

Parkcare Homes (No 2) Limited Greenhill

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Greenhill provides accommodation for up to five people at any one time. On the date of the inspection, 18th November 2014, five people were living in the service.

A registered manager was in place. 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 and associated Regulations about how the service is run.

Staff we spoke with understood their responsibilities under the Mental Capacity Act 2005(MCA), for example how to ensure the rights of people with limited mental capacity when making decisions were respected. We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

People told us care was excellent at the home and they were treated well by staff and the management team. We observed staff were kind and caring and demonstrated a good understanding of people's individual needs.

Summary of findings

Arrangements were in place to assess people's healthcare needs and care plans were in place for staff to follow to help them meet these needs. There was regular input from a range of health professionals.

Care plans were regularly reviewed to ensure they met people's individual needs. People and /or their relatives were involved in care plan reviews and it was evident their comments in relation to care and support were recorded and acted on.

People spoke positively about the food. We saw people had a choice and had been involved in the development of their own individual menu based on likes and dislikes. People's weights were regularly monitored and action was taken where the service had concerns over people's nutritional intake and advice from dieticians was sought.

Systems were in place for checking the quality of the care provided to people. People were encouraged to share their views about the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. Staff were knowledgeable in recognising signs of potential abuse and the reporting procedures to the local authority.

There were sufficient numbers of staff deployed to ensure that people had their needs met in a timely way. The recruitment practices were robust to ensure staff were matched to people using the service.

We found the registered provider had systems in place to protect people against risks associated with the management of medicines.

Good



Is the service effective?

The service was effective. Appropriate arrangements were in place to provide staff with a range of training and support.

People's capacity had been assessed under the Mental Capacity Act 2005, and documentation demonstrating the processes followed was clear.

People's healthcare needs were assessed in order for staff to provide appropriate care. Arrangements were in place for people to access a range of healthcare services.

Good



Is the service caring?

The service was caring. People told us staff and management were kind and compassionate to them and treated them well. This was confirmed by the observations we saw on the day of the inspection.

From speaking with staff and observing care, it was clear staff knew people well, for example their likes and dislikes.

Mechanisms were in place to listen to people. For example, people were involved in regular care plan review and their comments recorded.

Good



Is the service responsive?

The service was responsive. People's needs were assessed in a number of areas to allow staff to deliver appropriate care. Assessments were regularly updated to ensure they were responsive to people's changing needs.

People and/or their relatives were involved in care plan reviews and it was evident their comments in relation to their care were recorded and respected.

Good



Is the service well-led?

The service was well led. An experienced registered manager was in place who was highly trained. They promoted the highest standards of care and support for people.

Audits were in place to regularly monitor that the home was meeting the required standards. These included cleaning, medication and care plans.

Staff in the home were aware of their roles and responsibilities.

Good



Greenhill

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, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 18th November 2014 and was unannounced. The inspection team consisted of an adult social care inspector.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with three people who used the service, one care worker, and the unit manager. We spent time observing care and support being delivered. We looked at three people's care records and other records which related to the management of the service such as training records and policies and procedures.

Before the inspection, we reviewed all the information held about the provider.

Is the service safe?

Our findings

People told us they felt safe and comfortable in the home. For example one person told us, "I'm happy here, the staff are great and very kind, I get everything I need." Another person told us, "It's a great place to live; I like it when we go out shopping and things."

Safeguarding policies and procedures were in place and we saw evidence they were followed to keep people safe. We saw staff had received training in safeguarding which aimed to give them the skills and knowledge to act on allegations of abuse. Staff demonstrated a good understanding of safeguarding and how to act and protect people from abuse.

We looked at people's care plans and found that risk assessments were in place to protect people from harm, these included any specific risks to people, for example financial abuse, road safety, self-neglect, violence and aggression. These included clear instructions for staff to follow to keep people safe. Staff we spoke with had a good understanding of the risks to each person we asked them about and what they needed to do to keep them safe.

We found safe recruitment procedures were in place. We looked at three staff members' files and saw the required checks on the person's backgrounds and identity had been carried out such as a Disclosure and Barring Service (DBS) and references obtained from their last employer. Staff we spoke with confirmed that these checks were conducted before they were permitted to work in the home.

We found staffing levels were sufficient to protect people from harm. The unit manager told us that daytime staffing levels were one support worker and a team leader. At night there was one member of staff with a manager on call at all times. We looked at rota's which showed these staffing levels were maintained. Staff and people who used the service told us they thought there were enough staff to keep people safe. On the day of our inspection, our observations confirmed that there were enough staff to ensure people's needs were met. We found an appropriate skill mix was on duty on the day of the inspection, and the staff we spoke with demonstrated a good level of knowledge about the home, its systems and processes and the people who lived there.

We looked around the premises. Most people said they were happy with the building describing it as, "Cosy" and, "Just like home, brilliant." We found there was adequate communal space for people to be comfortable, for example in participating in activities and eating their meals. Bedrooms were homely, with personal possessions displayed. Adequate bathroom and toilet facilities were present. Equipment such as gas, electric and lifting equipment was serviced in line with legal requirements.

Emergency plans were in place, to ensure people could be evacuated safely in the event of an emergency.

Is the service effective?

Our findings

People spoke positively about staff and said the continuity of staff was good as, "We get to know each other so we can do things in the community." People told us staff knew how to care for them effectively. We found staff had a good level of knowledge about the people they were caring for. For example, staff knew of the risks to the people we asked them about and what was needed to ensure effective care.

Staff received a range of training which included putting people first, managing violence and aggression, medication management, Mental health Act, Care Programme Approach, and Mental Capacity Act 2005 (MCA). We saw staff were encouraged to attain further qualifications, for example national qualifications in health and social care to give them a higher level of competency in this subject.

Arrangements were in place to ensure new staff acquired the required skills and knowledge. We looked at a new staff member's file and saw they had undertaken a six month induction process with 2 weeks of shadowing colleagues before working on their own within their first month of employment. This showed appropriate arrangements were in place to train new staff.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We were told that one person using the service was subject to an authorised deprivation of liberty. Our scrutiny of people's care records demonstrated that all relevant documentation was securely and clearly filed. Furthermore we saw that all conditions imposed within the authorisation were adhered to, for example the need for close supervision whilst in a community setting.

Staff had received training in the Mental Capacity Act 2005 (MCA) and DoLS and could demonstrate a good and competent understanding of the legal frameworks. Staff

were able to give examples of instances when Best Interest Decisions had been made with the involvement of relevant professionals. Care plans evidenced information regarding people's capacity to make decisions

We spoke with staff about the role of Independent Mental Capacity Advocates (IMCA) as defined in the Mental Capacity Act 2005 (MCA). The answers we received demonstrated a good understanding.

People spoke positively about the food, for example one person told us, "I like my food as I get to choose it with my worker and we go shopping together for it." Another person said, "I sit down and we work out what I am going to eat all week it's my choice as I get to choose what I like to eat."

People were provided with a choice of drinks throughout the day to help ensure they were kept hydrated. We saw people who required assistance with making their own meals were supported appropriately by staff; this was given patiently and with encouragement.

Each person had a dietary care guide in place which detailed any risks and nutritional needs and helped staff to provide appropriate nutritional care. The care staff were aware of people's individual nutritional needs, such as their likes and dislikes and who required supplements, showing this system was effective.

People's weights were monitored regularly and where weight loss was identified they were appropriately referred. We saw evidence of involvement from dietitians, their advice was recorded and staff were aware of what they needed to do to meet these people's needs.

Records showed that arrangements were in place that made sure people's health needs were met. We saw evidence that staff had worked with various agencies and made sure people accessed other services in cases of emergency, or when people's needs had changed. This had included GP's, hospital consultants, community mental health nurses, social workers, chiropractors specialists in learning disorders and dentists.

Is the service caring?

Our findings

People who used the service all said staff were kind and friendly. One person said, “I am getting better since I came here” adding, “We have a plan to get me back living alone and the staff are caring for me until I can do so.”

We observed staff and people in communal areas and noted there to be a calm and settled atmosphere. Staff spoke quietly and gave encouragement for people to participate in conversations.

Staff demonstrated a very good knowledge of people’s needs, preferences and past clinical histories. Staff we spoke with understood people’s individual needs and preferences such as what they liked to eat and how each person liked to be talked to.

During our inspection tour of the property we noted that staff knocked on doors before entering people’s rooms, thus demonstrating staff respected people’s need for privacy.

We saw that all personal information about people receiving care was only accessible to staff involved in care.

We were told that the provision of care at the service was developed around the individual choices of people living at the home. This included choices around how people liked to have their bedrooms and the communal areas. We saw evidence of personalised bedrooms and Christmas decorations people had chosen for the communal areas. People that we spoke with confirmed that they were offered the opportunity to personalise their bedrooms. During our inspection we saw staff and people living in the home decorating the lounge for Christmas.

Care plans and daily records of care given demonstrated that known circumstances which triggered challenging behaviours were well documented. We saw care plans recorded detailed information on people’s likes/dislikes and preferences within the “service user profile” section of the care plan. These were personalised for example about how people preferred their daily routines and any things that are likely to upset them. There was also information present on people’s life histories. Biography and social information on people’s lives helps staff to understand people’s experiences and allow personalised care to be provided. There was a focus on independence within care plans for example emphasising the aspects of personal care people could do for themselves.

Is the service responsive?

Our findings

We looked at three care plans which had been developed for each person. They were person centred, with individual information on people's wishes in relation to how their care was provided. The care plans showed how people liked to spend their time and how they liked to be supported. The care plan was targeted towards rehabilitating the person to enable them to live an independent life in the community supported.

A large part of the care plan was dedicated to equipping people with daily living and social skills. The plan included, building relationships, household skills, self-medication, health awareness, cooking, laundry, leisure pursuits, shopping and road safety.

We saw that care plans related in some instances to the known difficulties people had with personal functioning and relating to people. Some had cognitive impairments that made it hard for people to plan ahead whilst others were vulnerable to exploitation. Care plans demonstrated how to address the challenges whilst recognising the person's own wishes and ambitions.

We found care plans were reviewed regularly by the management team, and changes made to ensure

responsive care was provided. Daily records were maintained which provided evidence people had received care in line with their care plans. Daily handovers also allowed staff to provide responsive care. This showed staff were responding to changes in people's individual needs.

A system was in place to manage complaints. Information on how to complain was clearly displayed in the home as well as in the service user guide. We saw no formal complaints had been received in 2014. Verbal complaints were logged by staff on a dedicated form; we saw the manager had completed an action taken sheet to confirm that appropriate action had been taken following these complaints.

Mechanisms were in place to listen to people. For example, people were involved in regular care plan review and their comments recorded. There were formal and informal ways to raise complaints, and people's views were regularly sought through various surveys and service user meetings (your voice meetings). Things discussed included pub lunch for Christmas and going to the theatre.

People participated in activities and pursuits as they chose. We saw that one room was equipped with a computer which was freely available for all to use.

Is the service well-led?

Our findings

The home had a unit manager in place. People we spoke knew who the unit manager was and confirmed they regularly helped out with care and support, for example taking them for hospital arrangements or going shopping for them. We observed on the day of the inspection that the registered manager regularly helped with routine care and support tasks. This meant they could experience care and support issues first hand. People said the management team was kind and friendly and said they felt they could go to them with any sort of problem.

Staff spoke positively about the registered manager and said they listened well and were effective in dealing with any concerns raised. We observed the staff team got on well together and interacted well with each other to ensure consistent and co-ordinated care. People also confirmed that staff worked well for example one person said they are, "Really friendly and get on well with all of us."

Mechanisms were in place to involve people in the running of the service and drive improvement through seeking their feedback on the quality of the service. Periodic meetings (your voice meetings) took place; we looked at the minutes from the most recent meeting in November 2014. Meeting minutes showed people were generally very happy with the quality of the service and this was confirmed by the feedback we received during the inspection.

People and their relatives were also asked to complete regular quality surveys. The manager told us a general survey was completed twice a year. We saw the most recent survey undertaken in November/December 2014 was still being collated, but the comments that had been received so far were all positive. We also looked at the results of the

most recent 2014 survey which were overwhelmingly positive. Individual meetings also took place with people to discuss improvements they wanted to see and we saw the actions taken following these meetings had also been recorded. A comments and suggestions boxes was also in place should anyone want to provide anonymous feedback on the service. This showed us the provider was committed to continuously improving the service based on people's feedback.

We found records relating to the management of the service such as training records and policies and procedures to be well ordered and the manager promptly located us the documentation we wanted to view on the day of the inspection. Up-to-date policies and procedures were in place for example around medication and consent.

A programme of audits was undertaken to identify and rectify risks that emerged. Monthly care plan reviews took place and contained any complaints, hospitals and health professional input to ensure all information had been recorded correctly and used to update care plans.

Detailed monthly analysis of incidents also took place to look for themes and trends. This included details of the incident, time of day, and the outcome for the person. The unit manager produced a monthly report where analysis and conclusions were discussed, this helped to ensure trends were identified and action taken.

Staff meetings took place regularly. We reviewed the most recent meetings minutes which showed quality issues had been identified and discussed with staff to improve performance. We saw some of the issues identified through audit such as medication had been discussed. Supervision and appraisal processes were also in place to monitor and improve staff performance.