

Parkcare Homes (No.2) Limited

Rose Court

Inspection report

12 Bradgers Hill Road
Luton
Bedfordshire
LU2 7EL

Tel: 01582452258

Date of inspection visit:
08 January 2016

Date of publication:
03 February 2016

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 ●

Summary of findings

Overall summary

The inspection took place on the 8 January 2016 and it was unannounced. We last inspected the service in July 2014 and had found them to be meeting each of the standards we assessed.

The service provides accommodation and personal care for up to eleven people with learning disabilities and autism. At the time of our inspection, there were ten people using the service.

The home has a Registered Manager in post. 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 & Social Care Act and associated regulations about how the service is run.

The service had safeguards in place to protect people from risk of harm. People's care plans and risk assessments were detailed, person-centred and reflective of their changing needs. People were supported to access external healthcare services and staff had a good understanding of how to support people with a variety of conditions. People's medication was managed, stored and administered safely.

People were given opportunities to contribute to their care and support and were included in reviews and meetings. People had a variety of interests and hobbies which they were supported to maintain both in and out of the home. People's daily living skills and independence were encouraged and they were treated with dignity and respect by staff.

Staff received training which was relevant to their role and received regular supervision and performance management reviews. Interactions between people and staff were positive and friendly and staff were knowledgeable about the people being supported. Staff were able to tell us about ways in which they gained consent to give care, and had a good understanding of the Mental Capacity Act 2008 (MCA) and associated safeguards. Staff were given regular opportunities to contribute to the running of the service and develop their skills and knowledge. We found that there were enough staff on duty to keep people safe.

The service had robust quality assurance systems in place and held regular audits to identify any areas that required improvement. There was a complaints policy which detailed how people could make a complaint if required. The visions and values of the service were clearly visible through our inspection and were routinely discussed in staff meetings and supervisions.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff were trained in safeguarding and understood how to identity and report any concerns.

The service had sufficient numbers of staff to meet people's needs.

Staff were recruited safely to work in the service.

People's medicines were managed, administered and stored safely and correctly.

Is the service effective?

Good ●

The service was effective.

Staff were provided with a variety of training relevant to their role.

People had enough to eat and drink and were provided with a choice and variety of food and drink.

People's healthcare needs were identified and met and people had access to external healthcare services.

Is the service caring?

Good ●

The service was caring.

People's dignity and privacy was respected by staff.

Interactions between staff and people using the service were positive.

People were provided with an opportunity to be involved in the planning and development of their care and support.

Is the service responsive?

Good ●

The service was responsive.

People were supported to undertake a variety of activities and hobbies inside and outside of the home.

Support plans were detailed, person-centred and reflective of the person's individual needs.

The provider had an effective system to handle complaints.

Is the service well-led?

Good ●

The service was well-led.

People were positive about the manager's skills and experience.

There were systems in place to monitor quality within the service through regular audits.

Staff understood the visions and values of provider and were given opportunities to be involved in improving and developing the service.

Rose Court

Detailed findings

Background to this inspection

The inspection took place on the 8 January 2016 and it was unannounced. We last inspected the service in July 2014 and had found them to be meeting each of the standards we assessed.

The service provides accommodation and personal care for up to eleven people with learning disabilities and autism. At the time of our inspection, there were ten people using the service.

The home has a Registered Manager in post. 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 & Social Care Act and associated regulations about how the service is run.

The service had safeguards in place to protect people from risk of harm. People's care plans and risk assessments were detailed, person-centred and reflective of their changing needs. People were supported to access external healthcare services and staff had a good understanding of how to support people with a variety of conditions. People's medication was managed, stored and administered safely.

People were given opportunities to contribute to their care and support and were included in reviews and meetings. People had a variety of interests and hobbies which they were supported to maintain both in and out of the home. People's daily living skills and independence were encouraged and they were treated with dignity and respect by staff.

Staff received training which was relevant to their role and received regular supervision and performance management reviews. Interactions between people and staff were positive and friendly and staff were knowledgeable about the people being supported. Staff were able to tell us about ways in which they gained consent to give care, and had a good understanding of the Mental Capacity Act 2008 (MCA) and associated safeguards. Staff were given regular opportunities to contribute to the running of the service and develop their skills and knowledge. We found that there were enough staff on duty to keep people safe.

The service had robust quality assurance systems in place and held regular audits to identify any areas that required improvement. There was a complaints policy which detailed how people could make a complaint if

required. The visions and values of the service were clearly visible through our inspection and were routinely discussed in staff meetings and supervisions.

Is the service safe?

Our findings

A relative we spoke with told us they felt their family member was safe at Rose Court. They said, "Yes [relative] is safe here, I have no worries about that." Another relative told us, "Oh yes, safety is never a concern for me."

Staff we spoke with demonstrated a good level of understanding of how to protect people from any risk of harm. One member of staff told us, "We have safeguarding training. We learn the different kinds of abuse and how to safeguard people during this, but we also protect them from harm by knowing and understanding them and what keeps them safe." Staff received training in safeguarding as part of their induction and this was regularly refreshed and updated. Details of how to raise concerns and the contact details of different agencies were available for both people and staff. Safeguarding information was provided to people in easy read format to support them to understand who they could speak to if they felt they were at risk. Staff told us they were aware of the provider's whistleblowing policy and the procedure to follow in case they needed to report any concerns anonymously.

Each support plan included detailed assessments of any individual risks to people. We spoke with a member of staff who told us, "We update the risk assessments every month to make sure they're up to date- we do them for just about everything." We saw risk assessments for personal care, mobility, healthcare, medication and for each activity undertaken by the person. To show how risks were recognised and managed, each assessment was linked to other records in the support plan, such as initial assessments of need and individual guidelines.

Each person had individual behaviour support protocols in place which detailed how the person might display behaviours which could have had a negative impact on others. This included their triggers, how to identify escalation of behaviour and ways in which staff could support the plan to manage any difficulties safely. These were subject to regular review and had been updated following any significant incidents within the service. This meant that people could be kept safe by staff who understood how to safely manage their behaviour.

Staff files we reviewed demonstrated that robust recruitment checks had been undertaken before staff commenced employment. References had been sought from previous employers and Disclosure and Barring Service (DBS) checks were in place to ensure that staff were safe to work with people using the service. These were then renewed every three years to ensure that staff did not have any criminal convictions. All new starters had received healthcare questionnaires and produced proof of their eligibility to work in the UK.

A relative told us there were enough staff to meet people's needs. They said, "There's usually enough staff here." We spoke with a member of staff who felt that staffing levels were safe. They told us, "Safety isn't an issue. We could always do with more staff and sometimes we're a bit stretched but people are never unsafe." We reviewed staffing rotas in the service and found that there were usually enough staff on duty to meet the needs of people using the service. The manager told us they did not use any agency staff and always found

cover when required within the team. We observed that there were three members of staff on shift during our inspection as well as the manager.

People had personal emergency evacuation plans in place which detailed how they could be supported to leave the building in case of an emergency. These were found both in their support plans and inside an emergency box inside the home. There were contingencies in place in case of any damage to the property, adverse weather conditions or other risks that might have affected the viability of the service. We saw audit records which showed that senior staff regularly undertook environmental risk assessments around the building and ensured that the environment was safe for people. Fire, gas and electrical equipment was regularly tested and in working order. There were clear infection control policies in place and the home was clean and tidy with no malodours.

Before our visit we had not received any safeguarding referrals from the service since our last inspection. The manager told us there had not been any safeguarding investigations at the home, and showed us a record of all incidents and accidents as well as their policy for recording and reporting these. We found that the appropriate referrals had been made to the Local Safeguarding Authority and that the policies and procedures for managing incidents in the home were robust and detailed.

Medicines were stored securely in locked cabinets in two different locations and in some people's rooms. The service stored medicines correctly and had a storage fridge for keeping any medicines that needed to be stored below a certain temperature. There was a separate cabinet for storing any refused or spoiled medication and the service had a system in place for returning these to the pharmacy. We looked at Medicines Administration Records (MAR) and found that they were complete with no gaps in recording. Staff underwent specialist medication training as part of their induction and had their competency assessed by senior staff.

Is the service effective?

Our findings

We spoke with relatives who told us they felt people received the correct training. One relative said, "Yes, they all seem to have good training- in fact they've really developed their expertise in some areas. When [relative] came to the home they weren't always clear on how to support all his needs but they've really learned from him and had the right training to support him."

Staff were able to demonstrate that they understood the needs of people using the service well. The people had a range of conditions and communication methods and staff had received training to help them to understand how best to support them. One member of staff told us that some people used Makaton (a simplified form of sign language) to communicate. The service had identified this need and provided training to all staff through the deputy manager. Staff were therefore able to communicate with people using this method.

Staff received a variety of training which was regularly updated and refreshed. We spoke to a member of staff who said, "The training is okay but there's a lot of e-learning now, I prefer learning in a classroom environment." We saw training records that confirmed that staff received a large variety of online learning courses. These included mandatory training in medicines, moving people safely and safeguarding, and specialised training in areas such as autism, diabetes, epilepsy and positive behaviour management. The manager acknowledged that the online training wasn't always as effective as classroom training, but told us that it was intended to be used to supplement staff learning through classroom based training, experience, supervision and team meetings. All new staff were receiving training in the care certificate in line with current best practice.

Staff were able to demonstrate a good knowledge of the Mental Capacity Act 2008 (MCA) and their responsibilities under the Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). One member of staff said, "We have to ensure people lack capacity before we make any decisions on their behalf."

Where people required supervision from staff in the community, we saw that their capacity had been appropriately assessed and the relevant DoLS authorisations were either present in people's support plans or had been applied for with the local authority.

Staff told us they received consent to providing care and support. One member of staff said, "We always ask, we make sure they know what we're doing and why. We know the people and how they communicate and we try and ask them using their preferred way of talking to us. We wouldn't ever do anything without any

permission." Support plans had been signed either by the person or their next of kin, and consent was sought for finances, care and treatment and any specific areas in which the person need additional support to make decisions.

Staff files showed that they had been receiving regular supervision and annual performance reviews from the management team. One member of staff said they found the supervisions useful, saying, "We discuss a lot, we talk about training, individual responsibilities, our hours and have the opportunity to let the manager know how we're feeling." However another member of staff felt there wasn't always enough time to have a thorough supervision, saying, "We're always pressed for time and sometimes they feel rushed, but the manager always makes sure we're okay and we have lots of chances to chat and share any issues." Staff had been provided with opportunities to develop through professional qualifications and told us they'd taken NVQ levels 2 and 3.

People had enough to eat and drink and were involved in planning menus and preparing food. The service had two kitchens, one of which was used as a communal area for cooking and dining. The other was used to develop people's skills by providing them with an environment where they could use the kitchen independently. We saw menu boards which detailed the menu for the week ahead and included a range of nutritious foods. During our inspection we observed people were supported to get involved in the preparation of food and were encouraged to take part in mealtimes. We saw that people were offered drinks and snacks and were given choices of what they ate and drank. Staff were able to tell us about people's dietary needs, likes and dislikes and how they preferred to be supported at mealtimes.

People were supported to attend healthcare appointments with external professionals and these visits were recorded in their health action plans. One relative said, "[Relative] is well looked after in that respect, they work closely with the doctors." We saw that any medical needs had been identified and that people's healthcare information was detailed and enabled staff to support them effectively. For example where a person had experienced some recent changes in mood and behaviour, we saw that the service had supported them to regularly visit the GP and worked alongside a psychiatrist to identify how the person could be supported to manage these behaviours. Notes from these meetings were recorded in action plans and discussed as part of people's reviews and one to one meetings.

Is the service caring?

Our findings

Relatives we spoke with were positive about the care provided at the service. One relative told us, "I'm really happy with them. [Relative] has been there for eleven years and I wouldn't have kept [them] there for so long if I wasn't pleased with how [they] are looked after." Another relative told us, "They all care for [relative], I've never doubted that."

During our inspection we observed that interactions between people and staff were positive, friendly and upbeat. Staff regularly checked that people were happy and whether they needed anything, and we observed staff speaking to people in a patient and compassionate manner. For example, when we were sat in the kitchen we observed that one person was interacting with a visitor to the service. The person's care plan indicated that these interactions had to be monitored to keep both people safe, but we saw that staff did this in a way that was jovial and allowed them to enjoy their time together while ensuring that interactions were appropriate.

Staff used people's preferred names and understood their favoured methods of communication. We saw that staff gently joked with people during time spent together in communal areas and we observed people laughing and enjoying themselves in the home throughout the day. The manager told us, "We're like a family here, the home might have changed over the years but we've never lost that." A member of staff echoed this, saying, "We know all the guys so well. We have a very close team and everybody just gets on here, it's lovely."

The service held regular key worker meetings with each person to review their care and support as well as to identify goals and objectives. These meetings provided people with the opportunity to feedback on any issues affecting their care. We saw minutes from these meetings which showed us how people's opinions were sought and used to update their support plans. People were issued with a variety of social stories to help support their understanding of any changes or issues that needed to be communicated. For example, people had been provided with a social story around the Deprivation of Liberty Safeguards (DoLS) and how it applied to them.

The service held service user meetings which gave people the opportunity to meet and discuss all issues relating to their care and support and the day to day activities in the home. We saw that these were well-attended and were made personal for people who came. For example staff had already considered a list of activities which could be offered to people based on their likes and dislikes. One person who enjoyed a particular film was offered the opportunity to go and see the musical version of that film at the theatre. Details of the meeting were recorded and included people's reactions, contributions and set objectives afterwards. This showed us that people's views were listened to and respected.

We saw scrapbooks that had been put together by the staff working in the service with photographs and sensory objects that people could touch. These included details of activities that people had taken part in, which staff could read through with them. This showed us that staff took a caring approach to helping people to celebrate achievements and significant moments in their lives.

People were treated with dignity and respect. Staff were able to tell us of the ways they observed people's right to privacy. One member of staff said, "They can spend time in their room or down here, we don't expect everybody to want to sit together and we understand that people want time to themselves." During our inspection we observed that people were spoken about with respect by staff and that people's doors were closed and staff knocked before entering rooms in the house.

Relatives told us they felt able to visit whenever they liked. One relative said, "The door is always open. I come and see [relative] every day and there's never any problem." Another relative told us they were kept up to date with developments concerning their loved one and felt that the service had a warm and welcoming atmosphere for families visiting.

Is the service responsive?

Our findings

Relatives we spoke with told us they were involved in support planning and reviews for their family member. One relative told us, "They always give us copies of support plans and assessments and allow us to contribute to their care planning- I'm invited to reviews and able to give my input."

People's support plans were reflective of their needs and were detailed and personalised to ensure each person received support that was individually tailored. Each person had a 'life story sketch' at the front of their support plan which detailed the person's background and social history. We found by reading these we were able to gain significant insight into the person and observed that they were written by key workers who understood the person best. One person's family had provided a number of childhood photos which had been used to develop a detailed picture of the person.

Support plans included assessments of need, the person's likes and dislikes and activities in and out of the home they enjoyed. Support plans were reviewed monthly to ensure the information was up to date, and that any changes were recorded. For example, one person had recently undergone a number of changes which had required staff to put different guidelines into place to support them in the short-term. The manager showed us a temporary folder they'd created for the person with all the updated guidance, risk assessments and relevant medical details. This enabled staff to be responsive to people's changing needs.

People had access to a good range of activities in and out of the service. We saw activity plans for each person which included a mix of hobbies and interests and encouraged people to spend time in the community. During our inspection people were busy and engaged throughout the day and were involved in helping with household tasks. Two people were out at voluntary jobs and others attended day centres. One member of staff told us, "They're always busy and have lots to do, we try and encourage them to stay active."

The service had been tailored to meet people's individual needs. The environment was personalised and included pictures, decorations and colours that were specific to the individuals using the service. During our observations we saw that the service had a warm, homely décor and that while some areas were in need of some refurbishment, everything was personalised to feel like the person's home.

Relatives and staff told us they knew how to raise complaints. We saw a complaints policy which detailed how complaints were to be handled. The manager told us they hadn't received any complaints since the last inspection and their records confirmed this. A relative said, "Yes, I would complain if I needed to but I haven't, I'm quite happy. I did have one complaint many years ago and it was dealt with promptly and I've had no trouble with them since."

Is the service well-led?

Our findings

Relatives we spoke with were positive about the management of the home. One relative told us, "[Manager] is a good manager, she's always around when you need her." Another relative said, "Yes I'm always able to talk to [manager], she understands [relative] and knows [them] well."

Staff were complementary about the manager and felt that they were well supported. One member of staff said, "She's a great manager. She's been here so long and knows her stuff- we couldn't ask for a better person in charge." The manager told us she had started as a volunteer with the provider over 20 years ago and was knowledgeable about the home, the people being supported and her responsibilities as the registered person. When we asked her about the vision and values of the service she said, "Things have changed a lot here over the years and we've taken on a more complex client group, but we've always maintained that family atmosphere and culture." We found that these values were observed by staff who worked to implement the vision established by the manager to provide a warm and caring home for people being supported.

The manager and the senior staff knew people's needs well. They understood the relevant legislations and policies affecting their work, and were able to evidence this through robust record keeping, detailed notes and keeping all documentation under review. Their knowledge enabled them to ensure that they maintained compliance and were up to date with current best practice.

Staff were clear on their roles and responsibilities and had been delegated tasks individually within the service. For example we spoke with one member of the staff who had taken responsibility for keeping all training records up to date, and another who had taken charge of medication. During our inspection both members of staff were able to talk to us extensively about each area. The manager told us they took a proactive role to enabling staff to develop new skills. We noted during our inspection that people took their key worker duties seriously and made a point of talking to us about the knowledge they had of people they were key working for.

Team meetings took place regularly and we saw evidence that actions discussed in these meetings had been implemented in the service. For example, we saw that another nearby home were holding a party which people had been invited to. Meeting minutes showed that this had been discussed and that people had decided on costumes, transport and food, and confirmed who was going to attend. The next month's minutes then reflected on the success of this event and showed us that objectives set were being regularly met. A member of staff told us, "We meet every month and go through everything, it's great having everybody together and they're usually pretty productive."

There were regular audits completed within the service by both the manager and the senior managers. Administration processes, people's health and welfare, care plans and medication were all routinely checked, and we saw evidence that actions recommended as a result of these audits had been completed. A recent local authority inspection had been completed and the service had been rated as "excellent". The service used the Care Quality Commission's key lines of enquiry as a tool to ensure they were up to date with

current regulatory standards.