

Parkcare Homes (No.2) Limited

Church View

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

This inspection took place on 21 April 2015 and was unannounced. The home was previously inspected in November 2013 and the service was meeting the regulations we looked at.

Church View is a care home for younger people with a mental health diagnosis. It can accommodate up to 23 people in three houses. There are accessible well managed gardens. The service is situated in Kimberworth, near Rotherham town centre. At the time of our inspection there were 23 people living at the service.

The home has a registered manager. 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. The registered manager was registered as manager for a

Summary of findings

number of care homes. Therefore as the registered manager was not based full time at Church View there was also an appointed general manager who was based full time at the service with management responsibilities.

People we spoke with were happy with the service. They told us they felt safe staying at the service and the staff were all very kind. One person told us, "It is great here, I feel safe." Relatives we spoke with were happy with the service provided. One relative said, "Extremely happy with the care and support provided."

Medicines were stored safely and procedures were in place to ensure medicines were administered safely.

The Mental Capacity Act 2005 (MCA) includes decisions about depriving people of their liberty so that if a person lacks capacity they get the care and treatment they need where there is no less restrictive way of achieving this. The Mental Capacity Act Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a 'Supervisory Body' for authority to deprive people of, or restrict their liberty. We found all staff we spoke with were very knowledgeable on the requirements of this legislation and had already assessed people who accessed the services to determine if an application was required. The registered manager had sought advice from the local authority and was able to explain when a DoLS would be required.

People's needs had been identified, and from our observations and talking to people who used the service, we found people's needs were met by staff who knew them well. Care records we saw were very detailed and clearly explained people's needs and they were regularly reviewed.

There was a robust recruitment system and all staff had completed an induction. Staff had received formal supervision and had an up to date annual appraisal of their work performance.

There were systems in place for monitoring quality which were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

The general manager told us they had received one formal complaint in the last year that the registered manager had dealt with. The general manager was aware of how to respond to a complaint if required, information on how to report complaints was clearly displayed in the entrance area. People we spoke with did not raise any complaints or concerns about staying at the service. Staff, people who used the service, and the relatives we spoke with told us the general manager and registered manager were approachable and the service was well led.

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 knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard people from abuse.

People's health was monitored and reviewed as required. Individual risks had also been assessed and identified as part of the support and care planning process. Medicines were stored and administered safely. People received medication as prescribed.

There was enough skilled and experienced staff to meet people's care needs. We also saw people received the required one to one support commissioned to ensure their needs were met.

Good



Is the service effective?

The service was effective.

The staff we spoke with during our inspection understood the importance of the Mental Capacity Act in protecting people and the importance of involving people in making decisions. We also found the service to be meeting the requirements of the Deprivation of Liberty Safeguards.

People were supported with their dietary requirements. The menu had been changed following consultation with people who used the service to ensure their likes, dislikes and nutritional needs were met.

Each member of staff had a programme of training and was trained to care and support people who used the service safely.

Good



Is the service caring?

The service was caring

People told us they were very happy with the care and support they received and their needs had been met.

It was clear from our observations and from speaking with people who used the service, staff and relatives that all staff had a good understanding of people's care and support needs and knew people well. We found that staff spoke to people with understanding, warmth and respect, and took into account people's privacy and dignity.

People told us they were involved in discussions about their care and we saw evidence of this in care files.

Good



Is the service responsive?

The service was responsive

People's health, care and support needs were assessed and reviewed. We found staff were knowledgeable on people's needs and people's needs were being met.

Good



Summary of findings

People had access to varied activities; a new activities co-ordinator had improved the activities available and community involvement. On the day of our visit some people went on a trip to a museum and lunch out.

There was a complaints system in place, and when people had complained their complaints were thoroughly investigated by the provider. The complaints procedure was displayed in the entrance hall for people who used the service and visitors to access.

Is the service well-led?

The service was well-led.

There was a registered manager in post.

There were systems in place for monitoring quality which were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

Accidents and incidents were monitored monthly by the registered manager to ensure any triggers or trends were identified. Appropriate referrals were made to health care professionals.

Staff meetings were held to ensure good communication and sharing of information. The meetings also gave staff opportunity to raise any issues. People who used the service also had opportunity to attend meetings to ensure their views were listened to. The provider also asked people, their relatives and other professionals what they thought of the service. We saw some returned questionnaires that had been sent and the feedback was very positive.

Good



Church View

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 checked 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.

This inspection took place on 21 April 2015 and was unannounced. The inspection team was made up of an adult social care inspector. A local authority contracts and commissioning officer also visited the service on the day of our inspection.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also spoke with the local authority, commissioners and safeguarding teams.

Before our inspection we found no evidence the provider had completed a provider information return (PIR). The registered manager showed us the completed PIR and confirmation email that it had been received. However this was not available to the inspector prior to the inspection. 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

As part of this inspection we spent some time with people who used the service talking with them and observing support in the communal areas, this helped us understand the experience of people who used the service. We looked at other areas of the home including some bedrooms, bathrooms and kitchens. We looked at documents and records that related to people's care, including four people's support plans. We spoke with eight people who used the service and two relatives.

During our inspection we spoke with four care staff, one domestic, the general manager and the registered manager. We also looked at records relating to staff, medicines management and the management of the service.

Is the service safe?

Our findings

People who used the service told us they felt very safe. One person, who we asked if they felt safe said, “Yes, safe here, staff make me feel safe.” Another person said, “So happy, it is good here.”

Interactions we observed between staff and people were inclusive and we saw staff used appropriate methods to ensure people were safe when they were supporting them. For example, making sure staff were available to provide one to one support when required to ensure people’s needs were met.

The provider had safeguarding policies and procedures in place to guide practice. Safeguarding procedures are designed to protect people from abuse and the risk of abuse. Staff we spoke with were very knowledgeable on procedures to follow. One staff member told us, “I would report immediately to the manager.” Staff also knew how to recognise and respond to abuse correctly. The training records showed that staff received training in safeguarding people from abuse. The registered manager told us staff had attended the local authority safeguarding training but this was being arranged again to update staff. This would ensure they were aware of any changes to the local procedures to protect people.

On the day of the inspection we saw there were staff in sufficient numbers to keep people safe and the use of staff was effective. Staffing was determined by people’s needs and some people had some hours each week where they received one to one support to meet their personal care needs or accessing the community. Staff we spoke with confirmed that there was always enough staff on duty.

People’s health was monitored and reviewed as required. People identified as being at risk when going out in the community had up to date risk assessments. We saw that people were supported by staff when they went out during our inspection. We also saw other risks had been assessed for individuals and measures were in place to ensure people’s safety.

We looked at the systems in place for managing medicines in the home. This included the storage, handling and stock of medicines and medication administration records (MARs) for three people.

Medicines were stored safely, at the right temperatures, and records were kept for medicines received and administered. Most people had a locked medicine cabinet in their bedrooms and medicines were administered in their rooms. This had recently been changed to ensure privacy was maintained when people were taking prescribed medicines. We found disposal of medicines followed procedures. Controlled drugs; which are medicines controlled under the Misuse of Drugs legislation, were also given following robust procedures to ensure safety. We saw regular audits and checks were carried out.

When we observed people being given their medication we saw staff followed correct procedures. They supported people appropriately to take their medication and were aware of signs when people were in pain or distressed to ensure they received their prescribed medication when required. We found people had protocols in place for medicine that was prescribed for as and when required, these explained how people presented when the medication was required to assist staff in identifying when to administer. People also had a health action plan that explained all aspects of their medical conditions and how to meet their needs. Staff explained this could be used to accompany them on visits to GP’s, hospital appointments or hospital admissions to ensure their needs were met.

The recruitment procedures ensured the required employment checks were undertaken. The registered manager told us that staff did not commence work with people who used the service until references had been received. They also had obtained clearance to work from the Disclosure and Barring Service (DBS). The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. We looked at the recruitment files of three staff and spoke with staff that were on duty on the day of this inspection. Information within the recruitment files, and staff comments confirmed that the required checks had been carried out prior to commencement of employment at the service.

We found all new staff were subject to a probationary period and during this period had received regular supervision. Staff records we saw showed staff had received supervision in line with policies. Staff we spoke with also confirmed they had received regular supervisions and support.

Is the service safe?

Before our inspection, we asked the local authority commissioners for their opinion of the service. The local authority officer told us they had no concerns regarding the service.

Is the service effective?

Our findings

People we spoke with told us staff respected their choices and decisions. One person told us, “Staff are alright, they respect us.” A relative we spoke with told us, “It is the best place he has been and the best I have seen him, very happy with care.”

The registered manager told us staff had received Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) training. Staff we spoke with confirmed that they had received training in the Mental Capacity Act. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

The MCA includes decisions about depriving people of their liberty so that if a person lacks capacity they get the care and treatment they need where there is no less restrictive way of achieving this. The DoLS requires providers to submit applications to a ‘Supervisory Body’ for authority to do so. As Church View is registered as a care home, CQC is required by law to monitor the operation of the DoLS, and to report on what we find.

Staff we spoke with were aware of the legal requirements and how this applied in practice. The registered manager was aware of the new guidance and had already reviewed people who used the service, they told us no one was subject to a DoLS, but would review again if anyone’s circumstances changed.

Staff said they had received training that had helped them to understand their role and responsibilities. We looked at training records which showed staff had completed a range of training sessions. These included infection control, mental capacity, fire safety and health and safety.

Records we saw showed staff were up to date with the mandatory training required by the provider. We saw records that staff had received regular supervision and all staff told us they felt supported by the management team.

The registered manager told us they had identified champions. For example, staff had been identified to take on the roles of champions in dignity, infection control and safeguarding. This would help to ensure those allocated staff would be given time to attend training, focus groups and access information to ensure latest guidance and best practice were followed.

People’s nutritional needs had been assessed and people’s needs in relation to nutrition were documented in their plans of care. We saw people’s likes, dislikes and any allergies had also been recorded. The registered manager told us they had changed the menus following consultation with people who used the service. They said they did not want a set menu so they had devised a flexible menu. There was a choice of either meat or fish daily and the people who used the service chose what meal they wanted. For example, if they decided on chicken it could be roasted or in a casserole or curry. People told us they preferred this as they could then choose on the day what they fancied. The main meal was in the evening and lunches were provided when people wanted to eat, there was no set time. This enabled people to participate in activities and not be restricted with the time they had to be back at the service. We saw there were snacks and fresh fruit available throughout the day for people if required.

People we spoke with told us they enjoyed the food, were able to choose what they wanted and always had enough to eat and drink. We saw staff during our visits offering people drinks and snacks throughout the day. We also saw people preparing their own drinks and food during the day.

Is the service caring?

Our findings

We observed positive interactions with people and staff. Every person we spoke with praised the care staff and said that the staff were good. We spent time talking with people who used the service and staff. We found people were talking, laughing and joking together. People were supported to access the community and activities.

We were shown some recent quality questionnaires' that had been returned. The comments people had put were very positive and praised staff. One person wrote, "The staff are brilliant, kind and caring." Another person said, "It is good here, I trust the staff they are good."

One person we spoke with told us they were hoping to get their own flat and live independently. They explained the staff were supporting them to achieve this.

We saw that staff respected people's dignity and privacy and treated people with respect and patience. For example, the care workers we observed always asked the people if it was alright to assist them. We found that staff spoke to people with understanding, warmth and respect, and took into account people's privacy and dignity. One person told us, "It's the best I've ever been here and I have lived in a few places." We also observed staff knock on people's bedroom doors before entering.

We saw that staff addressed people with kindness, and understood their needs well. During our observations we saw that most staff took the time to listen to people and try to understand their needs.

We looked at people's care plans and found information that told staff their likes, dislikes, choices and preferences. People we spoke with who wanted to be involved in their care plans told us they were aware of what staff wrote in the plans and they attended key worker reviews. During the review staff discussed what the person liked, disliked, what they wanted to achieve and how they were feeling. Following the reviews any action or changes were addressed to ensure people's choices and decisions were achieved.

We spoke with health care professionals who told us the staff were very good, understood people's mental health needs and improved people's quality of life. One person said, "They were able to meet the needs of one client, who had very challenging needs, and in my opinion kept this person out of hospital saving him the trauma. The staff went above and beyond and though nothing of it. What a great team."

Is the service responsive?

Our findings

The people who used the service told us they had their needs met. One person told us, “The staff are always there when you need them.” We also observed staff respond to people’s needs. For example we saw one person wanted to speak with staff on their own, staff understood this and went out side with them so they could speak in private. Staff we spoke with understood people’s needs and explained to us how they meet people’s needs.

Some people had one to one hours allocated to provide adequate support to meet their needs and maintain their safety. We saw evidence that the staffing was provided to facilitate this.

We looked at four people’s plans of care and found each person’s care plan outlined areas where they needed support and gave instructions of how to support the person. Care plans we looked at showed individual risks had been assessed and identified as part of the support and care planning process.

We saw that when people were at risk, health care professional advice was obtained and followed. The general and registered managers also told us that staff identified problems promptly because they knew the people well. Relatives and people who used the service also confirmed this.

People’s support plans we looked at also contained details of activities people liked to participate in or outings they

enjoyed. People were supported to engage in activities outside the home to ensure they were part of the local community. An activity took place during our visit, people had asked to go to a museum at a meeting the previous week. The activity coordinator had organised this and to make it a full day had also arranged to have lunch out. We saw other activities included shopping, trips to the coast and baking. One person we spoke with said, “I can go out on my own, but I like the organised events we have a good time.”

The registered manager told us there was a comprehensive complaints’ policy, this was explained to everyone who received a service. They also told us they had received one formal complaint this year which had been dealt with. The registered manager showed us the information form and the investigation which demonstrated that the provider’s complaints procedure had been followed. This meant people were listened to and taken seriously. People we spoke with did not raise any concerns and told us if they had any they would speak to staff or the managers. One relative we spoke with told us, “I couldn’t complain about anything, the service is very good.”

We observed staff gave time for people to make decisions and respond to questions. The registered manager told us meetings were held that gave people the opportunity to contribute to the running of the service. We saw minutes of these meetings and they showed involvement of people who used the service.

Is the service well-led?

Our findings

The staff members we spoke with said communication with the general and the registered manager was very good and they felt supported to carry out their roles in caring for people. They said they felt confident to raise any concerns or discuss people's care at any time. They said they worked well as a team and knew their roles and responsibilities very well.

Staff had told us they received regular supervision and support. They also told us they had an annual appraisal of their work which ensured they could express any views about the service in a private and formal manner. One staff member told us "If we need to discuss anything with the managers we just ask they are always available either here or at the end of the phone." Another staff member we spoke with said, "We all work well as a team, well supported by the managers."

At the time of our inspection the service had a registered manager who had been registered with the Care Quality Commission since 2012. The registered manager was responsible for a number of services including Church View. Therefore the registered manager was not based at the service full time so a general manager was appointed, to assist in managing the service.

There were effective systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the general manager and registered manager. The reports included any actions required and these were checked each month to determine progress.

The general manager told us they completed daily, weekly and monthly audits which included environment, infection control, fire safety medication and care plans. The environmental audit had identified that improvements and redecoration were required. We found some of these had commenced and others had been approved and were to start shortly. This helped to ensure the environment was

maintained to a good standard for people who used the service. For example, the audit had identified that the pipes in the shower room needed to be boxed in for safety, we saw this had been actioned and completed promptly. This showed that when areas of risk were identified they were rectified speedily.

The regional manager also carried out monthly audits; we saw the last audit undertaken was in March 2015. The provider's quality officers also visited every six months to carry out an in-depth quality monitoring audit. We saw that actions had been produced as a result of these audits; it was clear who was responsible to ensure the actions were completed. The registered manager told us these actions were then checked at each visit to determine progress and completion. This helped to ensure actions were addressed.

Satisfaction surveys were undertaken to obtain people's views on the service and the support they received. These had been sent out in March 2015 and we saw some completed returned forms, the comments were all very positive. This showed people's views were sought and people were listened to.

There was regular staff meetings arranged, to ensure good communication of any changes or new systems. We saw the minutes of these. However, there had not been a formal meeting since November 2014. The register manager told us there had been team meetings, which were not documented. They agreed this needed to be addressed to ensure staff had opportunity to raise any issues or concerns or just to be able to communicate any changes. However, staff said that although there had not been formal meeting they were well supported and the managers' were very approachable.

We found that recorded accidents and incidents were monitored by the general manager to ensure any triggers or trends were identified. We saw the records of this, which showed these, were looked at to identify if any systems could be put in place to eliminate the risk.