

Cove Care Transitions Limited

Park Road CCT

Inspection report

22 Park Road West
Wolverhampton
WV1 4PN

Tel: 01902854259

Date of inspection visit:
14 March 2022

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11 April 2022

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

Park Road CCT is a residential care home providing personal care to up to three people. The service provides support to young adults with mental health needs. At the time of our inspection there was one person using the service.

Park Road accommodates up to three people in one adapted building. There is a large private garden to the rear of the property.

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

People felt safe. Staff were trained to identify concerns for people's safety and there were systems in place to report them. Risks were assessed and guidance was available to staff about how to safely support people. There were enough staff to meet people's needs. Systems used to ensure the safe administration of medicines were in place. Policies and procedures were followed by staff to manage the risk of cross infection.

People's needs were assessed and reviewed to ensure care met their current needs. Staff received training which equipped them with an understanding of people's needs. People were supported to eat and drink sufficient amounts to maintain their health. The staff team worked in partnership with other agencies to meet people's health needs. People were asked to consent to their care and their decisions were respected.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People described staff as friendly and caring. Staff supported and encouraged people to maintain and develop their independent living skills. People were asked about how their individual, diverse needs could be met and staff were aware of these.

People's life histories and experiences were known by staff. Changes to people's needs were recorded so people could receive care that met their needs. People were supported to follow interests they enjoyed and were confident to raise a concern if they were unhappy about the care they received.

People, staff and professionals expressed confidence in the management team. The manager used audits and systems to monitor the quality of care people received. Where improvements were identified, action was taken to address these. The management and staff team worked in partnership with other agencies to ensure people's needs were met.

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

Rating at last inspection

This service was registered with us on 8 May 2019 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Park Road CCT

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was conducted by one inspector.

Service and service type

Park Road CCT is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Park Road CCT is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a newly appointed manager who had submitted their application to be 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

We gave a very short period notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be at the home to support the inspection.

Inspection activity started on 14 March 2022 and ended on 17 March 2022. We visited the home on 14 March 2022.

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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with one person who used the service and two professionals. We spoke with two members of staff including one team leader and one support worker. We also spoke with manager, the clinical lead and the operations manager.

We reviewed a range of records. This included one person's care and medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including audits were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training information and policies relating to the governance of the service.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and shared examples of how the support they received added to their feeling of security.
- Staff had received training in how to protect people from harm and knew what action to take if they were concerned for people's safety or wellbeing. One staff member said, "There is a procedure to follow, I would report any concerns to the manager. If they did not act, I would call the operations manager."
- Where incidents relating to people's safety had occurred, the provider had made appropriate referrals to the local authority safeguarding team and notified us, as required by law.

Assessing risk, safety monitoring and management

- People's risks were assessed and understood by staff. Information was available which offered guidance to staff about how best to manage known risks. This included information about the home environment, staffing levels and the way in which people liked to be supported.
- People told us they felt confident staff knew how to support them and help them manage their own safety. One person said, "Staff can tell when I'm down. They notice, I know they care. They'll ask me how I am and if I say okay, they know I'm not. They will talk to me about how I feel."
- Weekly meetings took place to give the staff team opportunities to discuss concerns about people's care. These were led by the clinical lead, who worked on behalf of the provider to ensure staff were equipped to manage risks effectively.

Staffing and recruitment

- People received support from staff in accordance with their assessed need. People told us staff were available when they needed them.
- Staff had been safely recruited. The provider had carried out pre-employment checks, including DBS checks, to ensure staff were safe to work with people. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People were supported by staff to manage their prescribed medicines. Where people made a choice not to take their medicines, staff checked they understood the implications of this and recorded their decision on their Medicines Administration Records (MAR).
- There were systems in place to ensure the safe management of medicines. 'As required' medicines were requested by people when they needed them and their administration was recorded by staff.

- Where people were prescribed controlled drugs, which have special regulations on ordering, storage, administration and recording; we found records we checked relating to the administration and storage of these medicines were accurate.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The manager was aware of their responsibilities in relation to supporting people's rights to have visitors at the home. Checks in relation to COVID-19 were carried out when visitors entered the home.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Learning lessons when things go wrong

- Staff told us they had opportunities to discuss how aspects of people's care, or procedures within the home could be done differently.
- The operations manager shared with us an example of where feedback from a previously registered manager had been used to improve audit processes.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 physical, social and mental health needs were assessed and reviewed regularly.
- Care plans were person centred and offered guidance to staff about how to meet people's holistic needs. People's wishes, preferences, likes and dislikes were recorded as well as their goals for the future.
- People were involved in the planning and review of their support and told us they felt listened to by staff when discussing their care needs and independence.

Staff support: induction, training, skills and experience

- People told us they felt staff had a good understanding of their needs and knew how best to support them.
- Staff had received training appropriate to the needs of people living at the home and told us they felt well equipped to meet people's needs. Professionals told us they had made recommendations about how staff training could be better tailored to people's individual needs and this had been received positively by the management team.
- Staff received support through regular team meetings and supervisions, during which they received feedback on their performance within their role.

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

- People were involved in planning a weekly menu and shopping for groceries. Staff supported people to shop for meals when required.
- People's dietary needs were recorded in their care plans to ensure staff were aware of any associated risks.
- People told us they had received staff support to develop their cooking knowledge and skills. One person said, "I have been cooking a bit more recently. I like to make soups. Staff eat meals with me."

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

- Staff and the management team worked with other agencies to ensure people's health and social needs were met. One health professional told us, "The management team are really on the ball. They are quick to raise any concerns."
- People were supported to attend health appointments and take an active role in maintaining their own health. One person told us they had recently joined a group that promoted talking alongside physical exercise, to support people's mental health. They told us although this was a new activity, it had benefited them.

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

- The home was in the process of being redecorated and people had been involved in making decisions about how the home should be furnished. A new television had been installed in the dining room, to allow for people's different preferences, and plans were underway to develop a small room off the garden into a quiet space.
- The manager told us they had plans to develop a vision board, which would support people's involvement in the development and design of the service.
- Adaptations had been installed in specific areas of the home to support people's mobility needs.

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 MCA 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 found it was.

- People were empowered to make their own decisions about their care and support.
- Where people with capacity refused their medicines, staff checked they understood the impact of their decision and respected it.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People told us they felt staff who supported them were caring and understood them. One person said, "I'm doing well here, they help me with my independence. Help me understand myself more and how I feel."
- We observed interactions between people and staff and saw people were relaxed and comfortable with the staff who supported them.
- People's diverse needs had been assessed and were reflected in their care plans. Staff we spoke to were aware of these and told us they followed guidance to ensure the care they provided met people's needs.

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

- People told us they were supported to make decisions about their care and support, as well as daily living decisions. This included how they spent their time and what they ate and drank.
- We observed staff spending time with people and saw where people made choices, these were respected.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their private space and they were able to spend time alone when they chose to.
- People spoke positively about the support they received to develop their independence. One person told us, "Staff are trying to get me out of the home more. I know it's good for me but can be scary. They are helping me become more independent. When I'm out they call me, it helps me feel safe."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People's needs were assessed prior to them moving in to the home. Care and support was planned around each person and care plans offered guidance to staff about people's individual needs and preferences. The guidance had been developed following conversations with people about their expectations and chosen outcomes for their care and support.
- Future aspirations and goals were also discussed and recorded. These were reviewed regularly with people and any changes were recorded. Staff told us they received information about any changes to people's care in daily handover meetings, which meant they were able to provide care which met people's current needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed on admission to the home. Care plans described the way people communicated and explained how staff should communicate with them to provide responsive care.
- Information displayed around the home was in a format appropriate to people's needs.

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 were supported and encouraged to take part in activities both within and outside of the home, that were relevant to them. People's individual interests were recognised by staff who respectfully introduced new activities they felt people may enjoy.
- People were also supported to maintain relationships which were important to them and staff respected their right to privacy.

Improving care quality in response to complaints or concerns

- People told us they were confident to raise any concerns about their care. One person said, "If staff do something I don't like, I tell them. If I wasn't happy, I'd speak to [name of clinical lead]."
- Although no complaints about the service had been received recently, there was a system in place to ensure the effective management of complaints.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People's feedback reflected there was a positive culture at the home. Staff also spoke positively about working at Park Road and the support they received from the management team. One staff member said, "The manager is very active within the home, they are approachable and they listen."
- Support was outcomes focused and person centred. Staff understood how to support people with their daily lives and future aspirations.

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 manager and operations manager understood their responsibilities under the duty of candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.
- Although the manager was unable to share any specific examples of this, they and the area manager told us they worked to develop an open and honest relationship with people and their families where possible.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The manager was newly appointed and had worked at the home for approximately four weeks. They had experience relevant to their role and understood their regulatory responsibilities. They had submitted an application to become registered, which was being processed at the time of the inspection.
- There were systems in place to monitor the quality of care people received. Regular reviews of care plans and risks assessments took place, to ensure people's care met their current needs.
- The manager also completed audits on medicines records, incident reports and accidents as well as health and safety checks. Where improvements or changes were required, we found these had been recorded with a timescale for completion.

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

- People told us they felt involved in decisions made about the home and any ideas they put forward were listened to. Weekly house meetings took place where topics such as the menu, and decoration of the home were discussed.

- Staff feedback was also positive, with one staff member commenting, "I feel I can suggest any improvements, to people's care or how we do things. There is a positive atmosphere, we are listened to."

Working in partnership with others

- Staff and the management team worked with other agencies to ensure people's needs were met. This included social workers and health professionals.
- We received positive feedback about the service from professionals we spoke with. One professional told us, "I have found the staff to be really thorough, any concerns are reported straight away. They have built up an excellent rapport with [person's name], they are in constant communication and go above and beyond."