aid people's understanding and their involvement and documentation evidenced ways to gain people's consent that included the person can consent to day to day decisions but would require full support and planning for more major decisions such as medical treatment.

We asked the member of staff how they would be able to gain the consent from people who were unable to verbally give it on a daily basis. Staff replied "we know [name] and [name] very well. We can tell by their facial expressions and body language if they are consenting". One person's documentation stated "if [name] does not want to do something they will become vocally loud, wave their arms or blow a kiss goodbye". Therefore staff were given guidance to help them identify how people may consent to care routines.

Staff confirmed they had received training in the Mental Capacity Act 2005. Staff were able to tell us about key aspects of the legislation and how this affected people on a daily basis with their care routines. Staff were heard routinely asking people for their consent throughout the inspection and had a good understanding of people's non-verbal communication needs that ensured their rights were respected. Staff gave examples of how they understood from people's facial expressions and vocalisation if they were happy to proceed with their routines. One staff said "we know people really well because they come here regularly and [name] makes sounds and eye contact and is able to make his wishes known this way. We would respect [name] decision". Throughout our inspection staff were heard routinely asking people for consent in their daily routines.

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 are called the Deprivation of Liberty Safeguards (DoLs). A process was in place and staff were aware what this meant. If a person needed to be deprived of their liberty in order to keep them safe and it was in their best interests to do so, a process was in place to make an application to relevant authority for Deprivation of Liberty Safeguards (DoLS) authorisation.

The member of staff we spoke with was positive about the support and training they received. They said "I love it here. There is plenty of training and lots of support. We can always gain extra support when we need it. [Name] is great and is on the ball". Staff completed all mandatory training topics that included: safeguarding, mental capacity act, equalities and health and safety. Staff also received additional training relevant to the needs of the individuals they supported. For example, training in autism, learning disabilities and epilepsy. Where people had particular needs associated with their health staff told us they would receive training to support them. The member of staff said "no one can work here until they have completed training in epilepsy. It's different here than the other homes. People need to get used to staff and accept the support from them before they work alone. People can find it difficult when new faces come in their home, their needs are more complex".

People's documentation demonstrated people who lived in the home did not use spoken language and this was indicative of our observations. The documentation clearly set out ways in which people communicated with staff. For example, one person's communication support plan stated 'If [name] hums louder they may need to communicate, staff to ask 'show me'. Other guidance included: the use of objects of reference and vocal sounds. Therefore staff had a good understanding of people's needs. This was observed throughout our inspection.

People received co-ordinated care and their ongoing health needs were managed. People's care records were maintained accurately and completely to ensure full information was available to guide staff in meeting people's

Good

Is the service effective?

needs. We saw evidence in people's care plans that demonstrated people had been visited by their GP and referrals were made to other health care professionals when required. Staff told us how a person was anxious when attending the GP surgery. Therefore the service worked with the GP and the person was seen in a place that was conducive with their needs. This demonstrated the GP and the service worked together to meet people individuals health needs

A Health Action Plan (HAP) was compiled by the service and was used to support people with their health support needs. For example, the information contained in the HAP would be shared with health professionals or if people required a hospital admission. This document highlighted the person's individual needs and support requirements.

Staff confirmed that no one living in the home at this time had any special dietary requirements. However they had a good awareness of who to refer to should anyone's needs change in this area. We were told staff devised the menu and shopping list with the two people that lived in the home on a weekly basis. Staff told us pictures were used together with verbally reminding people what they liked. Staff said they would say to the person "you liked pizza last week would you like that again? I would watch their expressions and if [name] jumps up and down that indicates they liked it". The evidence we found demonstrated staff used various non-verbal methods to help involve people in their nutritional plans.

Good

Is the service caring?

Our findings

While we spoke with people who lived in the home, they were verbally unable to tell us how they felt about the support they received. However, we observed that people were content, settled and interacted confidently with staff throughout our inspection. People were allowed time to make their choices using communication methods in line with their individual assessed needs and staff demonstrated a good understanding of what their needs were.

Privacy and dignity was respected. Staff knocked on people's doors before entering and gained consent for routines to be undertaken. For example a member of staff said "[name] would you like to come down for your medicines". The person responded in a positive manner and continued to take their medicines. Privacy and dignity was included in people's support planning. In a person's file a plan was in place that protected a person's privacy. The plan stated "staff to go upstairs at night to ensure [name] curtains are closed to maintain their privacy and dignity".

Resident meetings took place. These meetings were called 'your voice'. The aim of these meetings were to promote people's involvement and offered opportunities for people to give their views on the service. Minutes were recorded and distributed that were pictorial. However it had been identified this method was not necessarily conducive with people's needs. A monthly audit checklist identified this and stated "Difficulty doing your voice at 65a, seems to be more staff input than residents, will look at ways to make the 'your voice' service user friendly".

Where people had relatives and representatives, their views were sought in relation to people's care and their views were taken in to consideration. This was clearly demonstrated within people's care records and some documentation. Staff told us "we involve people every day and will use pictures to help them. We also have good relationships with people's family. They are fully involved".

People were supported to maintain links with their families and friends. We were told people could have visitors throughout the day in the home with the agreement of the person. No visitors were visiting at the time of our inspection for us to gain their views. Staff supported people to visit family and friends. This included providing transport if required.

There was guidance in place in people's support plans so that staff would know how to encourage people's independence. For example one person's support plan for personal care stated "[name] is capable of managing this with prompting and encouragement. Staff to support [name] by remaining in the vicinity outside the bathroom door". A clear process was in place that guided staff through the whole activity. This support plan balanced the person's independence with the staff support required, to support their medical needs.

As part of the provider's quality monitoring, we found people's opinions about the service they received were usually sought through surveys on a yearly basis. Surveys were sent to people who used the service, external professionals and relatives. Action plans were developed and followed up.

Information was given to people in a way they could understand. This included in a pictorial format. For example, a pictorial Mental Capacity Act summary was given to people. This gave an explanation of the act in a way to help people understand what their rights were and how MCA could affect them as individuals.

Good

Is the service responsive?

Our findings

People were given opportunities to pursue their interests and choose the activities they wished to undertake in their local community. Activity plans were developed with people and included short, mid and long term goals they wanted to achieve. Activities included; community clubs, walking trips, baking, going out to the local pub and undertaking household activities.

People were given information that supported their safety and welfare. Policies were developed in a pictorial format. This included safeguarding and complaints information. There were arrangements in place to respond to complaints. The registered manager reviewed and audited any complaints that were made. A complaints policy and procedure was in place and this identified other organisations and agencies that concerns could be reported to if necessary. People in the home were unable to explain verbally if they were upset or wanted to raise concerns. However staff told us about the ways in which they would be able to identify if a person was upset, through their behaviours and vocalisations. The registered manager confirmed no complaints had been received since 2014.

The service was responsive. People were supported by staff who understood their individual needs and preferences. For example, people were able to follow their own preferred routines, getting up and going to bed at a time of their choosing was clearly detailed in people's support plans. We observed that people were able to get up when they liked for their breakfast.

The care delivered was person centred and people were involved in the development of their care plans. The member of staff told us although people didn't use spoken language they did sit with the person and plan their care. They described ways in which they involved people by understanding their non-verbal ways of communicating. For example, in one person's file pictorial information was available that stated: "how I say yes" with a thumbs up sign and also said "If I don't like what I'm doing I will put things away". This demonstrated staff developed a good understanding of people's likes and dislikes because they understood their needs.

Personalised care and choice was offered to all people that used the service. Personalised care plans were put in place. Support plans were clearly written and gave a good picture of people's individual needs. This ensured there was consistent guidance in place for staff to follow. Support plans were evaluated on a regular basis to ensure they were current and reflected any changes in the type of support that people required. There was information available in people's support files describing their lives prior to coming to the home, including important events in their lives and relationships that were important to them. This helped staff understand people as individuals.

Where people may present with behaviours that could potentially affect others, there were individual plans in place to guide staff in managing this. These plans described the situations that may trigger these behaviours and how staff could support the person at these times. We read that a person could sometimes become anxious returning from trips out. The plan gave step by step guidance for staff to follow to support and distract the person to reduce their anxiety.

Good

Is the service well-led?

Our findings

Staff we spoke with told us the service was well led. The member of staff on duty had positive views on the management of the service. They told us they were well supported and could approach the registered manager at any time and would have no hesitation to raise any concerns with them. They felt the management team promoted an open culture as the registered manager was visible and approachable. They said "[name] is fantastic! She really does care about people and knows everyone well. They are on the ball and keeps aware of everything. They are an absolute star!".

There was a regular programme of audits in place. The registered manager worked across four services and conducted audits to assess the standards of care in all of the homes. These audits included: monthly checklists, six monthly audits including infection control and safeguarding. Monthly audits included medication and health and safety. The registered manager confirmed action plans would be completed following any audit areas that needed requirements and signed off when completed. While the areas we highlighted were not all recorded fully as part of the audit process, the registered manager confirmed they were aware of some of these issues and confirmed a maintenance plan for the home was in place. They told us the planning of any maintenance had to be completed while people were away from the home to ensure minimal disruption and anxiety to people in line with their individual needs with their individual needs.

Checks were also undertaken by senior managers of the organisation of the service. These checks were called 'E-Compliance Visits' and service review. The documentation highlighted the type of audit undertaken and any action/improvement plans required to be followed up on future visits. The registered manager also undertook 'out of hours spot checks' and documentation that we viewed confirmed this. Spot checks included; supervision records, care planning and health and safety. Regular checks to ensure the safety of the environment also included; regular testing of fire alarms and safety lighting to check that these were in good working order. This ensured the care delivery and facilities were safe and fit for purpose.

The views of people were gathered using surveys and during house meetings. However recent monthly checks had highlighted the service needed to consider different ways to use the meetings as staff felt due to the needs of people that lived in the home, this was not the best way to try and gain people's views. An action was to explore this area further. Questionnaires were used to gather people's views on the improvements needed. The registered manager said people were helped by staff or family to complete the questionnaires. The analysis of the questionnaires gave specific information on the changes people wanted. An action plan was to be developed following the feedback received. Questionnaires were also sent to people's relatives and external professionals. This was confirmed by documentation that we viewed.

The registered manager communicated with staff about the service. Regular staff meetings took place. The member of staff confirmed the meetings took place and said "yes we can give our views and discuss things. [Name] really listens to us".

Accidents and incidents were monitored by the registered manager on a monthly basis as a means of identifying any particular trends or patterns in the types of incidents occurring. Any incidents were recorded and also viewed and discussed with senior managers of the organisation. An audit that we viewed praised the registered manager for effectively monitoring incidents.

Information that we held on our systems in the form of notifications, demonstrated the registered manager understood their responsibilities in relation to regulation requirements. The registered manager reported any significant events that happened and confirmed any follow up actions that were put in place.

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	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Safe infection control practices and health and safety guidelines were not always followed. The risks associated with this were not minimised.