

Parkcare Homes (No.2) Limited

Stable Cottage

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 ●

Summary of findings

Overall summary

About the service

Stable Cottage is a residential care home providing personal and nursing care to three people aged up to 65 at the time of the inspection. The service can support up to three people who may have learning disabilities and/or autism.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People enjoyed living at Stable Cottage and were cared for by staff who understood their preferences and were kind.

People's individual risks had been assessed and action taken to mitigate them to ensure people stayed safe. Staff administered people's medicines safely. Staff provided people with support to have the medicines they needed to remain well, and people's medicines were regularly reviewed and checked.

People were supported to enjoy a wide range of activities which reflected their own personal interests and enhanced their lives.

People, their relatives, staff and other health and social care professionals worked together to assess people's needs and plan their care. This was done so people's support and preferences would be met, and they would enjoy an enhanced sense of well-being.

People were supported by staff to make decisions about their care and support. Staff used their knowledge of people's preferred ways of communicating, to assist people to make their own choices.

Staff promoted people's right to independence, dignity and respect.

People, their relatives and staff were encouraged to make any suggestions for developing the care provided further.

The provider and registered manager checked the quality of care provided and developed action plans to improve people's care.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them

having as many opportunities as possible for them to gain new skills and become more independent.

We found the service met the characteristics of a "Good" rating in all areas;

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection.

The last rating for this service was Good [report published 12 December 2016].

Why we inspected

This was a planned inspection based on the previous rating.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Stable Cottage

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector on 30 July 2019.

Service and service type

Stable Cottage is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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During the inspection

We spoke with three people who used the service and one relative about their experience of the care provided. We spoke with three members of staff including the two deputy managers and the activities coordinator.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from harm and knew who to raise concerns with if needed. One person told us, "If I have anything I'm not happy about I tell the staff."
- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe.
- The provider's policies and procedures provided staff with guidance and steps to take to keep people safe.

Assessing risk, safety monitoring and management

- People were encouraged and supported to take positive risks to support their well-being and independence. Where people needed, staff supported them to maintain their safety to manage those risks.
- People's identified risk had been recorded and documented for example associated risks with any physical needs. Such as people having seizures or experiencing periods of anxiety, whilst out in the community.

Staffing and recruitment

- The suitability of potential staff to care for people was checked prior to their employment. The registered manager also undertook regular checks on the continued suitability of staff to care for people, to provide on-going assurance.
- Staff had been supported to understand what actions to take if they had any concerns for people's safety.
- There were sufficient staff to care for people at times people wanted.

Using medicines safely

- Staff administered medicines in a safe way, following appropriate guidance, and using an effective system to ensure people had their medicines as prescribed. Staff were trained and had competency checks to ensure they followed safe practice. Medicines were stored and monitored safely.
- We saw there had been a recent pharmacy inspection from the chemist that supplied people's medicines where no concerns were identified.

Preventing and controlling infection

- People told us the home environment was clean and their rooms were kept clean by them or with staff support.
- People had the option to wash their own laundry or have staff do this on their behalf. There was a separate laundry area to promote independence.

Learning lessons when things go wrong

- Staff communicated information about incidents, so any learning could be taken, to ensure risks to people were further reduced.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they came to live at the home.
- Staff gave us examples of how they supported people to be involved with on-going assessments of their care needs if anything changed, so people would continue to receive the care they wanted. Monthly meetings between people and their key worker were arranged to see what was working well for people and so any concerns could be addressed.
- The views of other health and social care professionals were also considered when people's needs were assessed.
- We saw staff ask for people's consent before they carried out any care or support tasks.

Staff support: induction, training, skills and experience

- We saw staff knew how to support and care for people in a person-centred way. For example, staff understood how to help people when they became anxious.
- Staff were positive about the training they had received and were confident additional training would be arranged when needed, to meet people's changing needs. For example, staff had received training in autism, epilepsy and specialist training in behaviour that may challenge.
- New staff undertook an induction which included support from experienced staff, so people consistently received care from staff who knew their care needs and preferences.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the food served at the home.
- Some people enjoyed the independence of making their own drinks, and sometimes liked to help staff prepare meals.
- Staff regularly encouraged other people to have enough to drink so they would remain well.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to see health professionals, when they required.
- The staff team regularly liaised with health and social care professionals to achieve the best outcomes for people.

Adapting service, design, decoration to meet people's needs

- The home environment and décor were furnished to people's taste and people showed us their own personal possessions displayed around the home.

Ensuring consent to care and treatment in line with law and guidance

- 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, we saw restrictions on people's liberty had been authorised and conditions on such authorisations were being met.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People told us they liked and were well treated and respected by the management and staff team.
- People told us staff always treated them with respect and kindness and they were complimentary of the support they received. One person told us, "All the staff are very nice."
- A relative we spoke with also praised the approach taken by staff, they described the staff as "Great."
- Staff had received training in equality and diversity. While speaking with us staff showed a good knowledge of people's personalities and individual needs and what was important to them.
- The deputy manager showed a caring ethos as they wanted to ensure people where at all possible had a consistent team of staff. This was because the deputy manager care and support provided by a consistent staff team enabled people to build trusting relationships with staff who provided support. A relative said the deputy manager was "Very caring."

Supporting people to express their views and be involved in making decisions about their care:

- People who used the service and their relatives felt involved in all decisions about their care and support. A relative told us, they were kept informed and involved with decisions affecting their loved one.
- We saw care records contained very detailed personalised information. For example, things which were important to people, their likes and dislikes, important people in their lives and their relationships. They also included details about the emotional support people needed.
- Staff understood the need to respect people's confidentiality and to develop trusting relationships.

Respecting and promoting people's privacy, dignity and independence:

- The provider respected and promoted people's privacy, dignity and independence.
- People told us their privacy was respected and staff were respectful.
- Staff ensured people's rights were upheld and that they were not discriminated against in any way.
- Staff understood their role in providing people with person centred care and support and were aware of the importance of maintaining and building people's independence.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff completed a daily record at each care visit to ensure any concerns or identified changes were detailed making sure other staff had access to up-to-date information.
- People received care and support from their own staff team who knew their routines well.
- People told us they were involved and given choices about their care and support. We saw people had monthly meetings with their key worker to discuss what was going well and if anything required changing.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We saw evidence that the identified information and communication needs were met for individuals, such as information showing people's preferred communication methods. For example, information was in an easy read format.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they enjoyed the activities on offer. Each person had an individualised activity timetable which included a variety of different experiences. For example, carriage riding, swimming, dance and movement. A relative told us, "Since all the activities increased [person's name] mood has become happier. They have a lovely life."

Improving care quality in response to complaints or concerns

- People were given information of how to make a complaint. Although no complaints had been raised since our last inspection.
- We saw people had accessed advocacy services when required.

End of life care and support

- At the time of our inspection no one was receiving end of life care. However, in people's care plans we saw evidence that people's end of life wishes had been discussed and recorded.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff felt supported by the management team in providing good care. Staff we spoke with told us the management team were approachable and staff were always able to contact someone if they required advice or support.
- Staff told us they had regular staff meetings and were able to "discuss anything." As the registered manager was approachable.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management team completed a range of quality audits to ensure they provided the best outcomes for the people they supported
- The provider and management team understood their responsibilities to notify us of any changes to the services provided or incidents which affected people who lived at the home.
- A relative we spoke with told us they felt the home was well -managed. They said "[Registered manager's name] is "fine."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The registered manager and provider had sought the opinions of people and their relatives using the service through customer satisfaction questionnaires. We saw all the responses received were positive.
- There was a commitment from staff to educate themselves further and so improve the outcomes for the people they supported. For example, we heard how staff had undertaken a specialist course in autism.

Working in partnership with others

- The management team worked with, specialist healthcare services and local authority commissioners. This enabled people to access the right support when they needed it and we saw working collaboratively had provided staff with up to date professional guidance.

