Intelligent Care Limited

Queens Park View

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?	Requires Improvement

Summary of findings

Overall summary

Queens Park View provides residential care for up to six adults with enduring mental health needs. The home is a large, three storey terraced house, consisting of six single bedrooms and communal areas. Queens Park View is registered to provide personal care and accommodation for six people. At this inspection six people were living there.

At the last inspection the service was rated overall good. At this inspection we found the service remained good.

The provider had failed to notify us that the previous registered manager had left their employment. Although they have now have another manager in post they have yet to register with us.

The manager and provider were approachable and supportive towards people and staff members. People were encouraged to be involved in decisions about Queens Park View and their suggestions were valued by the provider.

People continued to remain safe from the risks of abuse or ill-treatment. This was because staff members knew how to recognise and respond to such concerns.

People were supported by enough staff to meet their needs and people received their medicines safely.

The provider followed safe recruitment procedures when employing new staff members.

Staff members had the training and skills to meet people's individual needs.

People had care and support plans that reflected the areas of their lives which they needed assistance with. When changes occurred in people's needs these care and support plans were reviewed to reflect the changes.

People were supported to have choice and control over their lives. They were assisted by staff in the least restrictive way possible. Staff were aware of current guidance which directed their practice and people's human rights were protected by the staff who supported them.

People received support that continued to be caring. Staff members respected people's privacy, dignity and promoted independence through personal skill building.

Staff members knew people's support needs and assisted them as they wanted. People were encouraged to raise any concerns or complaints. The provider had systems in place to address any issues raised with them.

Staff members felt valued as employees and their opinions and ideas were encouraged by the provider. The

provider had systems in place to monitor the quality of service and where necessary made changes to drive improvements.

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? The service remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service requires improvement	**Requires Improvement**

Queens Park View

Detailed findings

Background to this inspection

This inspection took place on 18 and 19 July 2017 and was announced.

This inspection was completed by one inspector. Queens Park View was given 24 hours' notice of this inspection. This was because the service provides care for younger adults who are often out during the day. We needed to be sure that someone would be in.

We reviewed information we held about the service. We looked at our own system to see if we had received any concerns or compliments about the provider. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law.

In addition we asked the local authority and Healthwatch for any information they had which would aid our inspection. We used this information as part of our planning.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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.

We spoke with five people, two care staff members, the manager and one visiting healthcare professional. Following the visit to Queens Park View we had contact with the provider via email.

We looked at the care and support plans for three people including assessments of risk and records of medicine administration and weight monitoring. We confirmed the safe recruitment of two staff members.

Good

Is the service safe?

Our findings

People told us they continued to feel safe and protected from the risks of ill-treatment and abuse whilst staying at Queens Park View. One person said, "Everything's fine. I am safe. I can do pretty much what I want." Another person told us how they were supported by staff to manage their money safely which minimised the risk of financial abuse. Staff members we spoke with told us they had received training on how to recognise and respond to concerns of abuse. We saw information was available to people and staff on how to raise a concerns and who to contact if they needed. We saw that the provider had made appropriate notifications to the local authority in order to keep people safe.

People told us they were safely supported at Queens Park View. One person said, "Everything's OK. There are no problems and its quite safe living here." One person told us that during recent building work they helped the builders store away their tools in order to keep their home safe and secure during the work.

Risks associated with the environment or with equipment had been identified and steps taken to minimise the risk of harm. We saw that following a recent check and recommendations by the Fire Service the provider had commissioned the services of a health and safety consultant. As a result the provider had arranged for changes to be made to the physical environment which included replacement fire doors and an additional fire exit. We saw this work was being completed at this inspection. We saw regular checks of the fire systems had been completed and that people had personal evacuation plans in place in case of emergency. People told us they had recently helped with the testing of the fire alarms and they knew where to go in case of evacuation.
We saw individual assessment of risk for people including eating and drinking, trips and falls and when going out unaccompanied. Staff we spoke with knew what to do to keep people safe.

Any incidents or accidents were reported by staff members and monitored by the manager and the provider. This was to identify any trends or patterns which required further action. This included updating the risk assessments and informing staff members of any changes.

People told us, and we saw, that there were enough staff to support them safely and to assist them to do what they wanted. Those we spoke with told us they were independent and self-sufficient and that they only needed staff to support them when they needed. One person said, "They (staff) are around if I needed them, Sort of a safety net for me."

The provider followed safe recruitment procedures when employing new staff members. These checks included obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable staff from working with people.

People told us they received their medicines when they needed them. One person told us how they liked to take their medicines. We saw this person was supported as they had described. Staff members were trained and assessed as competent before assisting people with their medicines.

Good

Is the service effective?

Our findings

People told us they continued to be supported by a well trained and experienced staff team. One person said, "I think they (staff) have what it takes to support us here." The staff we spoke with told us they had completed training which included moving and handling, safeguarding adults and the safe handling of medicines.

New staff members working at Queens Park View had a clear introduction to their role. This included working alongside more experienced staff members or the manager. One staff member told us, "This was really good as it gave me the opportunity to ask questions without feeling foolish." Following their introduction new staff members met with the manager. It was during this meeting they reviewed their progress and were then identified as competent to support people. Staff members told us they felt well supported by the manager and their colleagues.

We saw staff members sharing information appropriately between themselves and other healthcare professionals responsible for supporting people. One visiting healthcare professional told us that when they needed it they received up to date information regarding the people they supported. This included any changes in health or behaviour which the person or staff had recognised.

People were supported to have choice and control over their lives and staff supported them in the least restrictive way possible. The policies and systems at Queens Park View supported this practice. People told us, and we saw, that staff asked for people's consent before they helped them.

Staff we spoke with understood what to do if someone could not consent to their own care. This included making sure decisions were made in people's best interests to protect their individual rights. When required, this included involving families and other healthcare professionals in order to make decisions in people's best interests.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At this inspection the provider had submitted appropriate applications when needed. However, the decisions regarding these applications had yet to be made.

People told us, and we saw, that they were supported to have enough to eat and drink to maintain their well-being. We saw one person planning what they wanted for their lunch and was encouraged by staff members to complete the preparation themselves. Another person was reluctant to eat anything. We saw staff engaging them and presenting options which they knew the person liked. We later saw this person eating what they had chosen. One visiting healthcare professional told us, "[Person's name] never eats much. Supplements were prescribed but they chose not to take them. Staff do everything they can to encourage them to maintain a healthy diet."

People had access to healthcare services when they needed it. One person stated that they felt a "little funny" and requested a GP visit. We saw staff responding to this and assisting the person to make the decision about what medical intervention they thought they needed. We later saw staff carrying out the person's wishes.

Good

Is the service caring?

Our findings

People told us that they continued to be supported by a "good," "caring," and "fun," staff team. One person said, "Staff here are grade A. I love them." Another person said, "They are alright, I can ask them anything." Staff we spoke with talked about those they supported with warmth and respect. Throughout this inspection we saw people and staff chatting in a relaxed and friendly manner.

People told us they felt able to talk with staff about things that concerned them and made them feel anxious. One person told us about their concerns regarding a recent change to the physical environment in which they lived. We saw this person then approach a staff member and express how they felt. The staff member talked them through their concerns and looked further into how they were feeling. Along with the person they identified additional areas of concern which this person was experiencing and adding to their anxiety. Together they talked about coping skills and how the person could manage and express themselves. Later, as we were talking with this person, they told us how much better they felt just by talking to someone.

People told us, and we saw, that they were involved in making decisions about their lives and the care they received. We saw one person making decisions about how to follow their faith. We saw staff members reminding this person about the fundamentals that the person believed in and encouraged them to make decisions based on their beliefs. One staff member told us, [Person's name] can make decisions themselves and we encourage this completely. Sometimes they can become confused and we are able to remind them about the wishes and beliefs they have previously expressed to us. This helps them to make a more informed decision." At this inspection we saw people making decisions about what they wanted to do, where they wanted to go and what medical intervention they needed.

People's privacy and dignity was respected by those supporting them. People told us staff asked their permission before doing anything to assist them.

People's private and personal information was kept confidential and stored securely.

Good

Is the service responsive?

Our findings

People told us they were still involved in the development of their own care and support plans. We went through a two care plans with the people they related to. One person told us, "It is about me and the help I need." The care and support plans we saw were up to date and reflected the individual preferences and needs of those they related to. Staff we spoke with could tell us about those they supported in detail. This included family histories, health needs and support, likes and dislikes. Staff we spoke with told us about the importance of knowing those they supported. One staff member said, "Sometimes people can become upset or distant, which is fine because we all feel like that sometimes. However, just understanding them as an individual helps us to support them as they want."

We saw the care and support plans were regularly reviewed. Any recent changes to people's needs or preferences were recorded for staffs awareness. This helped ensure people received consistent care and support from a well-informed staff team.

One person told us about their aspirations and what they wanted to achieve. We saw this person discuss this with the manager and with other care staff. Staff members confirmed this person's aspiration and assisted them to identify small achievable targets which would help them to realise their dreams. One staff member told us, "We encourage people to achieve what they want in life. However, the end goal can sometimes be difficult to achieve so we try and break it down into smaller more realistic and achievable. This helps people remain motivated as they are achieving things along the way."

At this inspection we saw people engaged in a number of activities they chose and enjoyed. One person had arranged a visit to a local coastal resort. We saw others going out shopping, cooking and assisting with household tasks including the laundry. One staff member told us, "Basic living skills are encouraged. If someone has a long term goal of living independently they should have the time, encouragement and opportunity to develop these skills."

People told us they knew how to raise a complaint or a concern if they needed to do so. One person told us, "I would just tell whoever was her at the time and they would make it right." We saw the provider had taken action to investigate and respond to any complaints made. These included changes to the physical environment at Queens Park View following feedback from a relative.

Requires Improvement

Is the service well-led?

Our findings

In recent months there had been a number of changes to the management team at Queens Park View. We were told by the current manager that the previous registered manager had left at the beginning of the year. Between the previous manager leaving and the appointment of the current manager an interim manager was in post. This was to ensure people and staff received continuous support. However, owing to unforeseen circumstances the provider was not as involved with Queens Park View as they usually were. As a result the provider failed to complete a statutory notification to us regarding the registered manager.

A newly appointed manager was in post at this inspection. However, they had yet to register with the Care Quality Commission. 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. They understood the requirements of registration with the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. The manager and provider had appropriately submitted notifications to the Care Quality Commission albeit the one previously mentioned.

People and staff members told us that they felt supported throughout this transition period. They told us the current manager was approachable and understanding. At this inspection we saw people expressing themselves openly and freely with the manager who responded appropriately to them. Staff members told us they could approach the manager at any time for advice, guidance or support. Staff members told us they also saw the provider but owing to recent circumstances, already alluded to, this had recently been infrequent.

People told us that they felt encouraged to be involved in the service they received and contributed towards decisions that effected where they lived. One person told us about the security arrangements and how they had discussed this with the manager. Another person told us about the recent building work and how they helped to keep their home safe during this time.

Queens Park View had good ties with the local community. We saw people going out and about and maintaining their independence by attending local community facilities. People spoke fondly about where they lived and the places they visited.

Staff members felt valued by the manager and provider. Staff members told us they had regular opportunities to discuss their roles and the support of those living at Queens Park View. Staff members, the manager and provider shared values of encouragement and promoting independence for those they supported. Staff understood the whistle blowing procedures and felt they would be supported should they need to raise a concern.