Parkcare Homes (No.2) Limited

Aire 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?	Good
Is the service well-led?	Good

Overall summary

This inspection was unannounced and was carried out on 12 and 13 November 2015. The last inspection of this service was on 28 April 2014 and at that time the home was meeting all the regulations we inspected.

Aire House is registered to provide accommodation and personal care for up to 8 people with learning disabilities. The service is a converted house with private gardens close to local amenities. On the day of the inspection there were 8 people living at the service.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. We had not asked for a Provider Information Return (PIR).The PIR 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.

People and their relatives told us they felt safe at Aire House. Staff knew the correct procedures to follow if they

Summary of findings

considered someone was at risk of harm or abuse. They received appropriate safeguarding training and there were policies and procedures in place to follow if there was an allegation of abuse.

People's rights were protected because the provider acted in accordance with the Mental Capacity Act 2005. This is legislation that protects people who are not able to consent to care and support, and ensures people are not unlawfully restricted of their freedom or liberty. The manager and staff understood the requirements and took appropriate action where a person may be deprived of their liberty.

People's needs were regularly assessed, monitored and reviewed to make sure the care was current and relevant. The care records were person centred and descriptive, ensuring staff - had specific information about how they should support people. Care records included guidance for staff to safely support people by reducing risks to their health and welfare.

People were supported to keep healthy. Any changes to their health or wellbeing were acted upon and referrals were made to social and health care professionals to help keep people safe and well. Accidents and incidents were responded to quickly. Medicines were managed safely and people had their medicines at the times they needed them.

Staff recruitment practices helped ensure that people were protected from unsafe care. There were enough qualified and skilled staff at the service. Staff received ongoing training and management support and had a range of training specific to the needs of people they supported.

People were offered choices, supported to feel involved and staff knew how to communicate effectively with each individual according to their needs. People were relaxed and comfortable in the company of staff.

Staff were patient, attentive and caring in their approach; they took time to listen and to respond in a way that the person they engaged with understood. They respected people's privacy and upheld their dignity when providing care and support.

People were provided with a range of activities which met their individual needs and interests. Individuals were also supported to maintain relationships with their relatives and friends.

There was an open and inclusive atmosphere in the service and the registered manager showed effective leadership. People at the service, their relatives and staff were provided with opportunities to make their wishes known and to have their voice heard. Staff spoke positively about how the registered manager worked with them and encouraged team working.

The provider completed a range of audits in order to monitor and improve service delivery. Where improvements were needed or lessons learnt, action was taken.

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?

Good

The service was safe. People told us they felt safe. Staff had been trained to recognise and respond to abuse and they followed appropriate procedures.

Care and support was planned and delivered in a way that reduced risks to people's safety and welfare. People's medicines were managed safely and they received them as prescribed.

Staff were recruited safely because the appropriate checks were undertaken. There were enough staff to provide the support people needed.

Is the service effective?

Good

The service was effective. Staff had the skills and expertise to support people because they received on-going training and effective management supervision.

People received the assistance they needed with eating and drinking and the support they needed to maintain good health and wellbeing. External professionals were involved in people's care so that each person's health and social care needs were monitored and met.

People's rights were protected because staff were aware of their responsibilities under the Mental Capacity Act 2005. Staff obtained people's consent before they delivered care and support and knew what action to take if someone was being deprived of their liberty.

Is the service caring?

Good

The service was caring. People were comfortable and relaxed in the company of the staff supporting them.

The relationships between staff and the people they cared for were friendly and positive. Staff spoke about people in a respectful way and supported their privacy and dignity.

People were involved in making decisions about their care, treatment and support as far as possible. Staff knew people well because they understood their different needs and the ways individuals communicated.

Is the service responsive?

Good

The service was responsive. People using the service had personalised care plans and their needs were regularly reviewed to make sure they received the right care and support.

Staff responded quickly when people's needs changed, which ensured their individual needs were met. Relevant professionals were involved where needed.

People were involved in activities they liked, both in the home and in the community. They were supported to maintain relationships with their friends and relatives.

Is the service well-led?

Good

The service was well-led. There was a registered manager and people spoke positively about them and how the service was run.

Summary of findings

Staff worked well as a team and told us they felt able to raise concerns in the knowledge they would be addressed.

People who used the service and their relatives were encouraged to express their views about the standards of care. Various quality assurance systems were used to keep checks on standards and develop the service. This enabled the provider to monitor the quality of the service closely, and make improvements when needed.

Aire 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 was planned to check 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 12 October 2015 and was unannounced. We returned to the service on 13 November 2015 in order to talk with people who lived at the service who had not been available the previous day. The inspection was carried out by a single inspector.

Before the inspection we reviewed the information we held about the service. This included notifications regarding safeguarding, accidents and changes which the provider had informed us about. A notification is information about important events which the service is required to send us by law. We also looked at previous inspection reports. We asked the local authority (LA) commissioning team and clinical commissioning group (CCG) for feedback about the service. We also contacted Healthwatch. Healthwatch represents the views of local people in how their health and social care services are provided.

During the inspection we spoke with six people who used the service. We reviewed two people's care records in detail, three staff recruitment files, records required for the management of the home such as audits, minutes from meetings, satisfaction surveys, and medication storage and administration records. We also spoke with four members of staff and the registered manager.

Good

Is the service safe?

Our findings

We spoke to people who used the service who told us they felt safe. One person told us "I feel safe, the staff support me well." A relative said "When we leave here we are confident (name) is safe; we trust the staff implicitly."

The service had policies and procedures with regard to safeguarding adults and whistleblowing (telling someone). When we spoke with staff about their responsibilities for keeping people safe they referred to safeguarding polices and confirmed they had received training about safeguarding adults. They were able to explain the process to follow should they have concerns around actual or potential abuse. Information the Commission had received demonstrated the registered manager was committed to working in partnership with the local authority safeguarding teams and they had made and responded to safeguarding alerts appropriately.

People were supported to take positive risks to enhance their independence, whilst staff took action to protect them from avoidable harm. Where risks were identified, there was guidance for staff on the ways to keep people safe in their home and in the local community. Staff gave examples of this such as ensuring one person had one to one support during activities in the community. Staff had completed relevant training on how to respond to people's distress when this was manifested in aggression or behaviour that may be challenging. They described the different ways people expressed that they were unhappy or upset and how to support them. One member of staff explained how a person's body language and behaviour would tell them if there was something wrong. Another staff member explained how they made sure others were safe by encouraging them to another area when a person's behaviour became unsettled. Care records supported what staff told us.

The home was safely maintained and there were records to support this. Health and safety checks were routinely carried out at the premises and systems were in place to report any issues of concern. The provider had reviewed the environment in order to make improvements. A recent example included creating a dedicated laundry room which had previously been part of the staff office. The lounge and dining area had been redecorated; replacement en-suites and installation of a wet room.

There were arrangements in place to deal with foreseeable emergencies and staff told us on call support was always available through the registered manager or senior staff. Staff were trained in first aid to deal with medical emergencies and appropriate arrangements were in place for fire safety. There was an up to date fire risk assessment for the home and practice evacuation drills were regularly held involving both people using the service and staff. People had specific risk plans on how staff should support them to leave the building in the event of a fire.

We looked at the recruitment records for three staff and found they had all completed an application form, which included details of former employment with dates. This meant the provider was able to follow up any gaps in employment. Appropriate checks had been undertaken before staff began work; each had two references recorded and checks through the Disclosure and Barring Service (DBS). The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people. People who lived at the service were included as part of the interview panel.

We spoke with the manager about staffing levels and reviewed actual staff rotas for the previous four weeks. The registered manager told us staffing levels were determined according to people's individual needs and risk assessments. Some people required or had allocated one to one time. Any vacancies, sickness and holiday leave was covered by bank staff. We looked at the rotas for the previous four weeks and saw there were sufficient staff on duty.

The arrangements for the management of people's medicines were safe. There was an up to date policy and guidance about the safe handling of medicines for staff to refer to. People had written profiles about their medicines which included details about the name of the medicine, the dose and date of prescription. We noted that where people were prescribed PRN (as required) medicines, information was recorded about the circumstances under which the medicine could be administered. This included non-verbal clues the person might present if they were unable, for example, to express pain verbally. For example "will hold head or say 'bump' when in pain." There were two people using the service who were currently working

Good

Is the service safe?

towards being able to take responsibility for their own medicines. We saw corresponding risk assessments for both people which included step by step competency checks to ensure people were safe to do this.

Medicines were stored securely in locked cabinets and up to date records were kept for their receipt, administration and disposal. The sample of two records we checked showed that people were receiving their medicines as prescribed. The Medicine Administration Records (MARs) were completed accurately and there were no gaps in the signatures for administration.

There had been a small number of notifications received by the CQC with regard to medication errors. We discussed this with the registered manager. They explained they had completed an audit and analysis of the circumstances around the errors. They determined they were a consequence of miscommunication. To resolve this one member of staff per shift is now identified as responsible for medicines and this has reduced the errors being made. Medicine audits had been consistently completed and it was evident errors had now reduced. This helped ensure there was accountability for any errors and that records could be audited by the provider to determine whether people received their medicines as prescribed.

Staff were not permitted to administer medicines until they had completed medication training. The training included a written exam and observation of competency which meant people at the service could be assured they received the medicines they were prescribed safely.

Good

Is the service effective?

Our findings

People we spoke with were complimentary about the staff. One person said, "Most of the staff here are really good, they know all about me and how to support me."

We spoke with staff about how they were supported to fulfil their roles. They told us that there were good opportunities to attend training which gave them the skills and knowledge to provide appropriate care. They shared examples of recent training courses including person centred care, safeguarding, the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff told us they were encouraged to undertake qualifications to develop their skills and knowledge. For example staff had completed training with regard to autism awareness. There was an up to date training and development plan for the staff team which enabled the registered manager to monitor training provision and identify any gaps. The plan also highlighted when staff were due to refresh their training. This helped to ensure that staff kept their knowledge and skills up to date and at the required frequency.

Staff told us they worked well as a team and told us, "We have handover each morning where we talk about how each person has been and staff are then allocated tasks so we know who is working with whom. It is a great team to work with, they are all supportive." Another member of staff told us, "If doing 1:1 there are opportunities to take a break, staff are very supportive and work well together."

Staff told us they received regular supervision which encouraged them to consider their care practice and identify areas for development. Staff told us they found supervision sessions useful and supportive. This meant that staff were well supported and any training or performance issues identified. Yearly appraisals of work performance were also held with staff and the registered manager to review personal development and competence.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff had received training and understood the principle that people should be assumed to have capacity. Care records showed that people had received capacity assessments and meetings held in a person's best interests had been recorded. The registered manager had assessed where people were being deprived of their liberty and had submitted applications to the local authority. For example, it was recorded that one person was "under continuous supervision and control" as it was unsafe for them to access the community unaccompanied.

People were supported to make their own choices about what they wanted to eat and drink. Pictorial signs were available in the kitchen for people to use when deciding and communicating what they wanted to eat. People were involved in planning the weekly food shopping and then asked before each meal what they would like to eat. We observed that people had chosen different meals for their evening tea and staff had supported them with their preferences.

Care plans included information about people's food preferences, including any dietary needs and any risks associated with eating and drinking. Staff demonstrated they were aware of people's individual needs.

People who used the service were supported to maintain good health and had access to health services for routine checks, advice and treatment. Care records showed that other professionals were consulted and involved when concerns were raised about people's health or wellbeing. For example, staff noted a change in one person's mobility and referrals had been made to relevant professionals such as physiotherapy. Records showed that staff had followed the advice and guidance provided by visiting health and social care professionals.

Each person had a health passport. This contained information about how staff should communicate with the individual concerned along with medical and personal details. This document could then be taken to the hospital

Good

Is the service effective?

or the doctor to make sure that all professionals were aware of people's individual health needs. We saw that information had been kept up to date and reviewed appropriately when people's health needs had changed.

Good

Is the service caring?

Our findings

People we spoke with told us they were satisfied with the care and support they received. One person said, “The staff here are good, I can really talk to them about anything.” Another person said, “I meet with my keyworker every month and we talk about what I want to do.”

People were allocated a ‘key worker’ who they met with once a month to discuss and review how care and support was provided. One person told us “They (staff) do talk to me about my care plan. x is my key worker. I go out with staff and staff ask me what I want to do every day.” Another person told us, “We have house meetings, and you can say what you want.”

One person told us they had been asked to sit on the interview panel for the recruitment of new staff the following week. They told us they had done this before and thought, “it important that we get to choose who comes to work here.”

We observed interactions between staff and people who the used the service and they were positive, professional and relaxed. Staff talked to people in a gentle, quiet way and always responded to questions. Staff continually asked what people wanted to do and guided them in activities appropriate to their needs. We also witnessed some good hearted banter between staff and individual’s and for those people who needed intensive one or two to one support this was observed to be relaxed and unobtrusive. Staff clearly knew people well as we heard discussions which reflected people’s personal preferences. We saw staff take account of people’s privacy and dignity. For example we saw staff knocking on people’s doors before entering and we heard one member of staff suggest to someone they move to another area of the home where they could talk privately.

Staff had developed a charter with regard to privacy, dignity and respect and these we displayed on the main noticeboard. They included: - ‘Honour each other’s equal right to privacy within our home’ and ’As a team we will respect and encourage each other to grow in character and confidence.’

People were supported to maintain relationships with their family and friends. Details of important people in each individual’s life were kept in their care plan file. Staff supported people to phone and visit relatives as appropriate. A relative commented to us, “The staff know (name) so well, the staff are fantastic, they keep us well informed, they are like family.”

People’s care records clearly detailed their preferences and showed how they liked things done. Staff showed knowledge about the people they supported and were able to tell us about people’s individual needs, preferences and interests. Their comments corresponded with what we saw in the care plans. They all included a ‘collage’ that depicted important aspects of people’s lives.

Information about the home had been produced in accessible formats for people who lived at Aire House. The care plans were person centred and were illustrated with photos to promote people's involvement and understanding. We saw for the two people with DoLs in place an easy read explanation called ‘What does DoLs mean to me.’ It went on depict what restrictions had been put in place and why. Visual aids such as picture cards and photographs were used to encourage and help people make choices and decisions. There were easy read posters about making complaints and reporting abuse.

People’s confidential information was kept private and secure and their records were stored appropriately. Staff knew the importance of maintaining confidentiality and had received training on the principles of privacy and dignity and person centred care.

Good

Is the service responsive?

Our findings

The service was responsive to people's needs. Prior to people being admitted to the service an assessment of their needs was completed to ensure the service could provide appropriate care.

We looked at the care records for two people in detail. We found a standard format used to assess and record people's needs and aspirations. We saw detailed information about people's abilities and needs in relation to their personal, health and social care. Support plans were written from the perspective of people using the service, which detailed the support they needed with their daily living activities. Information about people's preferences and aspirations for the future were also recorded. We saw each person had a 'One page profile' which had been completed by individuals with help from staff. And we saw other documents titled 'what people like and admire about me', 'good days/bad days', 'what it important to me.' Each plan was very detailed and person centred which showed that the person was central to the care and support they received. We saw an example of one person who wanted support to manage an aspect of their behaviour. We saw detailed discussions and an agreed response which the person had agreed and contributed to. Risk assessments and management plans were reviewed regularly. This helped staff deliver continuity of care and support and ensured that changing needs were identified and met. This was achieved through monthly keyworker meetings and care reviews every year or more frequently where needs had changed. When this happened, people's records were updated appropriately. Keyworkers wrote a monthly report on whether goals and activities had been achieved and highlighted any other significant events or issues. This review process helped the registered manager and staff evaluate how people's needs were being met. Annual meetings involved the individual, relatives or advocates and other professionals involved in people's care.

People's care plans also included what activities people wanted to be involved in and how these could be achieved. Many of the activities focused on developing independent living skills such as managing finances, shopping and cooking. Other activities were focused on developing employment skills and social interests. People talked to us about their specific one to one staffing time. They told us they were able to request when they wanted to receive this and staffing levels were arranged to facilitate activities; for example, on the day of the inspection one person requested one to one support for a party. They requested a specific member of staff because, "It's a young person's party and (member of staff) will fit in better."

People took part in weekly 'house meetings' called 'Your Voice' to discuss their support and plan their weekly menu choices and activities. People were encouraged to discuss any concerns or worries through monthly meetings with their keyworker.

The service had policies and procedures with regard to concerns, complaints and compliments. Two people told us they had made formal complaints and another said they would speak to the registered manager or their keyworker if they needed to complain about anything. The complaints procedure was displayed within the service and available in an easy read format to help people understand the information. The registered manager told us they encouraged openness and hoped that people would raise issues as soon as they happened in order that that they could be resolved quickly. There had been four complaints since the previous inspection all made by people who lived at the service. They had been responded to in accordance with the provider's procedures and investigated appropriately. The registered manager also told us that an analysis of complaints formed part of quality assurance including lessons learnt for the organisation as a whole and individually for staff as appropriate.

Good

Is the service well-led?

Our findings

There was a clear management structure to the home. From the rota we could see there was always an accountable member of staff on duty. At shift change staff met and were updated on people's needs and given roles and responsibilities for the shift. There were procedures in place which determined who and in what circumstances to escalate any incidents or concerns. For example safeguarding or medicines errors. This provided a consistent accountable approach.

The registered manager encouraged open communication with people, relatives and staff. We observed people coming into the office to speak with her throughout the day. The manager was welcoming and took time to listen and advice. Relatives we spoke with felt the home was managed well. They said, "We have a good relationship with the manager and staff, they are open and honest with us about (name) and they include us in decisions. They are always so welcoming, it feels like home." Staff we spoke with told us they worked well together as a team in order to provide consistency for the people who used the service. They said there was ongoing information exchange about the needs of people using the service and they looked at ways to support and encourage open communication and team building. We were told of an 'appreciation book' available for staff, people who lived at the service, relatives and visitors. People are able to write positive comments in order to provide feedback to people. We saw recorded for instance; "(name) you have made my move and life here more manageable. You always make me smile." And a staff member had written, "Thank you for making my working day easier and nicer."

Staff told us, "Communication is good, the manager passes on information." As well as monthly meetings, a communication book, daily shift plans and handover records were used to support the sharing of information. Staff told us they felt well supported by the manager and were comfortable to raise any issues with her. In recent team morale building exercise staff were invited to write positive comments about each other. One person had written in relation to the manager, "You have given me the confidence to excel and grow in the care sector."

The manager told us she strongly believed that the skills, qualities and team cohesiveness were essential if people living at the home were to have a positive quality of life and experience. They said they aimed to value staff and provide them with experiences which would help them develop professionally. They nominated staff in national care awards in order to give staff professional recognition and she herself was a finalist in the national awards for managers. This demonstrated a commitment to ensuring the highest quality of service and support for people.

Staff also understood their right to share any concerns about the care at the service and were confident to report poor practice if they witnessed it. Information about the provider's whistleblowing procedure was available to staff.

The registered manager ensured her own personal knowledge and skills were up to date. She had attended learning events and kept up to date with best practice. This included attendance at forums and training courses run by the local authority. We saw that information from these events was cascaded down to staff through meetings.

People told us they were asked for their views about what the service did well and where they could improve. The manager told us people using the service and their relatives were offered satisfaction surveys every year. We noted that people and relatives who took part in the latest survey were happy with the standard of care and support provided. Under the section 'What do you just like about the service' comments included, "Staff and the facilities", "having my independence" and "Staff are very helpful and friendly, always there to talk to and help, any problems can always talk to staff." There were no comments made against the question, 'What would you like to change about the service we provide other than" sky in the lounge and a house animal."

Once a year the provider carried out an unannounced 'benchmarking inspection' which assesses the service against regulations. The operations manager visited the home every month to check that the service was running efficiently. Other internal audits were regularly carried out by the manager and staff team who each had designated responsibilities. These included checks on records such as care plans, risk assessments, health and safety, the environment and medicines. After audits had been carried out the registered manager used them to identify areas where improvements were needed and an action plan was put in place to ensure changes were made. This included plans for on-going refurbishment and redecoration and to provide recreational projects for people for example such as gardening.

Good

Is the service well-led?

Any incidents or accidents were investigated, recorded and dealt with appropriately. Where any learning was taken from accidents or incidents, this was shared through regular supervision, training and relevant meetings. CQC records showed that the registered manager had sent us notification forms when necessary and kept us promptly informed of any reportable events.