

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?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

New Stead House provides residential care and support for people with learning, neurological and physical disabilities.

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.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 17 people and 15 people were using the service at the time of inspection. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building designs fitting into the residential area and the other large domestic homes of a similar size. Accommodation was provided via a main home and an annex of self-contained apartments. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

People received an extremely person-centred service where they were at the heart and focus of the support provided. Staff involved people and their relatives when planning support and activities. They also incorporated people's interests when planning activities to increase the likelihood of engagement and enjoyment.

People were kept safe. Risks were well managed. The provider learned from previous accidents and incidents to reduce future risks. The registered manager understood their responsibilities about safeguarding and staff received appropriate training. Arrangements were in place for the safe administration of medicines. Staff were recruited in a safe way and there were enough staff deployed to meet people's needs.

People's needs were assessed before they started using the service. Staff were suitably trained and received regular supervisions and appraisals. People were supported with their nutritional needs and to access a range of health care professionals. People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

Staff treated people with dignity and respect. A relative said, "The staff are absolutely superb. I would trust them all implicitly." Staff promoted and maintained people's independence by encouraging them to care for

themselves, where possible. People were supported to access advocacy services.

Support plans were very detailed and person-centred. People's communication needs were detailed within support plans and staff knew how to communicate with them effectively. For example, using communication boards, pictures and photos. The provider was pro-active in dealing with any concerns in the service and relatives were confident making complaints.

The service was well-led. All feedback received from relatives and professionals was positive about the service, staff and management. Staff were involved in the ongoing development and improvement of the service through regular meetings as well as daily communication. An effective quality assurance process was in place. People, relatives and staff were regularly consulted about the quality of the service.

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.

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 (published 7 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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?

Outstanding ☆

The service was exceptionally 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.

New Stead House

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 was carried out by one inspector.

Service and service type

New Stead House 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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 used all of this information to plan our inspection.

During the inspection-

Not all people could communicate with us verbally about their experience of the care provided and some people did not wish to speak with us. We spoke with two relatives about their experience of the care

provided. We spoke with six members of staff including the registered manager, a general manager, a positive behaviour support practitioner and three support workers. We also carried out observations in communal areas and visited one person in their self-contained flat.

We reviewed a range of records. This included four people's care records and medication records. We looked at three 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We also spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

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

- Staff were fully aware of people's needs and they appeared happy and comfortable as staff supported them. Relatives told us they thought their family members were safe living at the home. A support worker said, "Safeguarding is incorporated into the care and support we provide (to people)."
- The registered manager understood their responsibility to raise safeguarding alerts with the local authority and/or the police and actively did so in a timely way, when required.
- Staff we spoke with were confident about how to safeguard people and continued to receive relevant training. A professional told us, "If they've (management and staff) got an issue, they're the first to own up and (take necessary action to) safeguard (the person)."
- There were whistleblowing posters displayed around the service, including in 'easy read' format for people. This meant staff and people had access to information to enable them to report any concerns via appropriate methods.

Assessing risk, safety monitoring and management

- The service promoted positive risk-taking for people to be able to lead fulfilled lives. Risks to people's health, safety and wellbeing continued to be assessed and strategies were in place to help minimise harm. For example, one person travelled independently to the local shops each day without staff support. Staff always noted the time they left and kept check in case they needed to go and look for the person and make sure they were safe.
- The premises were safe. There were environmental risk assessments in place including fire, and regular checks and testing of the premises and equipment were carried out by the dedicated maintenance person.

Staffing and recruitment

- There were enough staff to meet people's needs. Relatives and professionals we spoke with told us there were always staff around when they visited. One relative said, "If I wanted to ask [Registered manager] anything I can just grab her. Or any of the staff because they are always there."
- Most people required either one-to-one or two-to one support and had a core team of staff dedicated to their care and support. We observed people receiving the correct levels of support as detailed in their support plans.
- Staff continued to be recruited in a safe way. All appropriate checks were carried out prior to members of staff commencing work for the service. A newly recruited staff member said, "I had an interview and they carried out all checks. I did my DBS (check) digitally."

Using medicines safely

- Medicines continued to be administered and managed in a safe way.
- Staff administering medicines received ongoing training and regularly had their competencies checked to ensure they were fit and able to do so.

- Regular medicine checks and audits were carried out to identify errors and take appropriate action.

Preventing and controlling infection

- The premises were clean and there were cleaning schedules staff followed to maintain cleanliness in the home.
- The service had an infection control policy in place and there was also hand hygiene guidance on display in the home. Staff wore appropriate PPE when supporting people with specific tasks.
- Staff had received appropriate training and infection control measures were incorporated into people's support plans.

Learning lessons when things go wrong

- The service was committed to driving improvement and learning from accidents and incidents. All information was analysed and investigated for any potential patterns or trends.
- Action was taken to identify suitable solutions to address any issues or risks identified and reduce the likelihood of a recurrence.
- Any lessons learned were clearly recorded, communicated to all relevant staff and embedded in their day to day duties.

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 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 prior to moving into the home to ensure the service could effectively support them and fully meet their needs. A general manager said, "Two senior staff have gone to visit [new person] today to do a transition. Me and [Registered manager] went to do the initial assessment of [person's] needs." The transition included staff spending time with the person to begin to build a relationship then bringing their relative to visit the service, have a look around and meet the management team.
- People's choices were reflected in their assessments and associated support plans. These were regularly reviewed and updated by each person's dedicated core team in partnership with each person and their relatives or advocates.
- The registered manager promoted national best practice within the service. People received support and treatment in line with best practice standards and guidance.

Staff support: induction, training, skills and experience

- New staff completed a comprehensive, structured induction appropriate to their role. We spoke with the new Positive Behaviour Support [PBS] Practitioner who said, "I'm into my third week of a 16 week induction. The Positive Behaviour Support Practitioner Lead is coming in (to see me) in two days to go through the paperwork. Even though I have years of experience, I have to do the Level 5 Diploma in Positive Behaviour Support."
- Staff received regular training to ensure they had the correct skills and knowledge to support people. They also received training specific to people's needs. For example, Lymphedema. A relative told us, "They (staff) got on the case straight away with [person's] Lymphedema. They didn't need to ask us to come in and deal with it for them." One of the general managers said, "[Person] had lymphedema when [they] came here so staff had training in the first week (of person's arrival) to ensure they knew how to massage [their] legs."
- Staff were supported in their roles and received regular supervisions as well as annual appraisals. One staff member said, "Yes, we get regular supervision. There are so many questions (they ask) like how you're feeling, how things are going and what you'd like to achieve. I'd really like to get an art class going." They went on to tell us they also received annual appraisals.

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

- People were supported with their nutritional needs. Some people had their own budgets for food and were supported to do their food shopping and prepare their own meals in their apartments.
- People chose what to eat and drink. One relative said, "[Person] can't make a choice about food in general so staff have created a menu book with two choices each meal time. They show [Person] the photos of the two choices and they decide which one they want. I thought that was a really good idea."

- The service referred people to appropriate healthcare professionals for additional support if required. For example, a dietician.
- People had nutritional support plans in place which were personalised and included information around favourite foods and drinks.

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 access a range of health professionals. Staff encouraged people to contact services and make their own appointments where possible, to promote their independence and control over their own lives.
- There were strategies in place to reduce people's anxiety and encourage them to attend important health appointments such as the dentist.

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

- The service was appropriately designed and adapted for people living there. Halls and doorways were wide and communal areas were spacious and there was pictorial signage displayed around the home.
- There were quiet areas for people to enjoy when they wanted to be alone. One person had their own summer house in the garden which contained sensory toys and equipment. During the inspection staff were creating a textured sunflower display outside a person's room as they spent a lot of time in that area and the PBS Practitioner thought it may help support their sensory needs. They told us they decided to create a sunflower because that was the person's favourite flower.

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity to make specific decisions were assessed and best interest decisions were made on their behalf if they lacked capacity. Support plans detailed least restrictive practices to use in the first instance. Preventative strategies and de-escalation measures were also recorded for instances when people's anxiety and behaviours may become more heightened.
- The management team maintained a log of all people who were subject to a DoLS authorisation and submitted new applications in a timely way. Details of DoLS and any conditions were included in support plans.
- Staff understood the principles of MCA, they had received up to date training and encouraged people to make decisions using different approaches.

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 remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff promoted inclusion, equality and diversity for people. They actively promoted people's rights and made sure support was provided in a person-centred way. For example, people were supported to maintain meaningful relationships with their partners and families. A relative told us, "I've got a problem with my neck and it hurts when I sit in the chair (in person's room). [Registered manager] brought a high back chair in for me so I can rest my neck. I thought that was really nice." People were supported to attend family occasions.
- Relatives told us staff were caring with people as well as with themselves. One relative said, "[Staff member] took a photo of [Person] when they were out. They had it blown up and framed for me (for Father's Day) which I thought was a lovely gesture."
- A professional said, "[Registered manager] cares deeply about the welfare of the people who live at New Stead House and this is central to her leadership style."
- Throughout the inspection we observed staff treating people and relatives with warmth, compassion and kindness. Staff knew people very well, including their life history and personal preferences.
- Staff spoke very fondly and warmly about people. When commenting about a person engaging with their relative, a staff member said, "I almost cried when [person] cuddled their mam and they let her put sun cream on them" and "It's their smile, it could light up a room."

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

- Staff supported people to be involved in and agree decisions about their care.
- People's communication needs were recorded in care plans. Staff knew people extremely well and understood how people communicated.
- Information was available for people in accessible formats. For example, easy read documents and pictures had been produced for people who could not understand written words.
- Some people received support from advocacy services. An advocate helps people to access information and to be involved in decisions about their lives. An advocacy worker told us, "The staff are really, really good at keeping you informed and up-to-date with everything. I get emails and always get invited to meetings. The management are really quick off the ball to change and put things in place. They're all so open. I have a few clients, so I go in quite regularly."

Respecting and promoting people's privacy, dignity and independence

- People were supported and encouraged to be independent where possible. Care plans clearly stated what support people needed and what they were able to do for themselves.
- Staff supported people to develop and improve their independence by supporting them with daily living

tasks such as cleaning their own bedrooms/apartments, food shopping and cooking. People were also supported to build up their confidence to enable them to access the community and public transport independently.

- People were given privacy and time alone when they requested this. People had choice and control regarding when they wanted to socialise with staff and other people or spend time alone.
- People's confidential information was stored securely in lockable filing cabinets and password protected computers. Records could be located and were accessible to authorised staff when required.

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 now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People received care and support that was exceptionally person-centred. Support plans were detailed and included guidance from other professionals. One professional said, "If I suggest anything you can guarantee the next time I go, they'll have tried it. I think they work with people to what fits them. The people benefit so much. I think they (staff) do a great job."
- Assessments were extremely person-centred and used to develop highly detailed individualised support plans. People were actively involved in the completion of their assessments and the development of their support plans. Staff used individual ways to involve people in planning their care and support. This included the use of pictorial aids to help people communicate their needs, wishes and preferences.
- Relatives told us they were regularly consulted about their family member's care. One relative said, "I've always had regular contact with staff to tell them what they like and things. They have regular core team meetings to discuss approaches and support for people which I think is really important and really good."

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.

- Information was provided in ways which people could understand, including easy read (where pictures were used to aid people's understanding), communication boards and photographs.
- Staff understood how people communicated. They knew how people expressed themselves, so understood when people indicated their choices, were in pain or becoming distressed. An operations manager said about a person's core team, "[Person] has such a tight core team. They know every sign (they display) so well, down to an eye movement."

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.

- Each person was supported with an exceptional level of person-centred care. Staff supported people to access a wide range of personalised activities they wanted to do. From discussions with staff, relatives and professionals, it was clear that staff were prepared to go the extra mile and were dedicated to their roles to help ensure people had an excellent quality of life. A professional said, "The staff are really keen to try new things and use a holistic approach. I think they do a marvellous job."
- People had outcome books which documented in words and photos, each person's journey, goals and

wishes. These clearly demonstrated people's ongoing developments and successes. For example, increasing confidence and coping strategies to enable them to experience larger public events such as attending a music concert. Another person had recently started working in a charity shop.

- People were supported to develop and maintain relationships important to them, such as with relatives, partners and friends. For example, one person was supported to go on dates to the cinema and restaurants with their partner who didn't live in the service. A relative said, "The staff treat you like they've known you for years."

Improving care quality in response to complaints or concerns

- The service was proactive in responding to any concerns or complaints raised. A professional said, "If I have any issues they (management/staff) address them there and then."
- Relatives we spoke with told us they did not have any complaints but felt comfortable raising any concerns and were confident they would be addressed. One relative said, "I speak to anyone who is on (from person's core team). Unless I need to speak to someone higher then I'd speak to [Operations manager] or [Registered manager]. [Registered manager] said 'just ring it's no problem'."
- The complaints procedure was readily available in suitable formats for people and relatives.

End of life care and support

- There was no one receiving end-of-life care at the time of our inspection.
- End-of-life plans were not in place as people had chosen not to discuss the matter when asked by the service.

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

- Feedback we received from relatives reflected a well-led service. Comments included, "They always ring (about family member). Communication is excellent. To get that sort of rapport with managers is great. I think I was shocked with how good (the service) actually is." and "Management are very good, positive."
- We received similar feedback from professionals we spoke with. One professional said, "I don't think there's anything they could improve on. I would recommend the home to other people."
- Staff told us they felt supported in their roles. Comments included, "Most definitely. We just help each other out when needed, it's a good team" and "I really get on well with them (management)."
- The service had good links with the community such as specific centres, education/training providers and social activities clubs.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager operated in an open and transparent way. They submitted notifications in a timely manner for significant events that had occurred, such as safeguarding concerns and serious injuries.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and staff understood their roles and responsibilities.
- The management team and provider monitored the quality of the service to make sure they delivered a high standard of care. This included the completion of regular audits.
- Staff were kept updated about the service via regular meetings and daily communication with each other and the management team.

Working in partnership with others; Continuous learning and improving care

- Staff were working in partnership with key stakeholders to achieve positive outcomes for people.
- The provider held regular meetings with all registered managers, so they could share best practice and any lessons learnt from recent issues and events.