Coventry and Warwickshire Partnership NHS Trust

58 Park Paling

Inspection report

58 Park Paling
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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

Summary of findings

Overall summary

This inspection took place on 4 March 2016 and was unannounced.

58 The Park Paling provides residential care for up to three people who have physical and learning disabilities. The service is a single story building, with bedrooms and communal areas located on the ground floor. At the time of our inspection, three people used the service.

A registered manager was 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 and Social Care Act 2008 and associated Regulations about how the service is run.

People's care and support needs were met by staff who were knowledgeable and knew them well. Staff had been trained to meet the specific needs of people who lived at the home. Staff told us they were supported within their job roles.

Relatives told us Park Paling was a safe place to live and people were well cared for. Staff knew how to report any safeguarding concerns and how to keep people safe. The risks to people's health and wellbeing were assessed and action taken to minimise any identified risk.

People received their medicines as prescribed, and checks were undertaken to ensure people received them in a safe way.

People were supported in line with the principles of the Mental Capacity Act. The manager understood the importance applying for Deprivation of Liberty Safeguards (DoLs) when necessary. Staff ensured they maintained people's privacy and dignity, and treated people with compassion and respect.

There were enough staff to support people who lived in the home. Staff were available at the times people needed them. Recruitment checks were carried out prior to care workers starting work, to ensure their suitability to work with people.

People had a choice of meals which met their dietary requirements and preferences. People were supported to maintain their health, and referrals were made to healthcare professionals when necessary.

People had opportunities to pursue their hobbies and interests, and maintain relationships with people important to them.

People and their relatives knew how to raise complaints and were confident actions would be taken in response to these.

There were processes to monitor the quality and safety of the service provided and actions were taken to drive improvement in the service.

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

This service was safe.

Staff were aware of how to identify risks to people and knew what actions to take to reduce these risks. People who lived at the home told us that they felt safe. People were given their medication safely. Staff were available at the times people needed them.

Is the service effective?

Good

This service was effective.

Staff received training to ensure they had the relevant skills and knowledge to support people who lived at the home. Staff had a good understanding of the principles of the Mental Capacity Act and Deprivation of Liberty Safeguards. People were supported to eat a nutritional diet based on their needs and preferences and people's health care needs were met.

Is the service caring?

Good

This service was caring.

Staff communicated to people in a caring manner. People received care that was appropriate for their needs. People were involved in the planning and delivery of their care. People were supported to maintain relationships with people important to them.

Is the service responsive?

Good

The service was responsive.

Staff knew, and responded to people's individual preferences. Activities were offered which were tailored to people's interests. The provider was aware of how to respond to complaints in line with their policies and procedures. People told us they felt confident any concerns would be addressed.

Is the service well-led?

Good

The service was well-led.

People who lived in the home, relatives and staff were asked to provide their feedback of the service. Staff felt supported by the management team. The provider had quality assurance systems in place to support them in maintaining a good quality of care for people who used the service.

58 Park Paling

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 4 March 2016 and was unannounced. The inspection was undertaken by one inspector.

There were three people who lived in the home when we visited, none of whom were able to communicate with us verbally. We spent time observing how they were cared for and how staff interacted with them so we could get a view of the care they received. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with four relatives to gain their views about the quality of care provided.

We looked at information received from statutory notifications the provider had sent to us, and contacted commissioners of the service. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority or the NHS.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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. The information provided by the provider reflected what we found during our inspection.

We spoke with the registered manager, a senior care worker and two care workers. We contacted two relatives of people who live at the home to gain their views of the care provided to their family members. We reviewed three people's care records to see how their support was planned and delivered. We reviewed three staff files and training records for all staff. We reviewed records of the checks the staff and management team made to assure themselves people received a quality service.

Good

Is the service safe?

Our findings

Relatives we spoke with told us that that people were safe at the home. We were told "I have never had reason to think they weren't safe"

Staff understood how to keep people safe and had received training to protect people from abuse. One member of staff told us, "I would report any concerns to my manager and if she didn't do anything I would go above her to her boss." Another member of staff told us the phone number to contact the local safeguarding authority was in the staff office and this meant that they could raise concerns themselves.

The registered manager was aware of her responsibilities to notify the CQC of incidents which had been referred to the safeguarding authorities and to inform us of action they had taken following a referral. No referrals had been made to the safeguarding authority in the 12 months prior to our visit. The registered manager understood and followed safeguarding procedures.

Staff were aware of the provider's whistle blowing policy and felt confident to use it. A staff member told us "If I thought there was anything wrong I would use the whistle blowing number to report it." A whistle blower is a person who discloses any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation.

Risk assessments were in place for people who lived in the home, and were updated monthly to reflect the person's changing needs. A risk assessment is an assessment that identifies any risks to a person's health, safety, wellbeing and ability to manage daily tasks.

Staff knew people's individual risks associated with their care and support, and were able to describe how these were managed. For example, one person's mobility had deteriorated and they now needed to use a wheelchair. The risk assessment included details about how staff were to support the person to move from their bed or chair to the wheelchair. Staff told us they had received 'moving and handling' training so that they could help people move in a safe way. We saw staff used the correct techniques when they supported people to move .

We checked whether medicines were managed safely. Medicines were stored safely and procedures were in place to ensure people received medicines as prescribed. Regular medicine audits were undertaken to check that staff administered medicines correctly and at the right time. The provider had protocols (medicine plans) for medicines prescribed 'as and when required', for example medicines for pain relief or medicines for people who sometimes had difficulty sleeping. These protocols gave staff clear guidance about what the medicine was prescribed for and when it should be given. Staff who administered medicines received training and had their competencies in this area regularly assessed by the registered manager.

Staff were available when people needed them and spent time doing individual activities with people during the day. Staff told us there were enough staff on each shift to meet people's needs. The registered manager told us the home used a dependency tool to calculate how many staff were needed and this changed

depending on individual's needs. Staff rotas showed that staffing was in line with the dependency tool calculations.

A member of staff told us about their recruitment process which included an interview, obtaining references from previous employers and a DBS (Disclosure and Barring Service) check. The checks were completed to ensure people who were employed were of good character; and to check whether they had a criminal record which might mean they were unsuitable to work as a care worker. This was in line with the provider's recruitment policy.

The provider had produced a business continuity plan which staff were aware of, and was available in the office. This provided staff with details of people to contact if there was an emergency. For example, if the water, gas or electric supply was disrupted. This meant staff had the information to deal with emergency situations without delay.

Personal emergency evacuation plans (PEEP's) which provided essential advice to staff about how to move each individual person in the event of an emergency such as a fire, were completed for all people who lived in the home. Copies of the PEEP's were available in the manager's office which meant staff could get to them easily in an emergency.

Good

Is the service effective?

Our findings

A relative told us "I couldn't ask for better care for [Name], the staff look after her really well. They always call the doctor if there are any problems and then let us know what's going on."

Health records showed that people saw health professionals when necessary. Records showed that regular referrals were made to GP's, district nurses and speech and language therapists. If a person's health needs changed, staff contacted health professionals immediately so that their care could be reviewed.

Staff attended training considered essential to meet people's health and social care needs, and training to refresh their skills and knowledge. Staff told us, "The training helps us meet people's needs" and went on to say that it helped them provide better care to people who lived at the home. A member of staff told us that all staff had received training from a speech and language therapist to support a person who needed a soft diet because they were at risk of choking. This ensured that all staff knew what diet this person needed and reduced the risk of choking .

The registered manager told us she would book people onto relevant training and refresher courses when necessary and that this was factored into the rota's. This meant that staff had the opportunity to enhance their skills and knowledge without affecting the number of people available to support people in the home.

New staff employed by the service had an induction period, during which time they completed training to provide them with skills to support people. One member of staff told us this had included manual handling, fire safety awareness and health and safety training. Staff told us during their induction they shadowed (worked alongside) other members of staff and this enabled them to understand how to support people in the home. Staff undertook the Care Certificate as part of their induction. The Care Certificate is a set of minimum standards which staff have to achieve to demonstrate they have the skills, knowledge and behaviours expected of a care worker, and should be covered as part of an induction for new care workers.

Staff told us that they had regular one to one meetings with their manager. They told us this gave them the opportunity to discuss their training and development needs. One member of staff told us that they had asked for support with their maths and English and their manager had arranged for them to complete a course to improve their skills.

People were offered a choice of meals and staff told us they offered a "flexible menu" each day. Staff offered people choices for each meal before cooking. . For example, one member of staff offered a person a choice of food for breakfast, the person asked for bacon and eggs which the member of staff cooked for them and supported them to eat.
Staff told us that they did not have set meal times in the home because people preferred to eat at different times and, some people preferred to sleep later than others. Instead they offered meals and drinks to people throughout the day based on their preferences.

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).

Staff told us the people who lived at the home did not always have capacity to make their own decisions. This meant they needed support to make decisions. Care files showed that each person's mental capacity had been assessed, and clearly stated what decisions the person could or could not make for themselves. Where a person lacked capacity, family members and professionals who knew the person made decisions in their best interest. These reflected what was felt would have been the wishes of the person. These decisions were recorded in the person's care file.

We checked whether the service was working within the principles of the MCA. Staff demonstrated a good understanding of the principles of the Act. A staff member told us, "We have best interest decision meetings because people can't consent to their health care. They can give their consent to day to day things like meals or what they want to wear."

Where DoLs authorisations were in place, these included best interest decisions. We saw input in one DoLS authorisation from an Independent Mental Capacity Advocate (IMCA). An IMCA is a legal representative for a person who lacks the capacity to make specific important decisions, and who has no 'appropriate' family or friends who can represent the person. In other DoLs authorisations, family members and health professionals were involved in making the best interest decisions. The DoLS authorisations were reviewed regularly and this ensured that people's freedom was not being deprived unnecessarily. This showed that the provider was following the correct procedures if a person's liberty was restricted. The registered manager explained to us "It is important that staff understand restraint doesn't just mean holding a person down but includes lap belts, bed rails and locked doors. We can't have these in place without good reason and with DoLs authorisation."

The people who lived in the home were not able to communicate verbally or had limited vocabulary. Staff understood how to communicate with people in a way they understood. We saw staff used a range of ways to communicate with people. One member of staff told us, "We use different ways to communicate; one person will nod or shake their head if we ask them questions. Another will use objects to tell us what they want, like pointing at their coat if they want to go out. Another can say yes or no and we have to work through questions to understand what they want." Each person's way of communicating was documented in their care file and we observed staff using each person's chosen method of communication .

Good

Is the service caring?

Our findings

Relatives told us staff were caring. One relative said, "The staff are brilliant, we couldn't ask for better."

Staff spoke with people, with dignity and respect. They told us, "This is their home, we just work here, we have to respect that." We saw staff knocked on a people's bedroom doors and say who they were before entering.

Each person's care plan had a detailed life history section. Staff had a good understanding of people's lives prior to when they lived at Park Paling. They told us they used these histories to understand people and the things that were important to them. One member of staff told us "The ladies have lived here a long time, their health is deteriorating now and they can't tell us things they used to. The life histories help new staff understand who these ladies are and what matters to them. Just because they can't tell us anymore doesn't mean it's not still important ."

The registered manager told us care plans were reviewed each month. Each person was allocated a worker who knew them well (key worker)., The key worker discussed changes to the person in the team meetings to ensure all staff were aware of the person's changing needs, and updated the care plans . People did not have the ability to sign their care plans but we saw one person had an advocate who was involved in their care planning.

Staff told us it was important to them to maintain people's privacy and dignity when they were supporting people. Staff told us they made sure doors and curtains were closed before assisting people with personal care. Staff also told us whilst providing personal care they ensured parts of the body not being washed were covered to maintain the person's dignity. One member of staff said, "It's important to ask people and wait for their consent before doing things, for example you might ask "is it time to get up" and wait for their response in the morning, you don't just take their blankets off." This showed that staff worked in a way that respected people's dignity.

Staff told us they respected people's confidentiality by keeping their records secure. They told us they did not discuss people's care needs in front of other people. We saw that care records were kept in lockable cupboards which were not accessible to members of the public or other people who lived in the home.

Staff supported people to be as independent as they wanted to be. We were told that one person liked to help clean their bedroom, and staff gave them a duster to wipe surfaces whilst staff cleaned other areas of the room. Another member of staff told us that one person washed their own face if given a flannel and encouraged to do it.

Relatives told us there were no restrictions on visiting times. They could visit the home at any time and could also take their relations out to places in the local community. This helped people to maintain relationships that were important to them. The registered manager told us that staff supported one person to send cards to a care worker who worked with them 20 years ago who was important to this person. This

was another way the home supported people to maintain important relationships.

Good

Is the service responsive?

Our findings

People received individualised care and support. Each person who lived at the home had an individual care plan which detailed their health needs, likes, preferences and personal histories, including information about people that were important to them. Relatives told us that they had been involved in reviewing people's care needs. Records we viewed included information provided by family members. Staff told us they had time to read each person's care plan which helped them understand their individual needs.

Staff told us activities were planned based on the individual person's preference. A staff member told us,"The people here are very different so we do different things. [Name] enjoys going out to the theatre and listening to music whilst [Name] prefers quieter activities like cooking and doing art." People's preferred activities were recorded in their care file and this reflected what staff told us.

Staff had enough time to individually support people with their activities. We saw one person threaded beads onto string whilst staff spoke with them about ideas for things they could do over the weekend. This showed the care people received was not task focussed but instead time was spent supporting the person to do activities they enjoyed and building relationships with them.

We observed a staff 'hand over' of information about each person. This was between one staff team finishing their work for the day, and the next team on duty. Records of these meetings were kept and we saw they included information about people's changing care needs. During the hand over, information was shared that one person had been ill during the morning and they were asleep, Staff were asked to offer them a light meal when they woke up. This was done when the person awoke. This showed that people's needs were effectively communicated throughout the team.

Staff told us each person had a meeting once a month with a worker responsible for their care (key worker). During this time, the care worker would ask the person if they had any concerns and would use an easy read copy of the complaints policy to explore if anything was upsetting them. Easy read is a way to provide information using pictures and short, simple sentences. Posters of information about how to raise complaints were on display in communal areas of the home in an easy read format. No complaints had been raised, but staff understood it was important for people to be given regular opportunities to express their views about the service.

We reviewed the record of complaints held at the home; none had been made in the twelve months prior to inspection. A relative told us "What do I have to complain about? The care is great! If there were any problems I'd speak to the manager." This showed that although no complaints had been made people were aware of how to raise concerns if they had them.

Good

Is the service well-led?

Our findings

Relatives told us that they knew the registered manager and one person told us "I'd feel comfortable approaching her about anything; she's always at the end of the phone if we need her."

The registered manager was actively involved in the day-to-day running of the service and knew each person who lived there well. Staff had a good understanding of their roles and responsibilities and told us that they could approach the manager if there was anything they were unsure of. One member of staff described the registered manager as "Wonderful, I can always go to her for help."

The provider's policies and procedures were clear and comprehensive. The policies were updated regularly and included latest research so that best practice was delivered in the home. Staff told us that when the policies were reviewed they had to read them and sign to show they understood the changes.

A range of audits and checks took place to assess the quality and safety of service provided. This included checks on the premises to ensure they were safe, and. checks on the quality of care people received. We saw actions were taken to address any shortfalls. For example, it had been identified that a hoist in the bathroom was no longer meeting people's needs. Funding had been arranged for a new hoist to be installed which supported people to move safely into the bath .

Staff meetings took place regularly. Staff told us these helped to promote positive team working and they felt supported in their job roles. Staff told us they could raise any concerns on an ad hoc basis, as well as at staff supervision and team meetings.

The registered manager sought the views of staff, relatives and health professionals to improve the quality of service provided. Service satisfaction surveys were sent to relatives and health professionals. We reviewed the results of the most recent surveys and found they indicated high levels of satisfaction with the service. Written comments included, "Park Paling is always a happy place to visit," and, "Staff listen and act on family, friends and professionals advice." The results of the surveys had been analysed and were fed back to staff and people during their meetings.

The registered manager also involved staff to continuously improve the service. Staff told us that they had approached their manager with suggestions of activities for people who lived in the home. Staff went on to explain that the registered manager would act on these suggestions. The registered manager told us that team meetings were used to generate ideas to plan improvement to the service. In the past this had included restructuring the living area so that the kitchen was now at the front of the house. This change allowed people who lived in the home easier access to the back garden .

The provider was involved in assessing the quality and safety of the service provided. Each month the provider met with the registered manager. During these meetings the provider analysed the incident reports, audits and training records. The provider provided feedback to the registered manager about any actions that were required in response to the analysis.

The provider set up monthly meetings of registered managers who managed homes owned by them. During these meetings, staff training was planned, service needs discussed and best practice shared. The registered manager told us that having this support available was "invaluable" and meant that she always had people she could speak to for advice .