

Parkcare Homes Limited

Lickey Hills

Inspection report

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Date of inspection visit: 17 and 18 June 2015
Date of publication: 07/08/2015

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 

Overall summary

This inspection took place on 17 and 18 June 2015 and was unannounced.

The provider of Lickey Hills is registered to provide accommodation with personal and nursing care for up to 82 people. Care and support is provided to people with dementia, personal and nursing care needs. Bedrooms, bathrooms and toilets are situated over two floors with stairs and passenger lift access to each of them. People have use of communal areas including lounges and dining rooms. At the time of this inspection 75 people lived at the home.

A registered manager was in post at the time of our inspection. 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.

Summary of findings

Although people enjoyed the meals and were supported to eat these other people with dementia were not effectively supported by staff to eat their meals and promote their dignity.

People and their relatives told us that they felt safe and staff treated them well. Staff were seen to be kind and caring, and thoughtful towards people and treated them with respect when meeting their needs. People's privacy was respected and they were supported to maintain their independence with signage and rooms with interesting things to look at to provide different opportunities for people with dementia.

Staff knew how to identify harm and abuse and how to act to protect people from the risk of harm which included unsafe staff practices. The provider had arrangements in place to show their were sufficient staff with the right skills to meet people's needs with risks to their safety reduced.

Staff understood people's care and support needs. People's medicines were available to them and staff knew how to provide the support people needed to meet their health needs.

Staff told us their training was up to date. All the staff felt their training and supervision supported and enabled them to deliver care safely and to an appropriate standard.

People were asked for their permission before staff provided care and support so that people were able to consent to their care. Where people were unable to consent to their care because they lacked the mental

capacity to do this decisions were made in their best interests. Staff practices meant that people received care and support in the least restrictive way to meet their needs.

Staff monitored people's health and shared information effectively to make sure people received advice from doctors, dieticians and the community mental health team, according to their needs.

People were satisfied staff cared for and supported them in the way they wanted. People's care plans described their needs and abilities and were relevant to the risks identified in their individual risk assessments. This included supporting people to have fun and interesting things to do so that the risks of social isolation were reduced.

Staff enjoyed their work and were guided by a clear set of values. They felt able to share issues and ideas to make improvements for the benefit of people who lived at the home. Staff spoke about people who they supported with warmth and fondness.

The provider had responsive systems in place to monitor and review people's experiences and complaints to ensure improvements were made where necessary. Senior managers visited the home and provided their impressions of the home which included the standard of care people received. The management team used this information to enable improvements to be sought. This helped to support continued improvements so that people received a good quality service at all times.

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?

The service was safe.

People felt safe with staff and staff knew how to protect people from harm.

Risks to people's individual health and welfare were assessed and there were enough staff with the right skills to deliver care and support according to people's needs.

People's medicines were available when they needed these and staff knew how to support people to have their medicines to meet their health and safety.

Good



Is the service effective?

The service was not consistently effective.

The support available to some people with dementia whilst eating their meals did not make sure people had the right support and a positive meal time experience.

When people were unable to make specific decisions these were done in people's best interests. People received care and support in the least restrictive way to meet their needs.

Staff received training appropriate to support people's individual needs.

People were supported to maintain their health and were referred to doctors, dieticians and the community mental health team appropriately.

Requires improvement



Is the service caring?

The service was caring.

People were treated with kindness and respect by staff who knew people well and understood their likes and dislikes.

Staff had positive caring relationships with people and knew what was important to them.

People had been involved in decisions about their care and their independence and privacy had been promoted and respected.

Good



Is the service responsive?

The service was responsive.

People were confident that they received the care and support they needed which included enabling people to follow their own interests.

Staff knew when people's needs changed and shared information with other staff at daily handover meetings.

Good



Summary of findings

People told us they were aware of how to make a complaint and were confident they could express any concerns.

Is the service well-led?

The service was well led.

People benefitted from staff who understood the positive values and culture of the service seen in the way staff spoke and the care they provided.

Staff enjoyed their work and understood their roles and responsibilities.

The provider had various arrangements in place which enabled the leadership to continue to make improvements to the service for the benefit of people who lived at the home.

Good



Lickey Hills

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 17 and 18 June 2015 and was unannounced. The inspection team was made up of two inspectors and a specialist advisor who is a nurse and an expert by experience who has knowledge and experience of care for older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We checked the information we held about the service and the provider. This included notification's received from the provider about deaths, accidents and safeguarding alerts. A notification is information about important events which the provider is required to send us by law.

We requested information about the service from the local authority and the clinical commissioning team. They have responsibility for funding people who used the service and monitoring its quality. In addition to this we received information from Healthwatch who are an independent consumer champion who promote the views and experiences of people who use health and social care.

We spoke with 14 people who lived at the home and five relatives. We spent time with people in the communal areas of the home. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who use the service.

We spoke with the registered and deputy manager, nine staff members which included the chef and one of the domestic staff members. We looked at the care records for five people, and sampled accidents records, training records, three staff recruitment records and staff rotas, menus, complaints, quality monitoring and audit information.

Is the service safe?

Our findings

People spoken with shared their experiences of feeling safe. One person told us, “They (staff) know what I need and are always there when I need them.” This person described how staff helped them to feel and keep safe. They told us they needed staff to assist them with their physical needs otherwise they would be at risk of falling. Another person told us, “Staff treat me well, they (staff) make me feel safe, you hear such terrible stories about people being treated badly. It is not like that here.” We also received positive responses from relatives about how they felt their family members were supported to stay safe. A relative told us, “I am really pleased with the home; [my relative] is safe and well cared for.”

Staff we spoke with were able to tell us how they kept people safe and protected them from harm and abuse. They knew about the different types of abuse and the signs to look out for which would indicate that a person was at risk of harm or abuse. All staff we spoke with had received relevant training and understood the responsibility they had for reporting any incidents of potential abuse to people. In addition to this staff had access to the safeguarding procedures and how to report concerns to the local authority. They told us they had confidence in the management team that they would listen and take action on concerns raised. We saw from records that where safeguarding incidents had taken place the registered manager had ensured action to protect people from harm.

Staff we spoke with could identify the risks to individual people’s safety and the actions they needed to take to manage these risks. For example, we saw people with reduced physical needs were assisted by staff from their chairs to wheelchairs. We saw staff supported people with specialised equipment and staff made sure people were comfortable. Staff we spoke with were able to tell us how they felt confident to use equipment to help people to move as they had received training to do this safely. Staff were also able to tell us about the different types of slings they used so that people were safe whilst they were supported. We saw where people needed walking frames they had these close to hand so that people could move around as they chose with risks to their safety reduced. One person told us, “If I need any help to stand they (staff) are always willing to support me so that I don’t injure myself.” Staff told us and we saw some people with dementia

needed prompts about why and where they were in the home. Staff provided these together with some visual prompts so that people were reassured they were in a safe place as they walked freely around their home. A relative told us, “[My relative] can be challenging but staff are able to manage her.”

Staff understood how to report accidents, incidents and near misses and knew the importance of following these procedures to help reduce risks to people. The registered manager monitored all accidents and incidents which occurred. They told us that by monitoring these they could identify any trends which may indicate a change in people’s needs or their health condition. We saw where accidents and incidents had taken place these had been investigated to help prevent these from happening again.

People told us there were enough staff to meet their needs. They told us staff always came when they used their call bell. They said that sometimes staff were busy with an emergency or assisting another person but always came to them to say they would be with them as soon as they could. One person showed us and told us about how staff quickly came if they pressed their call bell alarm. Another person said that at times staff seemed to be busy but they always assisted them. A further person told us, “I get a lot of aches and pains but they (staff) will come and help me.” We saw this person communicated with staff and this confirmed that they felt safe and confident in asking for help when they required it. We asked the manager how they made sure there were sufficient staff to meet people’s individual needs. They told us that staffing levels were based on meeting people’s assessed individual needs and staff shortages would be covered to make sure staffing levels were maintained. We saw this happened on the day of our inspection. Staff spoken with did not raise any concerns about staffing levels. Staff were present in the communal areas of the home and when a staff member needed to leave a lounge area we saw they made sure another staff member was present to assist people. We saw people were not kept waiting for assistance and staff did not rush people when they supported people with their needs.

Staff told us they were unable to start work at the home until references from previous employers had been obtained. We saw checks had been completed to make

Is the service safe?

sure they were suitable to work with people who lived at the home. Staff recruitment files confirmed what staff had told us and showed people were protected by the provider's recruitment arrangements.

People we spoke with told us they always received their medicines and were happy for staff to support them with these. People were supported to take their medicines when they needed these by nurses who were trained to do this.

Some people had their medicines 'as needed' which detailed when people might need them, such as when in pain. We spoke with a staff member who administered medicines and they knew how to manage and administer people's medicines to make sure people received their medicines at the right time and in the right way. Medicine records were up to date and we saw medicines were stored securely.

Is the service effective?

Our findings

We saw that not all people who lived at the home had a positive lunch time experience. In one dining room we saw tables were nicely laid with cutlery and napkins. People were served their meals in a timely way by staff who provided support so that people had sufficient support to eat well. However, in another dining room we saw people with dementia did not receive sufficient attention and support to have a positive experience at lunch time. For example, when people were assisted to the dining tables these were not laid with cutlery, condiments and napkins and people had to wait for a long period of time for staff to serve their meals and assist people where required. This resulted in people becoming restless and three people moved away from the tables to walk around the room. One person said, "I want something to eat, been here ages." There were other people who had fallen asleep at the table. Another person poured some of their drink onto their meal.

Staff told us that a person who sat alone at a table was prone to throw their food or take food from other people's plates. This person got up from the table as they too became restless due to the long time they had waited for their meal and eventually sat at another table. When staff did speak with this person this was not done in an effective way to show staff used their dementia awareness training when communicating with people who needed support with their needs. We heard staff say to this person, "Are you looking to pinch someone's dinner" and "You've been eating other people's dinner." We also heard another person asked to be supported into the lounge after they had finished their meal and a staff member who was taking the hot drinks trolley round responded, "As soon as we've finished." When we spoke with the registered manager about people's meal time experiences in this dining room. The registered manager told us about the actions they planned to take, such as, the chef would now serve the lunch time meal in this dining room to assist in promoting people's meal time experiences.

People spoken with told us they enjoyed the food and that there was always plenty to eat and drink. One person told us, "It tastes very nice." Another person said, "There is always plenty on my plate, it tastes like homemade food which I like."

We saw that people had access to drinks and snacks throughout the day. People's needs had been considered

as to whether they were at risk of not eating or drinking sufficiently. Staff told us and the records confirmed that when needed staff had sought the advice of the doctor, dieticians and speech and language therapists. Where people required their drinks to be thickened we saw staff considered each person's needs to make sure their drinks were at the right consistency to help people who had swallowing difficulties. Staff and the chef were also aware of which people required a diabetic diet. We saw their diets were catered for together with people who had cultural needs whereby their meals needed to be right to suit their particular tastes.

People thought staff had the right skills and knew how to meet their needs. One person told us, "They seem to know what they're doing. I think they do get training." A relative said, "She is given care that is in line with her care needs."

Staff had received training which was relevant to their roles and this was kept updated. Staff told us they had received 'Creative Minds' training which helped them to understand dementia and how to support people with their behaviours which challenged. We saw examples of how staff put this training into practice when they were supporting people. For example, a person tried to take something away from another person who was beginning to become unsettled due to this. Staff understood what actions to take and effectively distracted the person away from the item they were trying to take. This helped both people to be supported with their needs effectively met.

We spoke with one staff member who had recently started working at the home. To help them to get to know people who they supported they worked with other staff as part of their induction programme. All staff felt supported in their roles by the management team and their colleagues. Staff told us they had one to one meetings which gave them the opportunity to discuss any concerns or issues they had, training they needed and to gain feedback about their own performance. The registered manager confirmed what staff had told us. The registered manager also told us when they showed potential new staff around the home it gave them the opportunity to gain an insight into how new staff responded to people. It would also provide new staff with an initial insight into whether the home would be the right place for them.

Staff approached people in a respectful way and asked for their permission before providing their care and support needs. One staff member told us, "I always offer choice, and

Is the service effective?

the information people need to make a choice." We saw this happened when one person was asked if they wanted to come to the dining table for their lunch they chose to have their lunch in the lounge which staff respected. We saw staff used body language gestures when they communicated with people. Staff also together with showed items to people so that they could make decisions, such as, showing different plated meal options and items of clothing. Staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff we spoke with knew how to put their training around the MCA and DoLS into practice. Staff told us that people's capacity to make their own decisions was assessed when a person needed support with their decision and we saw this was the case. Where people were unable to make choices, decisions were made in their best interests. This included involving relatives and other representatives to help people make decisions that were right for them. Relatives we spoke with confirmed they were involved when specific decisions needed to be made. A relative told us, "We are always involved if a decision needs to be made."

The registered manager was knowledgeable about the DoLS. They had taken the action and DoLS applications

had been made where people's liberty may be restricted in order to keep them safe and effectively meet their needs. Staff used their knowledge around DoLS to support people with their needs and daily routines in the least restrictive way as possible. Staff used different ways of supporting people to move around the home as freely as possible whilst effectively maintaining their safety. For example, one person liked to occasionally leave the part of the home they lived on and walk around the different parts of the ground floor of the home. Staff supported this person's choices as the person who would sit in the reception to have a drink and continue with their walk.

People were supported to stay healthy and well. One person said, "They (staff) will call a doctor if I need one." Another person told us the doctor visited the home regularly and staff would arrange for them to see the doctor if they wanted to. People told us if they needed an optician or a chiropodist this was arranged for them. Staff reported concerns about people's health to the nurses or management team who would then contact the relevant health professional if needed. For example, staff had taken advice from the specialist nurse when people had pressure sores to help in promoting the healing of these and this was recorded for staff to follow.

Is the service caring?

Our findings

People told us that staff were caring and they were happy living at the home. One person told us, "I think they're (staff) very kind." Another person said, "I like them (staff) all, they are very good to me." People who lived at the home and their relatives told us that visitors were made welcome. One relative told us, "The staff are very friendly and I can visit whenever I like." We saw positive conversations between staff and people who lived at the home and saw people were relaxed with staff and confident to approach them for support.

People were treated with kindness and respect. We saw that staff knew how to support people with their changing needs across the day and staff showed they cared. For example, one person started to remove their clothes. Staff responded promptly so that this person's dignity and privacy were maintained. One person told us, "They (staff) care for me with respect and dignity."

Staff knew people well and understood and had learnt their likes and dislikes. For example, one person liked to sit by the window and watch the wildlife. Another person had something which was important to them and helped them to feel reassured. We saw this person's body and facial expressions showed they were relaxed and content. A further person was enjoying a conversation they had with staff about their working life as staff helped them in reminiscing about what they used to do.

Staff had the knowledge to meet people's needs whilst ensuring people had every opportunity to remain as independent as possible. One person told us, "I do something's by myself." We saw two staff members supported someone to stand. They made sure that the person understood what was about to happen. They gave the person gentle support, and encouraged them to do as much as possible without assistance. This was also the case at meal times as people's independence was promoted by staff making sure people had the right cutlery and crockery to aid and meet their individual needs.

We saw there were some arrangements in place for people to be involved in making decisions. If people needed an advocate staff had access to information about this resource to support people in their lives and speak up on their behalf when this was required.

People told us staff respected their privacy and they were never made to feel uncomfortable or embarrassed when assisted with personal care. We saw staff discreetly assisted people with their toileting needs and closed doors to ensure people's privacy was protected. One person told us, "Staff always knock my door and don't come in until I answer." We saw and heard staff do this and they were polite to people and used people's preferred names when speaking with them.

Is the service responsive?

Our findings

People told us that staff met their needs in the way they wanted them to and at time they needed support. One person told us, "I am very happy with the care." Another person said, "Staff know about me and help me when I need it which is all that matters to me." A further person told us, "My roommate was taken ill and the nurse stayed with her until the medical people arrived, they reassured her."

All the staff we spoke with had a good understanding of people's preferences, routines and care needs. Staff were able to describe how they supported people and knew changes in behaviours may indicate that something was wrong. Staff told us people's choices and routines were written down in their care plans together with people's life histories. We saw examples of how staff responded to meet people's preferences as assessed and planned for. For example, one person liked to listen to a certain radio station whilst they were in bed and we saw this was being played for this person. One person told us they liked to spend time in their room but at meal time they liked to eat their meal in the dining room but needed staff to assist them. We saw staff helped this person just before lunch to the dining room.

We saw people were supported appropriately at different times and by different staff. We saw staff provided support and care that responded to people's needs as assessed and planned for. For example, when people were identified at risk of developing sore skin, such as pressures sores, staff made contact with the specialist nurse, known as the tissue viability nurse to gain advice. We saw that one person who had come to live at the home did have a pressure sore but this had now healed due to the good wound management care they had received from staff.

Staff we spoke with described how people received care personalised to them. One staff member said, "I always ask people what they want." Another staff member said they had handovers which gave them information about people's current needs together with any changes to people's needs. They told us this was important as a lot can happen between each shift changing. We saw staff had handovers that took place at the end of each shift and staff told us they were able to refer to the notes during the shift.

We saw people and their relatives were involved in attending review meetings and had been kept fully informed of any changes to people's needs. One relative told us, "If anything changes or is needed they let us know." In addition to this the provider had an initiative called 'Resident of the day' where each person had a nominated day where their individual needs were reviewed. This initiative involved people in having their say in how aspects of their care was provided and responded to. For example, people would have the opportunity of speaking with the staff member responsible for organising social events to discuss whether their social interests were met and to consider improvements as required. Although this initiative was in place people told us they would be able to speak with the staff and the management team about their needs and how these were responded to at anytime. For example, a person had asked for staff assistance on the day of our inspection so that they could access the internet. Staff responded promptly to their request which was being looked at.

We saw that people could join in group games, quizzes, watching films or do something they enjoyed on their own, such as, reading. A person told us, "I have enough to do and I am happy to sit and enjoy my own company but if I want I can join in the quizzes." We also saw staff took time to chat with people on a one to one basis where smiles and laughter took place. One person said, "I like reading but sometimes I like to have a chat with people, it depends how I feel." Another person told us how they enjoyed their daily chats with the domestic staff. We spoke with staff about how they supported people with their individual interests. Events were arranged and people attended as they wished, such as, entertainers and people could attend church services. Staff also told us about the daily newspaper that had been written for people who lived at the home. This had articles about what happened in past years to help people with their memoirs. We saw staff used this as a talking point to engage in conversation with people.

People and relatives who we spoke with told us that they would raise any concerns or complaints' that they had with the staff and management, if they needed to. They told us that they would feel comfortable in doing this. We looked at the complaints procedure which showed how people would make a complaint and what would be done to resolve it. Some people who lived at the home would need support in order to raise their concerns and staff told us

Is the service responsive?

they would observe people's body language or behaviour to know whether they were unhappy or happy. We looked at the complaints and found these had been investigated in line with the procedures and action taken where required to resolve the issues raised. We also saw meetings were held with people at the home where they were

informed and consulted about some aspects of the running of the home. For example, we saw that people had the opportunity to give their views about the standards of meals at the home and where improvements could be made.

Is the service well-led?

Our findings

People spoken with and their relatives were happy with the quality of care they received. They told us the registered manager and staff were approachable and available if they needed to speak with them. One person told us, “The manager is approachable and when she is not around there are other staff.” Another person said, “I don’t see much of the manager but there are nurses and other staff who I can speak to if I need to, the place seems to be well run as far as I can tell.” A further person told us, “Most of the carers are great it shows they are well managed.”

We found that there was a positive culture which was inclusive and supportive to both people and staff which enabled them to provide their feedback and suggestions about the service. For example, people could have their say about what they would like and we saw ‘you said’ and ‘we did’ was used to show how people’s suggestions had been listened to and action taken. We saw people said they would like to grow flowers and other things. This suggestion had been listened to and actions were displayed. These informed people that a dedicated area in the garden would be provided to grow flowers and vegetables and information would be sourced about setting up an allotment.

The registered manager was fully supported by the deputy manager and senior managers in the organisation. They all worked to a clear set of values which were displayed as a reminder for the management team and staff alike. Staff spoken with liked working at the home and were motivated to provide a good standard of care to people. We saw many examples where staff worked as a team and communicated with each other and understood their roles and responsibilities. For example, we spoke with staff who made sure the home environment was clean which included people’s rooms. One staff member said they enjoyed their work and chatted to each person as they went about their daily duties. They had a sense of how they could contribute to the overall care people received. We saw that this staff member knew each person by their name and made sure people were happy for them to clean and tidy their rooms. One person told us, “She is very pleasant and brightens my day with her humour.”

Staff had opportunities to contribute to the running of the service through regular staff meetings and supervisions. We saw staff the management team discussed their expectations of staff during meetings and how improvements could be made to the quality of the care people received. Staff spoke positively about the leadership of the home. One staff member told us, “I love my job” Another staff member said, “We [the staff] all work well together.” They told us there was a culture of openness and suggestions and concerns raised by staff were taken seriously and acted upon. Staff were also aware of the provider’s whistle blowing procedures which they told us they would not hesitate to use if they felt their concerns were not addressed by the management team.

Our discussions with the registered manager showed they fully understood the importance of making sure the staff team were fully involved in contributing towards the development of the service. Staff had clear decision making responsibilities and understood their role and what they were accountable for. We saw that staff had designated duties to fulfil such as checking and ordering medicines, reviewing care plans and contacting health and social care professionals as required. Staff told us they felt valued and were enabled to share ideas for the benefit of people who lived at the home.

We spoke to the registered manager of the home who showed good knowledge of all aspects of the service including the people living there, the staff team and her responsibilities as registered manager. The registered manager was aware of other initiatives in the provider’s other homes as well as the provider’s national initiatives.

Support was available to the registered manager of the home to develop and drive improvement and a system of internal auditing of the quality of the service being provided was in place. We saw that help and assistance was available from the deputy manager to monitor, check and review the service and ensure that good standards of care and support were being delivered. Senior managers and the chief executive officer visited the home on a regular basis and they would provide their thoughts about the standards of care. The registered manager worked to an on-going improvement plan continually improved the quality of the service people received.