

## Parkcare Homes (No.2) Limited

# Devon House

### Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Good



### Overall summary

We undertook this unannounced inspection on 13 and 14 May 2015 of Devon House to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Devon House is newly registered to provide nursing care, treatment of disease, disorder or injury and accommodation for a maximum of eleven adults. People admitted to the home may have an acquired head injury or a neuro-disability. The home previously provided only personal care and accommodation. It's registration was varied to include Nursing Care and Treatment of Disease,

Disorder or Injury in December 2014. At this inspection there were eight people living in the home. The provider met all the standards we inspected against at our last inspection on 24 July 2014.

The home had 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 of the Health and Social Care Act and

# Summary of findings

associated Regulations about how the service is run. The registered manager recently transferred to another home run by the company and the current manager had applied for registration.

People informed us that staff were respectful and their care needs had been attended to. They told us that they felt safe in the home. There were suitable arrangements in place for protecting people from abuse. Staff had received training and knew how to recognise and report any concerns or allegation of abuse. We observed that staff interacted well with people and spoke to them in a pleasant manner. When people wanted to talk with staff, staff were attentive and spent time with them.

There were suitable arrangements for the recording of medicines received, storage, administration and disposal of medicines. People informed us that they had been given their medicines. Infection control measures were in place. The arrangements for the provision of meals were satisfactory and people were provided with enough to eat and drink.

Staff had been carefully recruited and provided with appropriate training. Regular supervision and support had been provided to enable them to care effectively for people. Feedback received from people and staff indicated that there were occasions when people were not adequately supervised and they stated that at times there was insufficient staff. We noted that on the morning of our first visit people were inadequately supervised. We have made a recommendation regarding this. The manager responded promptly and ensured that staff were present in the lounge when people were there.

People had been carefully assessed and their choices and preferences had been noted. Risk assessments and care plans had been prepared. There was evidence that the healthcare needs of people had been attended to.

Reviews of care had been carried out where the care and services provided had been discussed with people and their representatives. The service did not have a varied activities programme to provide adequate social and therapeutic stimulation for people. We have made a recommendation in this area.

The majority of staff had received training in the Mental Capacity Act 2005 and were knowledgeable regarding action to take if people could not make decisions for themselves because of their mental condition. The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS ensure that an individual being deprived of their liberty is monitored and the reasons why they are being restricted is regularly reviewed to make sure it is still in the person's best interests. DoLS applications had been submitted as some people required continuous supervision for their own safety.

There were arrangements for ensuring that complaints made had been promptly responded to and the complaints record was also regularly checked by the regional manager. The home had arrangements for quality assurance. This included audits and checks on medicines, health and safety and care documentation by nursing staff and senior staff of the company. Two professionals who provided us with feedback stated that they were satisfied with the quality of care provided.

A third social care professional who spoke with us informed us that they found deficiencies in the management of the home when they visited recently. The regional manager indicated that the service provided was newly registered and they welcomed feedback so that the service could be improved and where deficiencies were noted they would seek to rectify them.

# 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?

Some aspects of the service were not safe. We noted that people were not always supervised adequately and there is a need to review staffing arrangements.

The home had a safeguarding procedure. Staff had received training and knew how to recognise and report any concerns or allegations of abuse.

There were suitable arrangements for the management of medicines. Risk assessments had been prepared for people. However, the fire risk assessment had not been updated.

**Requires improvement**



### Is the service effective?

The service was effective. People who used the service were supported by friendly staff who were knowledgeable and understood their needs. Staff had received appropriate training to ensure they had the skills and knowledge to care for people.

People could access healthcare services and appointments had been made with health and social care professionals to ensure people received appropriate support and treatment.

There were arrangements in place to meet the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

**Good**



### Is the service caring?

The service was caring. People were treated with respect and dignity. Their privacy was protected.

Staff supported them in a caring and friendly manner.

Reviews of care had been held and people and their representatives were involved in discussions regarding the care provided and the management of the home.

**Good**



### Is the service responsive?

One aspect of the service was not responsive. The home lacked a varied activities programme to provide social and therapeutic stimulation.

People had been assessed prior to coming to the home. Their care records contained important information regarding their care needs and preferences.

The home had a complaints procedure and complaints had been appropriately responded to.

**Requires improvement**



# Summary of findings

## Is the service well-led?

The service was well led. People and relatives provided us with positive feedback and they stated that the service was improving.

The quality of the service was monitored by the regional manager and senior staff of the company. Regular audits and checks had been carried out by the regional manager.

Staff informed us that there had been some problems in the past, but improvements had been made in the management of the home and teamwork was improving.

Good



# Devon House

## 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.

The inspection took place on 13 and 14 May 2015 and it was unannounced. Before our inspection, we reviewed information we held about the home. This included notifications submitted by the home and safeguarding information received by us. We also contacted and received feedback from three health and social care professionals to obtain their views about the care provided in the home.

The inspection team consisted of one inspector. We spoke with four people who used the service and two relatives. Staff we spoke with included the manager, a nurse, four care staff and one domestic staff.

We observed care and support in communal areas and also looked at the kitchen, laundry and people's bedrooms. We reviewed a range of records about people's care and how the home was managed. These included the care records for four people living there, recruitment records, staff training and induction records for staff employed at the home. We checked the medication records and the quality assurance audits completed.

After the inspection we provided feedback to the manager and discussed areas of good practice and areas where improvements were needed.

# Is the service safe?

## Our findings

People we spoke with informed us that they felt safe in the home. One person nodded to indicate that they felt safe in the home. A second person stated that they had been treated nicely by staff and felt safe in the home.

The home had suitable arrangements in place to ensure that people were protected from abuse. Staff had received training in safeguarding people. This was confirmed in the training records and by staff. Staff gave us examples of what constituted abuse. We asked staff what action they would take if they were aware that people who used the service were being abused. They informed us that they would report it to their manager. They were also aware that they could report it to the local authority safeguarding department and the Care Quality Commission.

The service had a safeguarding policy and details of the local safeguarding team were available in the office. Staff were aware of the provider's whistleblowing policy and they said if needed they would report any concerns or ill treatment of people to external agencies if the provider did not take appropriate action. One safeguarding concern had been reported to the safeguarding team and to the CQC. The service had responded and co-operated with the safeguarding team in their investigations.

People's care needs had been carefully assessed. Risk assessments had been prepared. These contained action for minimising potential risks such as risks associated with self-neglect, pressure sores and falling. However, two people informed us that there were occasions when people were left unsupervised in the lounge. We looked at the staff rota and discussed staffing levels with the manager and care staff. The home had eight people who used the service. During the day shifts there was normally one nurse and three care staff. The manager was supernumerary. During the night shifts there was usually one nurse and two care staff. We noted that no one was allocated to organise activities for people.

On the morning of the first day of inspection we noted that there were no staff supervising people who were in the lounge. This was discussed with the manager who stated that she would ensure that people in the lounge were supervised. During the afternoon of the first day of inspection and during the second day of inspection, staff

were present in the lounge supervising people. The area manager informed us soon after the inspection that staff had been allocated to supervise people when they were in the lounge.

Safe recruitment processes were in place, and the required checks were undertaken prior to staff starting work. This included completion of a criminal records disclosure, evidence of identity, and a minimum of two references to ensure that staff were suitable to care for people.

There were arrangements for the recording of medicines received, storage, administration and disposal of medicines. The temperature of the room where medicines were stored had been monitored and was within the recommended range. We looked at the records of disposal and saw that medicines were returned to the pharmacist for disposal. The controlled drugs were properly stored and two staff signed to indicate when they had been administered. A relative and people who used the service said people had received their medicines.

The home had a system for auditing medicines. This was carried out by nursing staff and the manager. There was a policy and procedure for the administration of medicines. This policy included guidance on storage, administration and disposal of medicines. We noted that there were no gaps in the medicines administration charts examined.

The home had an infection control policy which included guidance on hand washing and the management of infectious diseases. We visited the laundry room and discussed the laundering of soiled linen with the manager. She was aware that soiled and infected linen needed to be washed at a high temperature.

We examined the accident record. The accident record contained adequate details and was signed by the staff member involved. There was guidance for preventing a re-occurrence of accidents which could be prevented.

We visited bedrooms and communal areas and discussed safety arrangements with the manager and maintenance person. They were aware of the need to ensure that the premises and equipment were well maintained and in good working order. There was a contract for maintenance of fire safety equipment. There was a record of maintenance of the lift, electrical installations and the gas

## Is the service safe?

boiler. No PAT tests (portable appliances tests) had been carried out. The manager stated that the home was newly refurbished and all portable equipment in the home were newly purchased.

A fire drill had been carried out recently and the fire alarm had been checked weekly to ensure that it was working properly. The home had a fire risk assessment. However, this fire risk assessment was carried out when the home was empty and needed to be updated to ensure that staff

are fully informed of potential fire risks. The regional manager and manager stated that this would be done and we were informed that a date had been arranged for the fire risk assessment to be updated.

**We recommend that the provider review staffing arrangements to ensure that people are always supervised when they are in the lounge. This is to ensure that they are well cared for.**

# Is the service effective?

## Our findings

The feedback we received from people indicated that their care needs had been attended to. One person said, “The food is good. I have special meals.” Another person commented, “The staff know their jobs. The physio is coming to see me tomorrow.” A relative stated, “The staff have improved. They take my relative to the GP and optician.”

We examined the details of personal care and treatment provided for people. Staff were able to inform us of how they would assist people and attend to their needs. This included ensuring that their personal care was attended to, ensuring that they had adequate nutrition and ensuring that they took their medicines. The care notes contained details of personal care provided for people and their daily progress.

People had their physical and mental health needs monitored. There was evidence of recent appointments with healthcare professionals such as people’s GP and hospital specialists. Care plans had been prepared and these were up to date. We examined the care records of a person who was at risk of pressure ulcers. This contained an appropriate pressure area assessment. However there was no pressure area care plan. This is needed to ensure that people received appropriate care. The manager informed us soon after the inspection that this had been prepared. The manager stated that support had been given by social and healthcare professionals in caring for people. A healthcare professional confirmed that this happened and they had visited the home to support staff in caring for people with complex needs and their involvement would be ongoing.

We looked at the care of people with diabetes and discussed their care with the manager and staff. They were aware of the care and treatment needed by people. Kitchen staff were aware of their special dietary needs. We noted that the records of one person with diabetes contain evidence that their diabetes had been closely monitored by staff and appointments had been made with professionals involved. Nursing staff we spoke with were aware of action to take if this person’s condition deteriorated.

We looked at the arrangements for the provision of meals and observed people eating their breakfast and lunch. We noted that people appeared to be enjoying their meals. People we spoke with were satisfied with the meals provided. The menu was varied and balanced. Kitchen staff informed us that they consulted with people regarding their meal preferences. The kitchen was clean. Fridge and freezer temperatures had been checked and recorded each day to ensure that food was stored at the correct temperatures.

The CQC monitors the operation of the DoLS (Deprivation of Liberty Safeguards) which applies to care homes. The manager was knowledgeable regarding the Mental Capacity Act 2005 (MCA) and the DoLS. The DoLS can be used if a person who is in a home or hospital is restrained, restricted or deprived of their liberty for their own safety. The home had guidance on MCA and DoLS. We noted that the service had made applications to the DoLS officer regarding restrictions placed on people to ensure their safety.

Staff knew that if people were unable to make decisions for themselves, a best interest decision would need to be made for them. Staff we spoke with said they had received the relevant MCA and DoLS training.

Staff told us they worked well as a team and the manager was supportive. The home had a comprehensive induction programme and on-going training to ensure that staff had the skills and knowledge to effectively meet people’s needs. A training matrix was available and contained the names of all staff currently working at the home together with training they had completed.

Staff meetings had been held. The minutes of meetings indicated that staff had been updated regarding management issues and the care needs of people. There was evidence that supervision had been carried out. Staff we spoke with confirmed that this took place and we saw evidence of this in the staff records.



# Is the service caring?

## Our findings

People stated that staff treated them with respect and their privacy had been respected. One person nodded when we asked if staff took good care of them. Another person said, "They are kind to me. Staff know about my culture and religion. My special needs are provided." A healthcare professional stated that whenever they visited the home staff were noted to be positive in their approach, supportive and respectful to people.

Staff informed us that they were aware that all people regardless of their varied and diverse backgrounds should be treated with respect and dignity. They were aware of the importance of ensuring that people's privacy was protected. We saw that the bedroom doors were closed when staff were attending to the personal care of people.

There were arrangements to meet the cultural and religious needs of people. The chef informed us that special cultural meals were available if people requested them. Care records of people contained details of people's religious and cultural background, their interests, and activities they liked. A person requested to have visitors from the local church. The manager stated that arrangements would be made for this.

Information provided by the service indicated that staff had been provided with training on how to support people and

encourage positive behaviour in people. We noted that people were able to approach staff and staff interacted well with them. We saw the manager and staff talking to people in the bedrooms and in the communal areas.

When we discussed how people could be supported when they exhibited behaviour which was antisocial or disruptive, staff were able to describe how they would attempt to calm people and give them time and space.

People informed us that there were no regular residents' consultation meetings regarding the running of the home and no minutes of such meetings were available when we asked the manager for them. The manager informed us that consultation meetings would be organised soon.

Two of the care plans examined had not been signed by either the person or their representatives to indicate that they had been consulted and agree to them. The manager and area manager stated that arrangements would be made for them to be signed. After the inspection, the manager provided us with details of reviews of care carried out with people and their representatives. These reviews included discussions with people and their representatives regarding the care of people and the management of the home. The manager also informed us that regular residents' meetings had been held.

All bedrooms were for single occupancy. This meant that people were able to spend time in private if they wished to. Bedrooms had been personalised with people's belongings, such as photographs and ornaments, to assist people feel at home.

# Is the service responsive?

## Our findings

People who used the service informed us that staff were responsive and their choices had been responded to. One person said, “I made a complaint and they have rectified the problem. They will listen.” A relative informed us that staff had responded to their suggestions and the care provided had improved and this included fixing a grab rail in the toilet.

We saw staff interacting and talking with people in a friendly manner. We noted that staff checked with people and asked them what they wanted when drinks and food were served. When one person wanted to talk to staff, staff responded promptly.

People had been assessed prior to coming to the home. Their care records contained important information regarding their care needs and preferences. This ensured that staff could provide care that met individual needs. Nursing and care staff we spoke with were aware of people’s preferred daily routine and how they wanted to be cared for.

We noted that no social or therapeutic activities took place when we were there. We asked people what activities there

were. They informed us that there were no activities organised for them and one of them indicated to us that they were bored. We asked to see the activities timetable and was informed by the manager that the home did not have an activities timetable. Two staff informed us that the home did not have sufficient activities for people to engage in. After the inspection, the manager provided us with a schedule of activities organised. The regional manager stated that they would look at organising more activities.

The service had a complaints procedure and people we spoke with were aware of who to complain to if they were dissatisfied with any aspect of the service. Staff were aware that complaints needed to be documented and relayed to senior staff. The home had a complaints procedure and a complaints book. We noted that complaints had been responded to. There was documented evidence that complaints had been checked by the regional manager to ensure that they were appropriately responded to.

**We recommend that the provision of activities be reviewed to ensure that people received adequate social and therapeutic stimulation.**

# Is the service well-led?

## Our findings

Arrangements were in place to ensure that the home was well managed and had a positive, open and transparent culture. Two social and healthcare professionals who provided us with feedback stated that they were satisfied with the quality of care provided. A third social care professional who spoke with us informed us that they found deficiencies in the management of the home when they visited recently. The regional manager indicated that the service provided was newly registered and they welcomed feedback so that the service could be improved and where deficiencies were noted they would seek to rectify them.

We noted that the company had carried out its own quality assurance inspection and identified areas that needed to be improved. This included better care documentation, evaluations which needed to be done and improvements to the physical environment. We noted that there was evidence that action had been taken in response and this included improvements in care plans. The maintenance

person informed us that arrangements were made for improvement to the premises and we saw workmen in the home carrying out redecoration and repairs to the premises.

The home had a range of policies and procedures to ensure that staff were provided with appropriate guidance. These included equality and diversity, safeguarding, whistleblowing and the management of people with behavioural problems.

Audits and checks of the service had been carried out by the manager and regional manager. These included checks on arrangements for care and treatment, hot water temperature, infection control arrangements and training. These audits fed into an ongoing improvement plan which was monitored by the regional manager.

Some staff informed us that there had been problems in the past, but improvements had been made in the management of the home and teamwork was improving. The manager and staff we spoke with were aware of their roles and responsibilities.

No satisfaction surveys had been started. The manager stated that the service was new and they would be carrying out a survey at a later date.