

Mrs Linda Joyce Zephir

Parkhouses Independent Living Services

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 24 September 2018.

Parkhouses Independent Living Services is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. Not everyone using Parkhouses Independent Living Services receives a regulated activity. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

At the time of our inspection the service was providing personal care to 14 people. Four of the people supported lived in a shared house with 24-hour support from care staff.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People and their relatives were involved in discussions and decisions about the care and support needed and they could influence the delivery of their care. People were supported to have maximum choice and control of their lives and their healthcare needs were monitored as appropriate. However, people's ability to make decisions had not been formally assessed or documented to show which decisions they could or could not make. Improvements were required to the processes for assessing people's mental capacity. We made a recommendation about mental capacity assessments.

People who used the service and their relatives told us they felt safe when staff members were in their homes. Staff had received training in safeguarding and knew their responsibilities to report any concerns. The service also had whistleblowing and lone working policies in place.

Risk assessments were in place to keep people safe. These were reviewed and updated regularly or when changes occurred.

Recruitment systems and processes in place were robust. We saw references, identity checks and Disclosure and Barring Service checks were completed before staff were employed.

New staff members were expected to complete an induction when they commenced employment. Training courses were available to staff which were relevant to their roles. Staff members told us, and records confirmed, that staff members received supervision and appraisals on a regular basis. Staff members we spoke with told us they were able to discuss any training requirements they had.

Our observations and feedback provided by people showed that staff were kind, caring and supportive of

people who used the service.

The service delivered person centred care. We saw person centred care plans were in place and reviewed regularly.

The service had a complaints procedure in place. One complaint had been received since our last inspection.

Accidents and incidents were reported to management. This meant they were able to see if appropriate action had been taken by staff to ensure people were kept safe.

The registered manager had processes and systems in place to monitor and improve the quality of the service.

We saw regular staff meetings were also held. Staff told us they were able to bring up topics for discussion.

The service was meeting all relevant fundamental standards.

Further information is in the detailed findings below.

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 remains Good

Is the service effective?

Requires Improvement ●

This service was not consistently effective.

While people's consent was considered, there was no documented evidence to show how people had consented before they received care. Mental capacity assessments were not completed where this was required

Staff had received train, induction and supervision.

People's health needs were met, and specialist professionals were involved appropriately.

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Parkhouses Independent Living Services

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 was a comprehensive inspection which took place on 24 September 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

This inspection was conducted by one adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR within the agreed timeframe and we took the information provided into account when we made the judgements in this report.

In preparation for our inspection we gathered feedback from health and social care professionals who visited the service. We also reviewed the information we held about the service and the provider. This included any feedback from people and the previous inspection report.

We visited one property with people's permission to observe how people were supported in their own home. We spoke to four people during the home visit. We observed their interactions with staff. We spoke to three care staff face to face and received email feedback from two staff. We spoke with the registered manager who is also the nominated individual and the office manager.

We looked at the care records of three people who used the service, training and three recruitment records

of staff members and records relating to the management of the service. We also contacted the safeguarding department at the local authority and other health and social care professionals to ask them about their opinion of the service.

Is the service safe?

Our findings

People who used the service told us they felt safe using Parkhouses Independent Living Services. Comments from people included, "I feel safe and I like the staff." All staff told us they had undertaken safeguarding training and knew their responsibilities to report any concerns. Safeguarding policies and procedures were in place and accessible for staff.

Risk assessments were in place and accessible to staff members to keep people safe. We saw these were person centred and based on people's health needs and social activities that people undertook. For example, people who could cook or go out independently had risk assessments related to these activities. Risk assessments had been reviewed and updated on a regular basis or when changes were identified. Environmental risk assessments had been undertaken in people's homes. Accident and incidents had been recorded and people had received appropriate support including medical advice where required. The registered manager had oversight of the records to ensure people were receiving the right care.

Recruitment processes were robust and ensured people who used the service were protected from unsuitable staff members. Improvements were required to ensure the recruitment policy guided staff on what actions to take where prospective staff could not produce references from a previous employer. The registered manager resolved this immediately after our inspection. Staff members told us, and records showed, that adequate staffing levels were in place within the service to cover home visits.

We looked at how medicines were recorded and administered. Staff had ensured that people's medicines were managed safely. People we spoke with told us they were happy with the support provided to them to receive their medicines. Medicines records were regularly brought to the office for auditing. Where errors were identified, feedback was provided to staff to ensure lessons were learnt.

Staff had completed training that the provider had deemed necessary to keep people safe in areas such as safeguarding, basic first aid and infection control. All staff we spoke with showed awareness of safeguarding protocols and knew how to report concerns. People's care records also contained information on how to report safeguarding concerns.

Appropriate action had been taken to ensure the safety of premises. The provider worked closely with the landlords to ensure people's properties were maintained in good repair. They undertook monthly reviews for each property where people lived. Any repairs were reported to the landlords. Staff also made sure that the equipment that they used was safe.

Policies and practices in the service ensured people were protected by the prevention and control of infection. For example, staff had received induction and training on infection control and prevention. Staff who supported people with food preparation had received food hygiene training. This helped to ensure people would be protected from the risks of infections. All the staff members we spoke with told us they had access to personal protective equipment (PPE) and adequate supplies of these were available. These systems and processes ensured that people were safe whilst receiving support from the service and its staff

members.

Is the service effective?

Our findings

People received effective care because they were supported by a staff team that were skilled and knowledgeable. Staff were experienced in supporting people living in the community and some had worked at the service for a long time.

Staff we spoke with knew the people who used the service well. They had received adequate training, supervision and appraisals to meet people's needs. Comments included; "I received on the job training, shadowed other staff and senior staff ensured I received enough support."

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 authorisation procedures for this in the community are made through the Court of Protection.

Requests for Court of Protection authorisations had been through the local authority and we observed staff giving people choices. The majority of the staff had received training in MCA. However, we found improvements were required to the processes and practices for checking people's mental capacity and consent. Records we checked showed that consent was not formally sought and recorded. There were no records of capacity assessments or best interests' decisions where it had been deemed necessary to request authorisation to restrict a person. We noted that people had not consented to having their photographs on social media which was widely used in the service.

Improvements were required to staff and the management's understanding of the principles of the MCA and how it related to protecting people from unlawful restrictions. We spoke to the registered manager and the office manager who informed us that they had believed that mental capacity assessments were undertaken by people's social workers. However, the provider is required to undertake their own mental capacity assessments to determine if people can consent to receiving care from their care staff. We recommend the registered manager seeks best practice and guidance on the application of mental capacity principles in line with the Mental Capacity Act 2005.

We found the service provided care and treatment to people who could display behaviours that could challenge others. There were policies and guidance to ensure that any risks associated with behaviours were dealt with in a safe and proportionate way and monitored as part of a wider person-centred support plan. Staff were guided to use strategies to de-escalate the situations. Some of the records we review showed people had positive behaviour support plans that provided staff with guidance on supporting them effectively.

Care files were clear in their guidance to support the staff to meet the individual nutritional needs of people. Staff had clearly identified people who required support with their nutritional needs through the nutritional assessments. Files had evidence that a comprehensive nutritional risk assessment had been completed that identified what support people required.

People were supported to live healthier lives, have access to healthcare services and receive on going healthcare support. There were links with other healthcare professionals, which was recorded in people's health action plans. There was also clear evidence of the service seeking advice and support from other agencies and we saw that guidance from healthcare professionals had been incorporated in people's care plans.

Is the service caring?

Our findings

Feedback from people who used the service was limited due to people's communication needs. However, some people were able to share their views with us. One person told us, "I am happy they help me go on holiday and go shopping." Another person commented, "[Name removed] is kind to me." Feedback records from people showed that staff were kind, caring and supportive of people who used the service.

We looked at how the service promoted equality and diversity throughout the service. There was an equality and diversity policy and staff had received training which included valuing people's diversity and treating people as individuals. Staff members knew people very well, including their preferences, background and history. People's care records contained information relating to their cultural/spiritual needs and relationships.

One staff member commented, "Parkhouses is dedicated to ensuring high standards of person centred care is provided to all our service users at all times."

Records of care showed that people were actively involved in reviewing their care plans. We saw person centred plans had been reviewed with people and their relatives where possible.

The service supported people to express their views and be actively involved in making decisions about their care, support and treatment as far as possible. We saw staff had discussed with people their preferences and choices. For example, where to go on holiday, what to eat, drink or what activities they wanted to be involved in. We also saw where people were asked to sign agreements in relation to change in their care plans to keep them safe. Records we looked at showed that staff were able to identify opportunities to refer people to advocacy services. There was information available to people should they require this service. This would benefit people who did not have access to support from family/friends or who wanted support from someone other than family or friends.

The purpose of the service was to enable people to be as independent as possible in order for them to be able to continue living as independently as they could in the community. Records we looked at showed that the service helped to promote people's independence.

We found records relating to people who used the service and staff members were stored securely. This helped to maintain the confidentiality of people who used the service. Staff told us they took extra care to ensure people's security was protected especially where people had a key safe.

Is the service responsive?

Our findings

People received personalised care that was specific to meet their needs and they were involved in the planning, goal setting and reviewing of their care. Comments from people included; "I'm happy I can go shopping for my mug and clothes.", "I'm not confident on my own staff take me out to watch my football team." There were person centred care plans in place. These clearly reflected people's choices and preferences, including what they wanted to achieve.

All the staff we spoke with and the records we checked showed that people's care and health needs had been reviewed regularly. This ensured any changes or deterioration in people's care needs was monitored and action taken. There were arrangements to ensure that any changes to people's needs were shared between staff.

Records we looked at showed people had access to other services that enhanced their health and well-being. For example, we saw staff shared information and advice on health services, weight management, healthy eating and supported people by referring them to their doctors if this was necessary. Each person had a health action plan with details of any checks and health appointments such as dentists, opticians and any other specialist health professionals. This meant people were supported to manage their health needs.

The provider had considered the use of technology to support people to receive care and support. For example, all people had electronic care records held on the provider's computers. A paper copy was also available for staff to record details of care provided while on home visits. We noted the provider had developed an internet information system to allow staff to share information securely and efficiently. They also made use of other electronic technology to support people to communicate with their relatives. For example, one person had regular skype video calls with their relative.

People who used the service told us they had choice of activities. They were supported to access the community and to be active members of their local community. We saw people went on holidays with staff. People were also supported to make an economic contribution to their local community. For example, two people had been supported to volunteer with local charities and to attend local football matches and an activities group run by the provider in the community. This meant people were supported to reduce the risk of social isolation.

The service had a complaints procedure in place. Records we looked at showed that one complaint had been received and dealt with in line with the service's policy. The person who had raised the complaint was able to discuss the resolution with the manager and signed to show they accepted the outcome.

We checked whether the provider was following the Accessible Information Standard (AIS). The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. Records had been adapted to meet people's needs, for example some information was available in an easy read format. People's records

had communication care plans that detailed people's communication needs. We would expect the provider to establish a policy on the Accessible Information Standard to ensure consistence in their practices.

Is the service well-led?

Our findings

We received positive feedback from people and staff regarding the service. Staff felt supported in their role. Comments included, "Staff and management work very hard and are completely dedicated to the well-being of all our service users. I am extremely proud to be part of the team at Parkhouses."

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were processes and systems in place to monitor and improve the quality of the service. Audits were completed on various areas of care delivery including people's houses. Concerns/issues were documented, including who this had been reported to. Policies and procedures were in place and accessible to guide staff in their roles. We saw there was a 'policy of the month' process where staff were invited to read one policy per month and sign to show they understood the policy. These had been reviewed and updated as required.

We noted that the registered manager had not been involved in local initiatives to share best practice, such as local authority led programmes. They informed us that they would consider this. This would help ensure the service was not isolated and that they keep up with best practice.

There was an improvement plan that was regularly reviewed between the registered manager and staff.

We saw people's views were regularly sought. There was a 'You say...we did' process where the registered manager responded to people's suggestions and views. People were also given feedback forms to share their views. These were forms asking people to share their views and experience of the service. In addition, the registered manager of the service visited people's houses and sought their views on the service. Evidence we saw, and feedback from staff, showed that staff views were sought, and the visions of the organisation were shared with them. For example, there were regular staff meetings, and regular supervisions.

There was a staff reward system. There was an award for staff who had gone over and above their duties. They were nominated as employee of the month.

It was evident the registered manager had sustained their overall rating of 'good'.

The provider was meeting the requirement to display their most recent CQC rating within the service. There were arrangements for notifying CQC of any accidents, serious incidents and safeguarding allegations in the service. This meant we were able to see if appropriate action had been taken to ensure people were kept safe.