

Parkcare Homes (No.2) Limited







New Stead House

Inspection report

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Ratings

Overall rating for this service		Good	
Is the service safe?		Good	
Is the service effective?		Requires improvement	
Is the service caring?		Good	
Is the service responsive?		Good	
Is the service well-led?		Good	

Overall summary

The inspection visit took place on the 23 February 2015. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

The service was newly registered with the Care Quality Commission in November 2014.

New Stead House provides care and accommodation for up to 12 people who are on the autistic spectrum and may have an associated learning disability. Accommodation is provided via a main house and an annex with self-contained apartments. The home is close to shops, pubs and public transport.

There was 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 and Social Care Act 2008 and associated Regulations about how the service is run.

Two people who used the service told us they felt safe at New Stead House and we observed care and support for people who were not able to communicate with us. This support was provided in a caring and dignified manner. We discussed safeguarding with staff and all were knowledgeable about the procedures to follow if they

Summary of findings

suspected abuse. Staff were clear that their role was to protect people and knew how to report abuse, including the actions to take to raise concerns with external agencies.

There were policies and procedures in place in relation to the Mental Capacity Act and Deprivations of Liberty Safeguards (DoLS). The registered manager and deputies had applied the MCA, but some care records needed clarification to ensure people with capacity were not subjected to the DoLS process.

Staff had received a range of training, which covered mandatory courses such as fire safety, infection control, food hygiene, as well as condition specific training, such as working with people who had an autistic spectrum disorder and behaviour that may challenge. We found that the staff had the skills and knowledge to provide support to the people who lived at the service. People and the staff we spoke with told us that there were enough staff on duty to meet people's needs. We saw that seven staff routinely provided support to 7 people and other senior staff were also available.

There was a regular programme of staff supervision in place and records of these were detailed and showed the home worked with staff to identify their personal and professional development. Many staff were new to the service and spoke to us about their induction and support which they said was good. We also saw a regular programme of staff meetings where issues were shared and raised.

The service encouraged people to maintain their independence. People were supported to be involved in the local community as much as possible. People were supported to independently use public transport and in accessing local amenities such as the local G.P, shops and leisure facilities, as well as to use the facilities in the service such as their kitchens for cooking meals. We found that people were encouraged and supported to take responsible risks and positive risk-taking practices were followed. People went out routinely with staff and accessed the community. One person told us that they made their own choices and decisions and these were respected.

There was a system in place for dealing with people's concerns and complaints. Two people we spoke with told us that they knew how to complain and felt confident

that the registered manager would respond and take action to support them. People we spoke with did not raise any complaints or concerns about the service. There were other mechanisms in place for keyworkers to seek the views of people living at the service and their families or carers on a monthly basis.

People told us they were involved in planning their meals and were encouraged to help prepare food with staff support if they wished. We saw people had nutritional assessments in place and people with specific dietary needs were supported. Specialist advice was sought quickly where necessary. We observed the lunchtime meal and saw people had a wide variety of choice and were encouraged to take healthy options by staff.

We saw that detailed assessments were completed, which identified people's health and support needs as well as any risks to people who used the service and others. These assessments were used to create plans to reduce the risks identified as well as support plans. Two people we spoke with discussed their support plans and how they had worked with staff to develop and review them. Some work was required to ensure plans were reviewed on a regular basis and that clear guidelines were in place for any physical intervention.

We reviewed the systems for the management of medicines and found that people received their medicines safely and there were clear guidelines in place for staff to follow.

We found that the building was very clean and well-maintained. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety. We found that all relevant infection control procedures were followed by the staff at the service and there was plenty of personal protective equipment to reduce the risk of cross infection. We saw that audits of infection control practices were completed.

We saw that the manager utilised a range of quality audits and used them to critically review the service. They also sought the views of people using the service and their families on a regular basis and used any information to improve the service provided. This had led to the systems being effective and the service being well-led.

We found the provider was breaching one of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we took at the

Summary of findings

back of the full version of this report. The provider responded immediately after this visit and shared with us measures they had taken to address the outstanding issues.

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?

This service was safe.

Staff were recruited safely and given training to meet the needs of the people living at the home.

Staff knew how to recognise and report abuse. Staffing levels were good and were built around the needs of the people who used the service.

Medicines were safely stored and administered and there were clear protocols for each person and for staff to follow.

Staff had training and knew how to respond to emergency situations.

Good



Is the service effective?

This service required further improvements to be effective.

People were supported to have their nutritional needs met and mealtimes were well supported. People's healthcare needs were assessed and people had good access to professionals who visited the service regularly.

Staff received regular and worthwhile supervision and training to meet the needs of the service.

The registered manager understood the Mental Capacity Act 2005 and Deprivations of Liberties (DoLS) and understood their responsibilities. However some records required improvement to show that capacity was clearly recorded, best interests' decisions were needed and a clear record of when applications had been applied for.

Requires improvement



Is the service caring?

This service was caring.

The service demonstrated support and care in a range of challenging situations.

It was clear from our observations and from speaking with staff they had a good understanding of people's care and support needs.

Care records were not always reviewed on a consistent basis using the evaluation document in the support plans.

Wherever possible, people were involved in making decisions about their care and independence was promoted. We saw people's privacy and dignity was respected by staff.

Good



Is the service responsive?

This service was responsive.

Good



Summary of findings

People's support plans were written from the point of view of the person who received the service. Plans described how people wanted to be communicated with and supported.

The service provided a choice of activities based on individual need and people had 1:1 time with staff to access community activities of their choice

There was a clear complaints procedure. People and staff stated the registered manager was approachable and would listen and act on any concerns.

Is the service well-led?

This service was well-led.

There were effective systems in place to monitor and improve the quality of the service provided. Accidents and incidents were monitored by the registered manager to ensure any trends were identified and lessons learnt.

Staff and people said they could raise any issues with the registered manager.

People's views were sought regarding the running of the service and changes were made and fed-back to everyone receiving the service.

Good



New Stead House

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 visit took place on 23 February 2015. Our visit was unannounced and the inspection team consisted of one adult social care inspector.

The provider was not asked to complete 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.

We reviewed all of the information we held about the service including statutory notifications we had received from the service. Notifications are changes, events or incidents that the provider is legally obliged to send us.

At our visit to the service we focussed on spending time with people who lived at the service, speaking with staff, and one relative, and observed how staff supported people who used the service. We also looked at the records for four people to check their care records matched with what staff told us about their care needs.

During our inspection we spent time and spoke with five people who lived at the service, five support staff, the registered manager and both deputy managers. We observed care and support in communal areas. We also looked at records that related to how the service was managed, looked at five staff records and looked around all areas of the service, including people's bedrooms with their permission.

We also spoke with a service commissioner and a community nurse who gave their views on the service to us.

Is the service safe?

Our findings

We spoke with members of staff about their understanding of protecting vulnerable adults. They had a good understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. Staff told us; “Safeguarding is about everyone’s protection both staff and service users.” We spoke with a relative who told us; “I feel able to talk to anyone who works here.”

The service had policies and procedures for safeguarding vulnerable adults and we saw these documents were available and accessible to members of staff. This helped ensure staff had the necessary knowledge and information to make sure people were protected from abuse. The staff we spoke with told us they were aware of who to contact to make referrals to, or to obtain advice from, their local safeguarding authority. We saw that information was available for people using the service in easy read format and people had one to one meetings with staff on a regular basis, where they were encouraged to talk about any concerns. One person told us; “I can talk to staff about anything I am worried about.”

Staff all had training in PROACT SCIP which is an accredited training programme for staff in the approaches to behaviour management. This training encourages the use of proactive responses, analysing behaviour and a positive approach to individual support where physical intervention is needed as a last resort. There were very clear proactive strategies for staff to follow if people became anxious, but support plans lacked detailed physical intervention protocols for people where this may be necessary. We discussed this with the management and shortly after the inspection they sent us a copy of a new intervention protocol they were going to implement for everyone for whom it was required. Staff explained to us how they recorded any incidents fully and they were reviewed by everyone involved, so they could identify any triggers to reduce the likelihood of it happening again.

Each person had a Personal Emergency Evacuation Plan (PEEP) that was up to date. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get

themselves out of a building unaided during an emergency. Staff told us they felt confident in dealing with emergency situations and told us there was a clear evacuation plan for who was to assist each person in the event of a fire.

We saw that personal protective equipment (PPE) was available around the home and staff explained to us about when they needed to use protective equipment. We witnessed staff using PPE when preparing food and one staff told us; “We always make sure we are using the correct cleaning materials.”

There were appropriate arrangements in place for obtaining medicines and checking these on receipt into the service. Adequate stocks of medicines were securely maintained to allow continuity of treatment and medicines were stored in a locked facility. We checked the medicine administration records (MAR) together with receipt records and these showed us that people received their medicines correctly. We saw that controlled drugs were also securely stored and the correct stock administration procedures followed.

All senior staff had been trained and were responsible for the administration of medicines to people who used the service. One staff member told us; “We had training by the pharmacy in measuring as well as in house training and we have regular competency checks.” Policies were in place for medicines and these were very specific. These included protocols for each person on their “as and when required” medicines, to ensure these were given consistently and safely. The deputy managers explained the processes for checking medicines on a daily basis, which had been implemented after a number of incidents concerning medication. They told us that they had taken on board learning from these events and had reviewed how they managed medicines at the service. This showed that staff were trained and competent to administer medicines safely, and learned from events to improve systems and keep people safe.

One person at the service was being supported by staff and the district nursing team to administer their own medicines. We saw staff supporting the person positively and using personal protective equipment and following clear guidelines to ensure the person was safe and to increase their independence.

We were told that staffing levels were organised according to the needs of the service. We saw the rotas provided

Is the service safe?

flexibility and staff were on duty during the day to enable people to access community activities. This meant there were enough staff to support the needs of the people using the service. One person told us; “Yes there are enough staff here, although sometimes sickness has an impact.”

The registered manager explained they were monitoring sickness levels of staff.

We saw that recruitment processes and the relevant checks were in place to ensure staff were safe to work at the service. We looked at the recruitment records of five staff who had been recently recruited to the service. We saw that checks to ensure people were safe to work with vulnerable adults (called a Disclosure and Barring Check) were carried out for any new employees. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also helps to prevent unsuitable people from working with children and vulnerable adults. The registered manager explained that scenario based

questions were asked at interview, which showed that potential applicants understood the nature of the service and type of support to be given, as well as showing them around the service.

Risk assessments had been completed for people in areas such as risks associated with going out into the community. The risk assessments we saw had been signed to confirm they had been reviewed. The service also had an environmental risk assessment in place. People were empowered by having risk assessments in place to support the balance between managing risk and independence in a positive framework.

The service had recently been purpose built and fixtures and fittings were appropriate to the needs of the people living at the service. People were able to personalise their rooms. We saw that records were kept of weekly fire alarm tests and monthly fire equipment and electrical appliances tests. There were also specialist contractor records to show that the service had been tested for gas and electrical safety and portable appliances had been tested.

Is the service effective?

Our findings

We looked at whether the service was applying the Deprivation of Liberty safeguards (DoLS) appropriately. These safeguards protect the rights of adults using services who lack capacity to make decisions by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed.

The registered manager told us that everyone had authorisations in place or were in the process of being applied for. We saw that staff appropriately completed capacity assessments in most cases. However, we saw that one person, who was assessed as having capacity also had a DoLS in place. This appeared to go against the fundamental principles of the Mental Capacity Act 2005 and we asked staff to explore this with the authorising body. We also found that best interests decisions about issues such as medication management, or finances had not been undertaken or documented. This was a breach of Regulation 11 HSCA (RA) Regulations 2014 Need for consent.

We discussed this with the management team who said they would begin looking at making and recording best interest decisions in line with the services policies at the earliest opportunity. Staff were able to explain the DoLS process to us and said they had received training to ensure they understood the implications for people, one staff told us; "It's about choices and safety and ensuring people's rights", another staff member said; "It goes alongside safeguarding and ensuring decisions are in people's best interests."

There was an appraisal system in place, but due to the newness of the service this was not yet embedded as most staff had not worked at the service longer than a few months. Staff told us they received supervision on a regular basis and records we viewed confirmed this had occurred. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. There was a planner in place, which showed for the next 12 months all the dates when staff were booked in to have supervision sessions, as well as when staff meetings were scheduled to take place. One staff member told us; "I've

had supervision, we talked about morale and teamwork." We saw records that showed staff meetings discussed such topics as keyworker meetings, activities and vehicle maintenance.

The service had an induction checklist in place which included an induction to the service and then a formal induction programme. We saw that new staff completed the following induction training modules; moving and handling, first aid, positive behaviour intervention and autism awareness. One new staff member told us; "It was great, I had no care background and so was nervous, but the training was really good."

We viewed staff training records and saw the vast majority of staff were up to date with their training. We looked at the training records of five staff members, which showed in the last six months they had received training in food hygiene, fire, safeguarding, care planning, insulin and epilepsy, health and safety, Deprivation of Liberty Safeguards and the Mental Capacity Act 2005 amongst others. There was a clear plan for staff undertaking training as many were new and we saw their training was booked. One staff member told us about their autism training; "I've learnt everyone is different and some people have strict routines whilst others are more flexible, we need to make sure there is a lot of detail in support plans." Another staff member told us; "You need to have a caring nature and you need to know each person's triggers so you can anticipate and act." This showed that staff received training to ensure they could meet the needs of people who used the service.

Staff told us they met together on a regular basis. We were told that staff worked together as a team and we observed staff talking to each other and offering support to each other throughout our visit. We saw minutes from monthly staff meetings, which showed that items such as day to day running of the service, training, activity planning and any health and safety issues were discussed. One staff told us; "we seems to have meetings once or twice a month as the service is new and developing so we need to keep informed of things.". People said handovers had improved and they were now much more in depth. This meant the service communicated well internally and staff were clear about what was expected of them.

Each person had a keyworker at the service who helped them maintain their support plan, liaise with relatives and friends and support the person to attend activities of their choice. There were monthly meetings with the person and

Is the service effective?

their keyworker which asked what people were happy or unhappy with at the service. This meeting also reviewed what the service had changed with the person from the previous month, for example, we read that one person had been swimming following a suggestion from the previous month and that another person was being supported with new activities.

Each person in the apartments had their own kitchen and another training kitchen was available for people to cook with staff support. People in the apartments tended to work with staff to plan, shop and cook for their own meals, so each person's meals were according to their own needs and preferences. In the main house, menus showed a hot meal was available twice a day and there were choices at all mealtimes. Staff told us about one person with communication needs; "We use picture cards so X knows what is available visually."

We saw the staff team monitored people's dietary intake due to physical health needs and that as far as possible they worked to make menus healthy and nutritious. People were weighed on a weekly basis, one staff told us; "We try to make sure people eat healthily". This meant that people's nutritional needs were monitored. The staff team had training in basic food hygiene and in nutrition and health and we saw that the kitchens were clean and tidy and food was appropriately checked and stored. We also saw staff wearing personal protective equipment and

dealing with food in a safe manner. Staff were able to tell us about two people who were diabetic and how they monitored their blood sugar levels and promoted healthy eating.

The registered manager told us that district nurses, dieticians and speech and language therapists visited and supported people who used the service regularly. We saw records of such visits to confirm that this was the case. The manager told us that all people who used the service were registered with a GP. We were told that the GP's were generally supportive and the manager also said; "Community learning disability nurses are here on a regular basis and they have been a great support." One person told us "My community nurse visits me every two or three weeks and that's good."

The manager also told us the service accessed the service of a behavioural therapist who they would turn to for advice, often when incident recording showed a particular trigger for a person.

People were supported to have annual health checks. Everyone had a Health Action Plan in place and were accompanied by staff to hospital appointments. This meant that people who used the service were supported to obtain the appropriate health and social care services that they needed.

Is the service caring?

Our findings

People who used the service had complex needs and some had difficulty with communication. Staff told us; “We get plenty of time to read support plans, they are good, they help us paint a picture of someone.” We saw staff interacting in a very positive way throughout the inspection and there was lots of fun and laughter with people who used the service. One person we spoke with told us; “They are brilliant here, I can do whatever I want, go shopping and go for walks.”

We asked staff how they would support someone’s privacy and dignity. One staff member told us “Everyone has an en-suite and we ensure any personal care is carried out in their own rooms and we might not be in the bathroom with them but we stay close by if they need us.”

We looked at four support plans for people who lived at New Stead House and one person who was in the process of transitioning to the service. They were all set out in a similar way and contained information under different headings, such as a one page profile (a summary of how best to support someone), a key information sheet, and an explanation of a typical day for someone and what was important to someone in how they led their daily life. We saw information included a positive support plan and risk assessments. We saw that for one person they had information about a red card system that they used to talk to staff when their anxieties were increasing. This showed that people received care and support in the way in which they wanted it to be provided. One person told us; “I’ve written most of my support plan and I feel in control.”

We noted that reviews of support plans and risk assessments did not always take place when it stated on the document that it should. For example, for one person they had a support plan in place for their medicines that had not been reviewed on the document under the evaluation heading since 30 July 2014, also some support

plans for this person were still in draft hand-written format and should be written formally with the date of implementation so that further reviews could be monitored. Some people had a document called “All about Me” which was completed but this was not the case in all the files we viewed.

Staff told us that keyworkers reviewed support plans on a monthly basis with the person and every six months there was a review involving everyone involved in the person’s care. We saw that records were held of these meetings and actions were followed up at each meeting to ensure “What we discussed” and “What was decided” were followed up. These meetings followed a clear structured reviewing progress including, support plans, my room, health, safety, activities and any concerns or ideas. This showed that people were involved in their care and support.

We saw a daily record was kept of each person’s care. These were sometimes a little untidy with crossing out and gaps. They showed staff had been supporting people with their care and support as written in their support plans. In addition, the records confirmed people were attending health care appointments, such as with their GP and dentist.

A relative told us; “I’m really appreciate X is back in the home area and I often call in for a cuppa, I find it comforting. I can see how the staff interact with him, they talk with him and give him space when he needs to. The staff here listen and it’s a really normal environment.”

One staff member told us; “There is a lot of job satisfaction here, helping people be as independent as possible.”

Posters were on display at the service about advocacy services that were available and staff told us that advocates would be sought if anyone felt this was required. One person currently had an advocate who visited them on a weekly basis.

Is the service responsive?

Our findings

On the day of our inspection, people had been going shopping, swimming and were planning on going out for the evening to a local club for people with learning disabilities. Each person had their own individual activity planner that was reviewed each day as to whether the activity had been successful or required any changes. Staff told us they worked flexible shifts to ensure people got to activities and said; “We are in a great location that’s handy for so many places.” We saw that activities were decided with the person and included accessing the community as much as possible on evenings and weekends as well as during the day.

We witnessed staff responding calmly when one person became anxious and verbally abusive. Staff used calm language to distract the person and used techniques described in the person’s care plan to try to decrease their anxieties. The registered manager and both deputies were on hand to support the person and staff. Staff also told us; “We use the techniques we have been taught to reduce anxieties, such as a change of conversation or a change of environment. We talk in handover and we have a debrief if an incident has happened and we look at what the triggers may have been so we can learn from it.”

Staff told us that activities were based around people’s needs and likes, as well as encouraging people to be involved in the day-to-day running of the home such as

food shopping. One staff member said; “A lot of it is about motivating people, you need to have patience and encourage people gently.” People were supported to spend time with their family and friends and people were supported by staff to visit their family regularly. One visiting relative told us their relative stayed with them at home on alternate weekends and they often called at the service and felt; “part of the team.”

Staff demonstrated they knew people well. They told us; “The support plans are really helpful, when I first started I was reading them all week,” and several staff told us they were actively involved in helping support people to transition into the service. We asked staff about promoting people’s independence and they said; “With one person we are encouraging them to put their pots away after a meal, we are taking it slowly and our next goal is for them to wash the pots with our help.”

There was a clear policy and procedure in place for recording any complaints, concerns or compliments. We saw via the service’s quality assurance procedure that the registered manager sought the views of people using the service on a regular basis and this was recorded. This included people who lived at New Stead House via the keyworker meetings, as well as relatives and visitors. The complaints policy also provided information about the external agencies which people could use if they preferred. Staff told us; “We know to refer anyone to the manager straight away.”

Is the service well-led?

Our findings

The home had a registered manager. The registered manager had been in post for several months and we observed they knew people who lived at the service and staff well. The staff we spoke with said they felt the registered manager was supportive and approachable. One staff member said; “Yes I feel very supported here,” and another said; “It’s a good staff team, we really support each other.” There were also two deputy managers and a team of four seniors and then six team leaders. The service was beginning to run a core team approach, so that each service user would have their own team of staff supporting them to achieve consistency.

One relative said to us; “The manager and all the staff are very good, I can talk to them about anything.”

The registered manager told us about their values, which were communicated to staff. They told us how they worked with all staff to ensure that people who used the service were treated as individuals. The registered manager was very focussed on people having choices and as much independence as possible and the feedback from staff confirmed this was the case. We saw that the manager led by example and witnessed them dealing with a person who became anxious in a calm, professional manner. The manager reviewed any incident and accident forms and if they felt there were any triggers identified they had the support of a behavioural therapist who could work with the service. The manager also told us about a debriefing process the service used if there had been any incidents, to enable learning and support for the staff team. Additional support from the provider was available to facilitate this.

Staff told us that morale and the atmosphere in the service was excellent and that they were kept informed about matters that affected the service. We asked what was good about the service and staff told us; “I’m really enjoying it,

I’m glad I came down this career path.” and “Helping people be as independent as they can had given me great job satisfaction.” There were regular staff meetings, the most recent of which in February 2015 covered training, safeguarding and a review of everyone who used the service. One staff member said; “I fed back about someone’s evening routine to try and improve it and reduce the person’s anxieties and I was listened to and their support plan was changed to reflect my suggestion.”

The service carried out a wide range of audits as part of its quality programme. The registered manager explained how they routinely carried out audits which covered the environment, health and safety, support plans, accident and incident reporting as well as how the service was managed. We saw a recent audit carried out by a member of the provider’s regional management. This was based on the Care Quality Commission standards and had identified areas for improvement. We saw clear action plans had been developed following the audits, which showed how and when the identified areas for improvement would be tackled. This showed the service had a monitored programme of quality assurance in place.

We saw that the staff had regular meetings with people who used the service to seek their views and ensure that the service was run in their best interests. We obtained feedback from a visiting community nurse to the service who said; “When the service first opened, there were a lot of issues regarding staff not being aware of peoples healthcare needs and autism awareness. With the support of other services, this has improved and we now meet every two weeks to review people rather than going in on a daily basis. There are occasionally communication issues but we are developing all the time.”

The registered manager informed CQC promptly of any notifiable incidents that they were required to tell us about.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

The registered person must have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them.