

Parkcare Homes (No.2) Limited

The Mews

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 25 August and 2 September 2015 and was announced on the first day. The home was previously inspected in October 2013 and the service was meeting the regulations we looked at.

The Mews is a care home for people with learning disabilities. It can accommodate up to eight people. It comprises of eight self-contained flats, the service

prepares people to move on to supported living. The service is situated in Bramley, close to Rotherham. At the time of our inspection there were seven people living at the service.

The home 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 requirements in the Health and Social Care Act 2008

Summary of findings

and associated Regulations about how the service is run. The registered manager was registered at three locations and there was a general manager at this service who also had management responsibilities.

People who used the service and their relatives we spoke with told us the service provided excellent care and support. They told us they felt safe, the staff were caring, considerate and respected their choices and decisions.

Medicines were stored safely and procedures were in place to ensure medicines were administered safely.

We found the service to be meeting the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). The staff we spoke with had knowledge of this and said they would speak to the managers for further advice.

People were involved in menu planning, shopping and meal preparation. People who used the service had their food in their individual flats and there was plenty of choice and snacks available. People had access to drinks as they wanted them.

Staff respected people's privacy and dignity and spoke to people with understanding, warmth and respect.

People's needs had been identified, and from our observations, we found people's needs were met by staff who knew them well. Care records we saw detailed people's needs and were regularly reviewed.

There was a robust recruitment system and all staff had completed an induction. Staff had received formal supervision and annual appraisals of their work performance.

There were systems in place for monitoring quality, which were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

The registered manager and general manager were aware of how to respond to complaints. Information on how to report complaints was clearly displayed in the service. People we spoke with did not raise any complaints or concerns about the service. Staff and people who used the service who we spoke with told us that all staff were approachable, the general manager operated an open door policy and the service was well led.

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?

The service was safe.

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard people from abuse.

People's health was monitored and individual risks had been assessed and identified as part of the support and care planning process. Medicines were stored and administered safely.

There was enough skilled and experienced staff to meet people's care needs.

Good



Is the service effective?

The service was effective.

The staff we spoke with during our inspection understood the importance of the Mental Capacity Act in protecting people and the importance of involving people in making decisions. The service was also meeting the requirements of the Deprivation of Liberty Safeguards.

People were supported with their dietary requirements. Their plans were clear about what they liked and didn't like and included guidance about any special dietary requirements.

Each member of staff had a programme of training and was trained to care and support people who used the service safely.

Good



Is the service caring?

The service was caring

From speaking with people who used the service, their relatives and staff it was evident that all staff had a good understanding of people's care and support needs and knew people well. We found that staff spoke to people with understanding, kindness and respect, and took into account people's privacy and dignity.

We saw people who were able were involved in discussions about their care and we saw evidence of this in care files.

Good



Is the service responsive?

The service was responsive

People's health, care and support needs were assessed and reviewed. We found staff were knowledgeable on people's needs and people's needs were met.

People regularly accessed the community and took part in a variety of activities.

There was a complaints system in place. The complaints procedure was available to people who used the service and visitors.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

There was a registered manager in post.

There were systems in place for monitoring quality of the service provided. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

Staff meetings were held to ensure good communication and sharing of information. The meetings also gave staff opportunity to raise any issues. People who used the service also had opportunity to attend meetings to ensure their views were listened to.

The Mews

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 25 August and 2 September 2015 and was announced on the first day. The inspection team was made up of an adult social care inspector.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also spoke with the local authority, commissioners and safeguarding teams.

The provider had not completed a provider information return (PIR). We had not requested one. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make

As part of this inspection we spent some time with people who used the service talking with them and observing support, this helped us understand the experience of people who used the service. We visited people in their flats and were shown bedrooms, bathrooms and kitchens. We looked at documents and records that related to people's care, including two people's support plans. We spoke with six people who used the service and four people's relatives.

During our inspection we spoke with three care staff, the general manager and the registered manager. Following the visit we also contacted two health care professionals by telephone to seek their views. We also looked at records relating to staff, medicines management and the management of the service.

Is the service safe?

Our findings

People who used the service and their relatives told us The Mews was a safe environment. People we spoke with said they felt very safe. One person said, “I always feel safe here, I love my flat.” A relative told us, “I know (my relative) is safe as they would tell me if anything was wrong, I would also know immediately if something was wrong by their manner.”

Interactions we observed between staff and people were inclusive. We saw staff used appropriate methods to ensure people were safe when they were supporting them. For example, making sure people told them where they were going and the time they would return. We saw staff also checked if people had their phones with them when they went out so they were contactable to ensure their safety.

The provider had safeguarding policies and procedures in place to guide practice. Safeguarding procedures were designed to protect people from abuse and the risk of abuse. Staff we spoke with were very knowledgeable on procedures to follow. All staff did not hesitate in their answer when asked how they would respond to suspected abuse; they all said they would report immediately to the team leader or general manager. Staff were also aware of whistle blowing procedures and explained how they would do this if necessary.

The training records showed that staff received training in safeguarding people from abuse. The local authority policy was also available to staff. This ensured they were aware of the local procedures to protect people.

During our inspection we saw there were staff in sufficient numbers to keep people safe and the use of staff was effective. Staffing was determined by people’s needs and some people who accessed the service were funded for one to one staffing, the rotas we saw allocated adequate staff to ensure these levels were provided to meet people’s needs. Staff we spoke with confirmed that there was mostly enough staff on duty. The only exception was when there was last minute sickness, which could not be avoided. However staff told us if this occurred a staff member would be called in to cover.

People’s health was monitored and reviewed if any changes had occurred. People identified as being at risk when going out in the community had up to date risk

assessments. We saw that some people were supported by staff when they went out during our inspection. We also saw other risks had been assessed for individuals and measures were in place to ensure people’s safety.

We looked at the systems in place for managing medicines in the home. This included the storage, handling and stock of medicines and medication administration records (MARs) for two people.

Medicines were stored safely, at the right temperatures, and records were kept for medicines received, administered and returned. However, we found the amount received and date of receipt was not always recorded on the MAR, the general manager assured us this would be put in place. We found the audit sheets had the amount recorded and this was accurate. Staff were able to explain how they supported people appropriately to take their medication and were aware of signs when people were in pain, discomfort, agitated or in a low mood to ensure they received their medication when required.

The recruitment procedures ensured the required employment checks were undertaken for new staff. The registered manager told us that staff did not commence work with people who used the service until references had been received. They also had obtained clearance to work from the Disclosure and Barring Service (DBS). The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. We looked at the recruitment files of two staff and spoke with staff that were on duty during the inspection. Information within the recruitment files, and staff comments, confirmed that the required checks had been carried out prior to commencement of employment at the service.

We found all new staff were subject to a probationary period and during this period had received regular supervision. Staff records we saw showed staff had received supervision in line with policies. Staff we spoke with also confirmed they had received regular supervisions and support. One staff member told us, “We are all well supported and work well as a team.”

Before our inspection, we asked the local authority commissioners for their opinion of the service. People who used the service were placed from different local authorities so we spoke with two commissioners. The local

Is the service safe?

authority had carried out a visit to determine they were meeting their contractual arrangements. They had awarded the service a quality rating of excellent and they had no concerns regarding the service.

Is the service effective?

Our findings

People and relatives we spoke with told us staff respected choices and decisions. One person told us, “Staff always knock on my door before entering, they also ask me what I want and wait for my decision.” Another person said, “The staff always respect me and support me in my choices.”

The registered manager told us staff had received Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) training. Staff we spoke with confirmed that they had received training in the Mental Capacity Act 2005. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

The MCA includes decisions about depriving people of their liberty so that if a person lacks capacity they get the care and treatment they need where there is no less restrictive way of achieving this. The DoLS requires providers to submit applications to a ‘Supervisory Body’ for authority to do so. The general manager had assessed all the people who lived at the service following new guidance and had submitted applications. One person had a DoLS authorised. Staff we spoke with were aware of the legal requirements and how this applied in practice.

People were supported to maintain good health, have access to healthcare services and received on going healthcare support. We looked at people’s records and found they had received support from healthcare professionals when required.

Staff we spoke with said they had received training that had helped them to understand their role and responsibilities. We looked at training records which showed staff had completed a range of training sessions. These included infection control, safeguarding of vulnerable adults, fire safety, and health and safety.

Records we saw showed staff were up to date with the mandatory training required by the provider. Staff we spoke with told us the training was good. Staff also told us they did additional training to further understand how to meet the needs of people they supported. We also saw records that staff had received regular supervision and all staff told us they felt supported by the general manager. The general manager told us that during supervisions she discussed training requirements with staff to ensure they kept their knowledge up to date to meet people’s needs.

People’s nutritional needs had been assessed and people’s needs in relation to nutrition were documented in their plans of care. We saw people’s likes, dislikes and any allergies had also been recorded. We saw people choosing what they wanted to eat and people ate at the times they preferred. People who used the service went shopping individually for their food and stored it in their flats. Each person also did their own cooking with support from staff and we saw there was a good choice of food available in people’s kitchens and there were snacks and fresh fruit available for if required.

Is the service caring?

Our findings

People we spoke with told us the staff were lovely and relatives we spoke with had nothing but praise for the service and staff.

A relative told us, “It is excellent, finding The Mews was like an answer to our prayers.” Another relative we spoke with said, “It is better than any service (my relative) has ever been in, staff really care.”

People who used the service we spoke with said they liked living at The Mews, one person said, “The staff are great, I wouldn’t change anything I love it here.” Another person said, “The staff are very good they listen to me and respect me.” People who used the service wanted to come and speak with us, they wanted to tell us what it was like and all the comments we received were very positive.

During our visit we spent time people’s flats, they showed us round and talked to us and the staff. We saw positive interactions between people and staff. From conversations we heard between staff and people who used the service it was clear staff understood people’s needs, how to approach people and when people wanted to be on their own. People we spoke with praised the care staff and said that the staff were good. We also saw the staff and people they supported talking, laughing and joking together it was very inclusive.

People were supported to access the community and activities. Some people accessed it on their own and others were supported by staff. People told us they enjoyed the activities and that they were able to choose what they wanted to do and staff facilitated it. One person told us how they had requested a trip to the coast, this had been arranged and they said they had really enjoyed the day and were planning another trip.

We saw that staff respected people’s dignity and privacy and treated people with respect and patience. For example, the care workers we observed always asked the people if it was alright to assist with care needs before they did anything. We also saw staff respected people’s decisions.

We looked at people’s care plans and found these were very person centred and involved the person who used the service if they were able, or their family. Information in the plans also told staff their likes, dislikes, choices and preferences. We found that staff spoke to people with understanding, warmth and respect.

Staff were able to explain to us how they met people’s needs and told us they ensured new staff learnt people’s needs before they supported them without assistance from experienced staff. The general manager had completed personal profiles for people who used the service these were developed with involvement of individuals and detailed what was important to them and what they liked and disliked. These helped new staff understand people so that they were able to meet their needs.

Although at the time of the inspection people who lived at The Mews were young and healthy, the general and registered manager had been looking at identifying an end of life champion. They also told us they were planning to speak with people to ascertain their wishes, in regard to if they became ill or were admitted to hospital or developed an illness that was life shortening. This would enable staff to capture what they wanted so if something was to happen staff were aware of their plans.

Is the service responsive?

Our findings

The people who used the service and their relatives told us the staff were good and provided support that was required. We also observed staff respond to people's needs. Staff we spoke with understood people's needs and explained to us how they met people's needs. Staff were also able to explain to us how each person responded differently and this required different approaches and methods, this evidenced staff were responsive to individual's needs.

One person told us, "The staff are very good, they help me." A relative we spoke with told us, "The staff understand (my relative) they have helped them and we have seen a great improvement in their wellbeing."

We looked at two people's plans of care and found each person's care plan outlined areas where they needed support and gave instructions of how to support the person. The plans had been written with the involvement of the person, where the person wanted to be involved and where appropriate, their close relatives.

People's support plans we looked at also contained details of activities people liked to participate in or outings they enjoyed. People were supported to engage in activities in the home and in the community. One person told us, "We had a curry night it was good."

We saw that when people were at risk, health care professional advice was obtained and the relevant advice

sought. Health care professionals we spoke with told us the staff were very knowledgeable on how to meet and respond to people's needs. One health care worker told us, "The staff always seem very knowledgeable and accommodating, and always give me the information that I request and follow any guidance that I might put in place." Another told us, "The general manager is always extremely helpful and is up to date with all service user's needs."

The general and registered manager told us there was a comprehensive complaints policy, which was also in an easy read version, this was explained to everyone who received a service. The procedure was on display in the service where everyone was able to access it. The registered manager told us they had not received any complaints this year. However they were able to explain the policy and procedure. This meant people would be listened to and taken seriously. People we spoke with did not raise any concerns regarding the service and told us if they had any they would speak to staff or the managers.

We observed staff gave time for people to make decisions and respond to questions. The general manager told us meetings were held that gave people the opportunity to contribute to the running of the service. We saw minutes of these meetings and they showed involvement of people who used the service. People we spoke with said staff talked to them and they were able to tell staff if something was wrong and it would be resolved.

Is the service well-led?

Our findings

The staff members we spoke with said communication with the general and registered manager was very good and they felt supported to carry out their roles in caring for people. They said they felt confident to raise any concerns or discuss people's care at any time. They said they worked well as a team and knew their roles and responsibilities very well.

One member of staff said, "I love it here it is fantastic." Another staff member said, "We all work well as a team, we get regular supervision and are well supported the manager is very approachable and listens." The general manager was very passionate about providing a good service they said, "I will do anything to ensure the residents get a good quality of life."

All staff we spoke with told us they received regular supervision and support. They also told us they had an annual appraisal of their work which ensured they could express any views about the service in a private and formal manner. One staff member told us, "The manager has an open door policy, and is always willing to listen."

At the time of our inspection the service had a registered manager who had been registered with the Care Quality Commission since July 2015. There was also a general manager who had day to day management responsibilities as the registered manager was registered at three services.

There were effective systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the general and registered manager. The reports included any actions required and these were checked each month to determine progress.

The general manager told us staff completed daily, weekly and monthly audits which included environment, infection control, fire safety medication and care plans.

Satisfaction surveys were undertaken to obtain people's views on the service and the support they received. These had been sent out this year. We saw the completed results these were all very positive.

There were regular staff and resident meetings arranged, to ensure good communication of any changes or new systems. We saw the minutes of the last meetings from June, July and August 2015. The minutes documented actions required, these were logged as actions to determine who was responsible to follow up the actions and resolve. However an action from July had not been followed up. This was a question raised by a person who used the service in the July meeting, they had asked if the food budget was to go up? The registered manager explained this was a question that should have been passed to the regional manager they were not sure if it had but said they would contact them and ensure the person received an answer. The meetings ensured staff and people who used the service had opportunity to raise any issues or concerns or just to be able to communicate any changes.

We found that recorded accidents and incidents were monitored by the general manager to ensure any triggers or trends were identified. We saw the records of this, which showed these, were looked at to identify if any systems could be put in place to eliminate the risk. However we found some incidents should have been notified to CQC and had not. We discussed this with the registered manager who at the time of the incidents was not in post, they assured us they were aware of what to report and this would always now be completed.