

Parkcare Homes (No.2) Limited

Spode Close

Inspection report

6-11 Spode Close
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The unannounced inspection took place on 13 July 2017.

Spode Close is a purpose-built block of self-contained studio style apartments. The service provides accommodation and support for up to seven people with a learning disability, autistic spectrum disorder, physical disabilities or a combination of these kinds of impairment. At the time of the inspection three people were living at the service.

At the time of inspection there was no registered manager at the service. 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. In the absence of the registered manager the service was run by a peripatetic manager. The peripatetic manager is a type of manager who travels to different care homes and stays for a short time at each location to ensure that they are appropriately managed.

During the inspection we found that the risks identified in support plans were not always followed by appropriate guidance to staff on how to minimise the risks. As a result, the service was unable to ensure people received care and support which met all their needs with potential risks appropriately managed.

Medicines were administered safely. However, the system to ensure that fridge temperatures were recorded and action taken if outside of the safe limits was not effective.

People were not always protected from environmental risks. Health and safety checks were not completed in accordance with the provider's policy.

Staff did not always receive appropriate on-going training to enable them to deliver safe care. As a result, the service failed to ensure that people were protected by staff who knew how to meet their specific needs.

The service did not always act in accordance to the Mental Capacity Act 2005 (MCA). In some care plans there was no evidence of any best interest meetings or any mental capacity assessments, or the information regarding the lasting power of attorney (LPOA) was out of date.

There was a complaints policy available in an easy-to-read format, however, it was not displayed in the communal areas. The complaint policy available at the reception contained some out of date information which might be confusing to some people.

The provider followed their disciplinary procedure, however, results of internal investigations had not always been reported to the DBS.

Staff had a clear understanding of how to recognise and report safeguarding concerns and knew who to contact and how. Staff understood how to whistleblow and had access to essential phone numbers to call to report any issues.

Staffing levels were adequate and recruitment practices were safe as relevant checks had been completed before staff worked unsupervised.

People were supported to eat enough food and drink sufficient amounts of liquids, and their care plans included information about their dietary needs and risks identified in relation to nutrition and hydration.

People's dignity and privacy were respected and promoted by staff. Staff knew each individual's specific communication methods and were aware of changes in people needs.

Staff had a thorough knowledge of each person they supported and helped people to identify their individual needs and the goals they wanted to achieve in the future.

Auditing was insufficient or non-existent in some areas, for example, the health and safety checks, risk assessments and care plans were not thoroughly audited. The service had made improvements in other areas such as reviewing daily notes, creating hospital passports and health action plans. The service had their own quality assurance systems in place to make further enhancement.

The peripatetic manager was respected and valued by people, their relatives and staff.

We found two breaches of regulations, namely Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have advised the provider to take at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

People did not always have plans in place to manage the risks identified in their support plans.

Risks associated with the environment were not always appropriately monitored.

The arrangements for monitoring people's specific conditions were not always adequate to their needs.

Medicines were administered safely.

Recruitment practices were safe and relevant checks had been completed before staff worked unsupervised.

Requires Improvement ●

Is the service effective?

The service was not always effective.

People received care from staff who had not always received appropriate training to enable them to deliver safe care.

Capacity assessments were not always carried out for people who may lack capacity to make specific decisions. Decisions made on behalf of people had not always been based on a best interest assessment.

People were assisted to eat and drink sufficiently. Staff were aware of people's specific nutritional needs.

Requires Improvement ●

Is the service caring?

The service was caring.

People were treated with dignity and their privacy was respected.

Staff were kind and compassionate to people.

Staff knew each individual's specific communication methods

Good ●

and were

Is the service responsive?

The service was not always responsive.

The complaints policy was not displayed in the communal areas and contained some out-of-date information.

People were not always able to take part in the activities they enjoyed and which were important to them.

People's care plans included personal profiles which specified what was important to the person.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Quality monitoring processes were in place and regular audits were carried out. However, not all of the processes were effective.

Records relating to the running of the service had not always been completed properly. There were gaps in the records.

Some of the relatives told us that stronger management would be needed to improve the culture of the service.

Requires Improvement ●

Spode Close

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 13 July 2017 and was unannounced, which means that the service had not been informed about our visit in advance. The inspection team consisted of two inspectors.

Before this inspection we reviewed the information we held on the service and the service provider. This included notifications we had received from the provider. Notifications contain information about incidents that affect the health, safety and welfare of people supported by the service. We also contacted the commissioners of the service to ask them for their views.

During the inspection we spoke with two staff members, the peripatetic manager, and one relative. After the inspection we contacted two other relatives. Not all of people were able to express their views clearly due to their limited communication, others could. We observed interactions between staff and people. We looked at a variety of documents including people's support plans, risk assessments, daily records, staff recruitment files, training records, medicine administration records, minutes from staff meetings and quality assurance information.

Is the service safe?

Our findings

During the inspection we found that risks identified in the support plans were not always followed by appropriate risk assessments. For example, one person's support plan stated that the person was not aware of hazards and was therefore unable to keep themselves safe. The person was not aware of various kinds of danger they may be exposed to in the community. The person did not understand that traffic, crossing the street, roads, strangers, holes in the ground or sharp objects might pose a risk to their health and safety. Although the risks had been identified, there was no risk assessment or guidance in the care plan to advise staff on how to mitigate those risks. Another person's support plan listed a number of risks the person could pose to themselves and others. For example, the person had problems regarding self-regulation of body temperature which often led to overheating. The person also displayed behaviour that may be challenging to others and could be triggered by small children. The person did not have any awareness of road safety. There were no risk assessments in place or no guidance in the care plan to inform staff about how to manage any of the above-mentioned issues. As a result, the service was unable to ensure people received care and support which met all their needs with risks appropriately managed.

The records did not always specify the level of support needed and there were no care plans to mitigate risks related to people's specific conditions. For example, a support plan for a person suffering from epilepsy stated they were supposed to carry out personal hygiene and to have a daily bath independently. We brought this to the attention of the peripatetic manager. The peripatetic manager told us and staff confirmed that staff members monitored the person each time the person was having a bath. However, this was not appropriately documented.

There was no epilepsy care plan in place. The arrangements for monitoring the person's epilepsy at night were not robust to protect the person if a seizure were to occur. For example, the person was to be supported at night by a sleeping-in member of staff that would check on the person by using baby monitors. As the person had got into the habit of switching off the baby monitors at night, a potential unmonitored epilepsy seizure could be missed by staff. The service had identified this risk and had raised their concerns with other professionals a month before our inspection. However, at the time of the inspection the arrangements for monitoring the person at night remained unchanged. This meant the person could have a seizure and this would remain unnoticed and not be reported by a sleeping-in member of staff. We raised this issue with the service and shortly after the inspection they provided us with action plans and arrangements for safely monitoring the person at night.

Although the person who suffered from epilepsy seizures had already been receiving support for three months, some staff had received the essential epilepsy training only a week prior to our inspection. A young person under the age of 18 was supported on a one-to-one basis by staff who had not received any training in safeguarding children. This meant that some people were supported by staff who were not suitably trained and therefore not appropriately prepared to keep people safe and meet people's specific needs.

The provider followed their disciplinary procedure, however, results of internal investigations had not always been reported to the DBS as they should have been.

People were not always protected from environmental risks. The health and safety checks had not been completed in accordance with the provider's policy. For example, we found gaps in quarterly fire door checks, weekly fire alarm system checks, weekly fire extinguisher checks and weekly water outlet flush checks.

These issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with felt safe. One person told us, "Yes, I feel safe here". One person's relative said, "Yes, she is absolutely safe here. I can tell by far she is happy here".

People were protected from the risk of harm because care workers knew how to recognise signs of potential abuse and how to report their concerns appropriately. A member of staff told us, "There is a financial type of abuse, an emotional type, a physical type of abuse, neglect and sexual abuse. I would report this to my manager, safeguarding team or child services."

Staff knew how to escalate concerns about people's safety to the provider and other external bodies and organisations. A member of staff told us, "I would follow company safeguarding protocols. At first I would inform my direct manager and follow the company procedure. I would notify local safeguarding team and the Care Quality Commission (CQC). This wouldn't be different with child or adult. Abuse is not age-limited."

A thorough recruitment policy and an appropriate procedure were in place. We looked at the recruitment records for staff and saw that they had been recruited safely. Records contained application forms (including employment histories, with any gaps explained), interview records, references, proof of identity and evidence of a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals. This helps employers make safer recruiting decisions and employ only suitable people who can work with children and vulnerable adults.

Staff followed the colour coding system for their cleaning equipment. Colour coding is the process of designating colours to cleaning equipment in certain areas of a venue, reducing the spread of germs across areas and increasing hygiene throughout a service. As a result, the spread of a potential infection was reduced because, for example, toilet cleaning equipment was not used for cleaning bedrooms and communal areas. Staff wore protective plastic gloves and aprons when delivering personal care so as to reduce the risks of cross contamination.

Is the service effective?

Our findings

The service used a recognised system for supporting people to manage their behaviour when necessary. People's behavioural support plans identified the appropriate approaches for each person. However, not all members of staff were trained to use that system. One person's support plan stated that staff may need to use particular techniques which require support of appropriately trained members of staff. We looked at the incident/accident reports and found out that on one occasion a person had been supported by two members of staff of whom only one had been trained in the intervention system.

Some members of staff had not been provided with the Mental Capacity Act 2005 (MCA) training even though they had been working at the service since its opening.

These issues constituted a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The 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). At the time of our inspection, there were three applications in place to deprive people of their liberty.

We checked whether the service was working within the principles of the MCA. One person was in process of being transitioned from Children Services to Adult Services. In spite of this fact, their support plan still stated that their relative was supposed to act on the person's behalf and to sign all documents for them. However, the relative in question did not have the Lasting Power of Attorney (LPoA). Another person was 17 years old. The person's relative had been delegated the authority to make decisions on the person's behalf, however, there was no evidence of any best interest meetings or any mental capacity assessments. A member of staff told us, "I completed online training in the MCA. It is so different and all principles are changing when the person turns 18 years. For example, their parents are no longer in position to act on their behalf unless they have an LPoA and there has been a best interest meeting".

We asked staff about training opportunities. A member of staff told us, "We have the provider's online learning system, things that need renewal regularly come up there. Recently we have done epilepsy and fire awareness training and I'm booked for first aid training. The training is being provided, however, there was a time when it elapsed".

New staff were required to undertake a two-week induction process which comprised of a mix of training, shadowing and observing more experienced staff. A member of staff told us, "Shadowing lasted about a week. I was already confident enough to start working on my own". The registered manager told us that the

induction not only prepared new staff for their roles, but also allowed the organisation to get to know new staff members and identify what role in the service they would best "fit into". The induction process had recently been updated to include the new Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. Staff told us the induction training covered all areas of the role and was relevant.

Staff told us and records confirmed they were supported by their line manager and received regular supervision. This gave them an opportunity to discuss any changes in people's needs and exchange ideas and suggestions on how to support people best. A member of staff told us, "I had my supervision couple of weeks ago. From what I've heard, I think I'm doing a good job. However, I like challenges, so we are going to implement some changes and I'm going to take more responsibility in the house."

People received the support they needed to ensure their diet was nutritious and well-balanced. Staff had a good understanding of each person's nutritional needs, which had been assessed and documented, and how these were supposed to be met. Staff were aware of people's dietary requirements and preferences and were able to provide specialist diets as needed. For example, a gluten-free or dairy-free diet.

People were supported to access healthcare services when needed. We saw that support plans contained clear and thorough information about a person's medical history and any current conditions. People had health action plans and hospital passports in place. They outlined key information on people such as their next of kin, medicines they were prescribed, medical history, what was important to that person including their communication needs.

Is the service caring?

Our findings

People and their relatives told us that most of staff were kind, caring and compassionate. One person told us, "I like it here. They care about me and help me". One person's relative said, "As with any place of work, there are good staff and not so good staff".

Staff showed kindness and compassion whilst providing people with care and support. We saw that staff dedicated enough time to talk to people to make them feel supported and comfortable at the service. For example, we observed a care staff member talk to one person and then give them assistance with a drink and a snack. They talked to the person about their day and about what they had planned for the weekend. The person appeared to be happy to have the friendly chat with the staff member. There was friendly banter between people who use the service and staff.

People were treated with respect and their dignity was preserved at all times. A member of staff told us, "I always close the door, draw the curtains and use a towel so they are not exposed". "Another member of staff said, "We always provide personal care in a bathroom at a request of the service user. If they wish, we will go outside the door and maintain visual observation".

Staff promoted people's privacy and we saw they knocked on people's doors to ask for permission before entering their rooms. Staff members were aware of the lifestyles people had enjoyed before they moved into the service and had good knowledge about people's relatives, interests and hobbies.

Staff knew how to comfort people who were in distress. People's care plans detailed the ways in which people communicated when being in distress. Additionally, the actions needed to be taken to comfort people were described clearly in their care plans. The records guided staff on how to react appropriately. For example, by speaking calmly, offering reassurance and identifying the source of a person's distress. Staff were always alert to any signs of distress and advised us before we approached people at the service. During our visit we observed staff read signs of distress and successfully support a person who had shown signs of distress. The person was supported outside of the service and started displaying challenging behaviour. The person was assisted by a member of staff who sat down with them and helped them to calm down. After some time the member of staff was replaced by another staff who spoke to the person and returned with them back to the service. The actions taken by staff matched the guidance on how to address the person's behaviour as described in the person's behaviour support plan.

Staff told us they supported people to maintain their independence. One member of staff said, "We support them to be as independent as possible. We offer them choices but it is up to them to choose".

Staff were aware of people's communication needs. A member of staff told us, "[Person] is using sounds to communicate with us. He uses plan and reward charts now and then. The plan and reward charts are used to reinforce the person's positive behaviour by getting rewards for completing the plan. [Another person] is using Makaton a lot. I'm gradually learning it from her". Although staff were knowledgeable of people's

communication needs, these were not always fully reflected in people's care plans. For example, there was no information that one person was using Makaton. Makaton is a language programme using signs and symbols to help people to communicate.

Staff were aware of their responsibilities relating to confidentiality and preserving information securely. They knew they were bound by a legal duty of confidence to protect personal information they may encounter during the course of their work. Staff understood the importance of respecting private information and only disclosed it to people such as health and social care professionals on a need-to-know basis and with people's consent.

Is the service responsive?

Our findings

One person told us they had access to a wide range of activities. The person said, "I go out very often. I'm not getting bored here". However, another person's relatives told us staff did not always seem to initiate activities. They said, "As parents, we have had ongoing frustrations around our [relative's] activity planner, which details each week the activities that should be arranged to ensure there is a varied and engaging 'timetable'. Previously this activity planner was 'driven' by ourselves as parents where on numerous occasions we suggested places to visit, took our [relative] out with the support of staff to ensure staff had an idea of what our [relative] likes to do, where [relative's] comfortable visiting and when. There seems to be a lack of initiative and drive to fully embrace the activity planner, or even take ownership of this 'tool' at Spode Close". Staff and records confirmed that for a couple of weeks before the inspection the person in question had been supported mostly in line with their activity planner. However, the activity planner had not always been followed earlier in the past due to the lack of drivers on shift. During the inspection some people went shopping, left for a walk or went to college. We asked staff how they supported people with their activities. A member of staff explained, "We always offer our service users options. For example, the person I supported could choose swimming or trampolining". Another member of staff told us, "We are always out and about doing things but this depends on the service user's needs. We are using an activity planner with [person]. They can choose their favourite activity they would like to have. For example, swimming or zoo".

The service did not meet the accessible information standard. The aim of the accessible information standard is to make sure that people who have a disability, impairment or sensory loss can easily access and understand crucial information, and are provided with any communication support they need. There was a complaints policy available in an easy-to-read format. However the policy was not displayed in the communal areas but attached to people's support plans which were stored in the office. The complaint policy available at the reception contained some out of date information. This meant people may not be sure who to complain to. People's relatives confirmed they had been provided with a copy of the complaints procedure. They said they would talk to the peripatetic manager if they had any concerns or issues. One complaint had been raised since the service had been registered. However, the complaint had been raised one day before the inspection and it was too early to make a judgement if the complaint was addressed according to the provider's policy.

The service had recently recognized people's and relatives' need to be given opportunities to share their opinions. Therefore, the service had arranged for questionnaires to be sent to relatives and had started to obtain feedback from people using the service.

The care plans clearly described each person, their tastes, preferences, hobbies and preferred ways of receiving support. For example, some people preferred outdoor activities such as walks or trampolining while others chose foot spa or art or craft. The care plans specified people's aims and objectives. For example, one person's objectives were to be able to express their emotions verbally and to manage their own anxiety.

Staff we spoke with recognised the personal characteristics and individual needs of each person. We saw that people's bedrooms not were not only adjusted to their physical needs, but also reflected their personalities, hobbies and backgrounds. One person's bedroom had been decorated with the person's art and craft according to their taste and wishes.

Is the service well-led?

Our findings

Regular audits of the service were conducted by staff and were modelled on the five Care Quality Commission (CQC) inspection domains of Safe, Effective, Caring, Responsive and Well-led. However, auditing was lacking in some areas. For example, health and safety checks, risk assessments and support plans. This meant that the issues identified during the inspection had remained unnoticed and were not addressed by the service until our visit. The service had made improvements in other areas such as reviewing daily notes, creating hospital passports, health action plans and had their own quality assurance systems in place to make further enhancement.

Some of the relatives stated stronger management would be needed to improve the culture of staff. One person's relative told us, "I am of the view that, in some cases, a couple of the support staff have not been dealt with robustly by the management team. As this would leave them short of staff should any individuals need to be 'exited from the business', I believe they would see this as the lesser of two evils. Personally I do not share this view". This issue was also recognised by staff who told us it was hard to implement innovative changes relying on the small team. As staff phrased it, some members of the staff team were 'burnt out and did not have mental and physical energy'.

Accidents and incidents at the service were recorded and monitored. The service reviewed these to detect any trends, patterns or possible causes of the incidents. However, the analysis failed to identify the incidents when a person who required support of two trained members of staff had been supported by only one suitably trained member of staff.

The medicines fridge was kept at an appropriate temperature at the time of the inspection. Records of the refrigerator's temperature provided assurance that medicines requiring refrigeration remained within the recommended temperature range. However, records showed that on one occasion a few weeks before the inspection the recommended temperature had been exceeded and then checks had not been completed for two subsequent days. The system for monitoring fridge temperatures, to ensure appropriate action would be taken if the fridge temperatures were outside of the accepted range, was not effective.

These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the time of inspection there was no registered manager at the service. 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. In the absence of the registered manager the service was run by a peripatetic manager. The peripatetic manager is a type of manager who travels to different care homes and stays for a short time at each location to ensure that they are appropriately managed. The service was actively recruiting for the registered manager position. The second stage interview for candidates had been organised a few days before the inspection. The peripatetic manager told us, "The interview was unsuccessful, however, we are aware of the challenges in the service

and we will rather wait to employ someone with strong managerial skills".

Relatives, staff and other professionals were positive about the changes introduced by the peripatetic manager. One of the professionals told us, "I believe that the staff at Spode are committed to improving their services. This has been made evident through the prompt action of the management team regarding the improvements that they have made since my involvement with them began". One person's relative told us they could see the improvement, however they were worried about the sustainability of those improvements. The person's relative told us, "I believe there is some improvement across Spode Close. However, that is the here and now". A member of staff asked about the leadership replied, "Leadership? For a very long time there wasn't one. Nobody was leading us or listening. There was a huge shift within the last weeks. They make sure we have tools and equipment to do our jobs". Another member of staff told us, "[The peripatetic manager] has implemented changes and we can see the results of those changes". Staff said that their morale had improved as they could see changes within the service. A member of staff told us, "Our morale has improved. Now I can go and talk to the manager. The previous management gave me an impression like they didn't care about the service. We are promoted and our hard work is being recognised".

Staff meetings were held monthly. Subjects discussed included changes in people's needs, development of the service and updating crucial information related to care delivery. For example, staff had discussed a recent action plan following a visit from the service commissioners. Staff told us they could put items on the agenda to be discussed. A member of staff said, "We have started monthly team meetings. I find them really useful. Most of the information I already know about or raised them myself".

There was a range of policies and procedures specifying how the service needed to be run. They were kept up-to-date in line with new developments in social care. The policies protected staff who wanted to raise concerns regarding instances of malpractice within the service. Staff were aware of the whistleblowing procedures and voiced confidence that poor practice would be reported. Staff told us that they would escalate concerns to the CQC as well as to the local authority. Effective procedures were in place to keep people safe from abuse and mistreatment.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The risks identified in support plans were not always followed by appropriate risk assessments.</p> <p>Records not always stated the level of support needed and there was no care plans to mitigate risks related to people specific conditions. The arrangements for monitoring people's specific condition were no always adequate to their needs. Staff were not always appropriately trained to meet people's specific health needs.</p> <p>People were not always protected from environmental risks. The health and safety checks had not been completed in accordance with the provider's policy.</p> <p>Breach of Regulation 12 (1) (2) (a) (b) (c) (d) (e) (g) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Auditing was lacking in some areas. For example, health and safety checks, risk assessments and care plans. The service had made improvements in other areas such as reviewing records and had their own quality assurance systems in place to make further improvements.</p> <p>The provider followed their disciplinary</p>

procedure, however, results of the internal investigation have not always been reported to the DBS.

Breach of Regulation 17 (1) (2) (a) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.