

## Parkcare Homes (No.2) Limited

# 82 Park Street

### Inspection report

82 Park Street  
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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Requires improvement 

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 took place on 16 January 2016 and was unannounced. The last inspection took place on 15 January 2014. This was a follow up inspection from the 30 September 2013 inspection at which time a breach of legal requirements were found in relation to records. The follow up inspection in January 2014 found the service to be compliant at that time.

82 Park Street provides care and accommodation for up to five people with a learning disability. At the time of our inspection there were four people using the service.

There was a registered manager in place at the home. 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.

The service was safe in most aspects; however more needed to be done to ensure that the risks associated with medicine stock documentation and auditing were

# Summary of findings

minimised. Safe procedures and a policy was in place to guide staff to manage people's medicines safely. Staff received training to guide them in best practice procedures.

People told us they felt safe and were well cared for by staff. Comments included "I have been here years. I am very happy and safe".

On the day of our inspection sufficient numbers of staff were available to support people's individual needs safely. This was observed throughout the inspection and included the lunchtime meal activity. Some staff told us the service was experiencing staff shortages that sometimes could put pressure on the service and its staff. The staffing issues were confirmed by the registered manager who said they and other senior staff had been working weekends and extra hours to support any shortfalls. We saw people were supported with their nutritional needs in line with their assessed needs.

People's rights were protected in line with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People's capacity was considered in decisions being made about their care and support and best interest decisions were made when necessary.

People's records demonstrated their involvement in their support planning and decision making processes. People we spoke with confirmed their involvement in the process

and how staff respected their wishes. People had choice about their daily activities this was confirmed by documentation that we viewed and one person who was able to tell us of their experience.

People were supported by staff who were kind and caring in their approach and were treated with dignity and respect. This was confirmed by the observations we made during our inspection.

People had support plans and risk assessments in place that were representative of people's current needs and gave detailed guidance for staff to follow. Staff understood people's individual needs and preferences which meant that they received care in accordance with their wishes.

The provider had ensured that staff had the knowledge and skills they needed to carry out their roles effectively. Training was provided and staff we spoke with were knowledgeable about people's needs.

Staff we spoke with felt the service was well led and the registered manager ensured an open and transparent culture within the service. Staff meetings took place on a regular basis. Minutes were taken and any actions required were recorded. A detailed system was in place to monitor the quality of the service that people received. This included a system to manage people's complaints.

# 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 not always safe

In most aspects the service was safe for people. However we found that improvements needed to be made in relation to the stock records/audits of the medicines stored. It was not in line with the organisation's policy.

There were sufficient numbers of staff during our inspection to ensure that people were cared for in a safe way that met their needs.

There were risk assessments in place to guide staff in supporting people safely.

Staff were trained in and felt confident about safeguarding people from abuse.

**Requires improvement**



### Is the service effective?

The service was effective

People's rights were protected in line with Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff received training in this area to remain up to date with the latest guidance.

People received coordinated care and support and staff worked with other healthcare professionals. This ensured important information about the person's needs was shared.

Staff received good training and support to fulfil their roles that ensured people's needs were met.

People's health and nutritional needs were met. People received the support they required in line with their care and support plan.

Staff received supervision and training to support them in carrying out their roles effectively.

**Good**



### Is the service caring?

The service was caring.

All people were relaxed in the company of staff and staff had a good knowledge of people's likes and dislikes.

People were involved in planning of their care and support where they were able and they were given information in a way they could understand, such as pictorial information.

People were supported to maintain relationships with important people in their lives.

Staff were kind and caring in their interactions with people and people were treated with dignity and respect.

**Good**



# Summary of findings

People were given opportunities to attend meeting to share their views and be involved in any service development discussions.

## Is the service responsive?

The service was responsive

Personalised care and choice was delivered to everyone who used the service.

Staff had a good understanding of people's preferences and understood people's non-verbal communication methods.

A pictorial complaints system was in place to support people's individual needs. One person was able to tell us how they would make a complaint.

Good



## Is the service well-led?

The service was well-led.

There was an open and transparent culture in the home. Staff were confident about raising issues and concerns and felt listened to by the registered manager.

The registered manager communicated with staff about the service. Monthly staff meetings took place and staff were given opportunities to share ideas.

There were systems in place to monitor the quality and safety of the service provided. Action plans were devised and followed to improve the systems that were in place.

People's opinions were sought to improve the quality of the service.

Good



# 82 Park Street

## 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 16 January 2016 and was unannounced. The inspection was undertaken by one inspector. Prior to the inspection we looked at all information available to us.

This included looking at any notifications submitted by the service. Notifications are information about specific events that the provider is required to tell us about.

As part of our inspection we reviewed the care records for three people in the home and also looked at information sent to us in relation to three staff member's records to see how they were trained and supported. We spoke with all the people living in the home and one person was able to verbally tell us of their experiences living there. We made observations of the care other people received in the communal area to gauge their feelings with staff interactions. This was because not all people could tell us verbally of their experience of living in the home. We spoke with three members of staff who were on duty and the registered manager. We looked at other records relating to the running of the home which included audits, staff supervision and training records and meeting minutes.

# Is the service safe?

## Our findings

In most aspects the service was safe for people. However we found that improvements needed to be made in relation to the stock records/audits of people's medicines. While people's medicines were stored safely in a locked cabinet and a clear policy and guidance for staff was in place, this was not always followed. Together with a member of staff and the registered manager we checked the stock records of medicines and found that while the policy stated a monthly audit should take place this was not always the case. Some medicines had not been audited since 10 December 2015. Therefore the organisation's policy was not followed consistently and meant it could be difficult to highlight any discrepancies in the stock records. Some staff also told us they thought the audit should have been completed on a weekly basis as it did in other homes. One person's medicines stock record showed 49 tablets had expired and this was identified in November 2015 at a stock check, yet had not been returned to the pharmacy as per the medicines policy. Another person's records were not tallied up and another record showed a higher total than what was actually found in the boxes. This meant it was difficult to ascertain if people always received their medicines in line with their GP instructions.

Some discontinued medicine records remained in the file instead of being archived and could be confusing for staff when undertaking checks. All the above meant it was difficult to ascertain if the medicine records were correct and in the case of any errors made, would make it difficult to trace when the discrepancy occurred. The registered manager acknowledged our findings and told us "[name] had started this audit check yesterday and had highlighted some of these errors. The policy states we only have to do it monthly but we do really like to do it weekly really in most homes. I will call a team meeting to discuss in detail asap". The member of staff said "I am sure a lot is just recording errors as people do receive their medicines correctly". The registered manager immediately removed any out of date medicines and made improvements to the system. We were informed of the changes via email following the inspection.

This was a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One person we spoke with was able to tell us how they felt safe. They said "I am always safe here. Yes staff are good I have a code for the door and that keeps us all safe".

Maintenance, electrical and property checks were undertaken to ensure they were safe for people that used the service. We noted some damage to the ceiling of the dining area and we were told this was due to a leak earlier in the year. Staff we spoke with were unsure if this had been reported. This could pose a risk to dirt and debris falling from the damaged area as it was only stuck together with some tape as a temporary measure. The registered manager confirmed it had been reported to the maintenance team and was work in progress to be completed as soon as possible.

Staffing was arranged across four local homes in the organisation's group and most staff worked in all the homes at certain times throughout the month. Some staff said this worked well and gave them opportunities to work with a wide range of people with different support needs that widened their skills. Another member of staff said it could be demanding sometimes having to go from one service to another. One member of staff said "[name] home is quite unique and I will be able to work there when I have had certain training. In the [name] home people have a lot more physical support needs so you can widen your skills". Staff told us the organisation had recently experienced shortages in staff and at times could be difficult to find cover in some homes. During our inspection there were sufficient numbers of staff and activity plans demonstrated people undertook their regular activities as per their choices. We discussed the comments made with the registered manager who said "we have struggled at times in some homes due to the competitiveness of the area for care work it has made it difficult to recruit. A few very large care home have opened up close by. I also had a couple of staff on long term leave for a while, but one person has now just returned. Myself and [name] cover the shifts when short in other homes and also help out with transportation. As an organisation we are doing all we can". The rota analysis for December showed the staffing numbers did not fall below the minimum as stated by the registered manager.

There were recruitment practices in place to support the provider in making safe recruitment decisions. This included the completion of a Disclosure and Barring Service (DBS) check. This check gives information about

## Is the service safe?

any criminal convictions a person has and whether they are barred from working with vulnerable adults. The registered manager told us they also involved people living in the home in the interview process if they wished.

Risks to people's safety were assessed before they came into the service. Documentation confirmed people's risk assessments enabled the person to take reasonable risks associated with their daily living needs in a safe way. For example one person was at risk with hot drinks. Control measures were put in place such as ensuring the person had more milk in the drink and to ensure everyone was aware not to leave their hot drinks unattended. This was observed during our inspection. All risk assessments were reviewed regularly or if people's needs changed. One member of staff said "even if the risk level is high people are still encouraged to take the risk as we ensure the good management of it to ensure it is safe".

We found the provider had systems in place that safeguarded people from abuse. Staff we spoke with had a good understanding of what safeguarding meant and the processes to follow to report concerns. Staff received training in safeguarding and from speaking with staff it was clear they also received regular updates to ensure they were up to date with the latest guidance. Pictorial policies were also viewed for people that used the service. This

helped people understand what safeguarding meant and how they were protected. Staff we spoke with said "That was the first training I did when I came here. It is taken very seriously".

We asked staff if they understood the term 'whistle blowing'. This is a process for staff to raise concerns about potential malpractice of other staff in the workplace. Staff understood whistleblowing and the provider had a policy in place to support staff who wished to raise concerns in this way.

The provider had appropriate arrangements for reporting and reviewing incidents and accidents. The registered manager audited all incidents to identify trends or lessons to be learnt. Records showed these were clearly audited and any actions were followed up and support plans adjusted accordingly.

Emergency contingency plans were in place and regular fire alarm tests took place to ensure all equipment was fit for its purpose and staff were aware of the procedure in place. People had individual personal evacuation plans in place that contained information of how they needed to be supported in the case of a fire. This included an emergency 'grab sheet' that held information about the person and their health, that may need to be known in an emergency.

# Is the service effective?

## Our findings

The service was effective. People's rights were protected in line with the Mental Capacity Act 2005. 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 legally authorised under the MCA. We saw examples of best interest decisions being taken on behalf of people, where it had been assessed they did not have the capacity to make specific decisions. Documentation also contained details of who was consulted and involved in the decision making process. Pictures were used to aid people's understanding and their involvement.

Staff confirmed they had received training in the Mental Capacity Act 2005 and records we viewed confirmed this. Staff were able to tell us about key aspects of the legislation and how this affected people on a daily basis with their care routines. Staff were heard routinely asking people for their consent throughout the inspection and they had a good understanding of people's non-verbal communication needs that ensured their rights were respected. Staff gave examples of how they understood from people's facial expressions and vocalisation if they were happy to proceed with their routines. One staff said "Although [name] cannot verbalise they can tell us if they are happy with what we ask and they clearly will refuse. We know people well and look for the signs". Throughout our inspection staff were heard routinely asking people for consent in their daily routines. Consent to care and treatment was recorded within people's care records and documentation gave details of who was involved in their care and treatment planning.

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 told us where it was felt that a person needed to be deprived of

their liberty in order to keep them safe and it was in their best interests to do so, applications would be made to relevant authority for Deprivation of Liberty Safeguards (DoLS) authorisation.

Not all people that lived in the home used verbal communication. Staff demonstrated they understood people's non-verbal communication gestures. For example, One person looked anxious and began to touch the member of staff several times on the arm. The member of staff told us what they thought the person wanted and proceeded to go with the person. A short time later the person returned looking quite relaxed after changing their clothing. The member of staff said "we understand what [name] wants. They are well able to make their wishes known".

People received co-ordinated care and people's care records were maintained accurately and completely to ensure full information was available to guide staff in meeting people's needs. We saw evidence in people's care plans that demonstrated people had been visited by their GP and other health care professionals. For example, people's files held information and advice sought from the Community Learning Disability Team. People were visited by their social worker and other professionals when there was a change in their needs and support plans were adjusted to reflect the advice that was given.

People's on-going health needs were managed and people were supported to attend their GP and other medical appointments when required. During our inspection a person received a letter in relation to a medical check-up. The member of staff took time to explain the contents and asked the person who they would like to support them to the appointment. The member of staff then wrote the appointment in the diary and reassured the person their keyworker would support them to the appointment. Other documentation showed how the service was working with an occupational therapist to produce a 'sensory profile' to help the person engage with activities.

A Health Action Plan (HAP) was compiled by the service and was used to support people with their health support needs. For example, the information contained in the HAP would be shared with health professionals or if people required a hospital admission. This document highlighted the person's individual needs and support requirements.



## Is the service effective?

The provider had a system in place to support staff and provide opportunities to develop their skills. New staff completed an induction training programme and the organisation had embraced the new 'care certificate' that included training, supervision and competency checks. One to one supervision with a senior member of staff took place. Supervision is dedicated time for staff to discuss their role and personal development needs. A new member of staff told us "I received my training from day one and will not even now be able to work in [name] home as I haven't yet undertaken comprehensive training in epilepsy." Staff we spoke with confirmed on going supervision was provided following the induction programme. Staff felt they could approach the registered manager or senior member of staff at any time and would not need to wait for the planned supervision to take place. Staff comments included; "[name] is very supportive and approachable". Staff received yearly appraisals. This is a process whereby staff performance and personal development is reviewed to enhance the skills of the member of staff.

Staff were positive about the support and training they received. One member of staff said "I was impressed with

all the training when I came here compared to other homes I worked in". Staff were also supported to undertake further development training such as NVQ 2 and NVQ 3 in social care. We viewed the overall training records which showed when all mandatory training topics had been completed. Staff received additional training relevant to the needs of the individuals they supported. For example, we saw that staff received training in autism, learning difficulties and epilepsy. Where people had particular needs associated with their health staff told us they would receive training to support them.

People were supported at the lunchtime meal activity in line with their assessed needs. Staff sat with people and verbally interacted with them as they supported them. Staff told us people were given options at meals times and alternatives were provided if neither of the options suited a person. Staff told us "people choose the menus themselves. We use magazines and pictures to help give people choices". This was confirmed by a person we spoke with. People were able to access drinks and snacks at any time. This was observed during our inspection.

# Is the service caring?

## Our findings

All people were relaxed in the company of staff and staff had a good knowledge of people's likes and dislikes. Staff we spoke with were also able to describe what people liked to do with their day. One person was able to tell us staff understood their needs and felt happy. They said "staff are very chirpy! happy and really really nice. I love the staff here".

We observed staff caring for people in a respectful and compassionate manner. People were given choices and asked what they wanted to do. One person told us "staff do involve me all the time. They ask if I liked something and know what my support plan is about. I am happy here".

During our inspection we observed staff maintaining and respecting people's privacy and knocked on their doors before entering and gaining their consent to enter and consent to do things. For example, a member of staff asked a person if they were happy with us viewing their personal records. The person was happy for us to view this and sat with us for a period of time talking about the care they received.

People's independence was promoted and was demonstrated within people's support plans. One person was supported by staff to manage their own medicines. This person said "I like to be independent I do a lot for myself and staff help me". The registered manager also confirmed that independent advocates were used to support people promote their independence in decisions making if required and also confirmed family members were involved also.

People were supported to maintain relationships with important people in their lives. Detailed documentation was viewed in people's files. Staff told us they supported some people to visit family and friends if they were unable to come to their home. Staff also told us how they also supported a person through the loss of a family member and how they looked for signs of distress as they were unable to verbally express their feelings. This demonstrated staff were sensitive of people's individual needs.

Staff supported people to be actively involved in their local community. One person told us of the work they undertook in their local community a couple of days a week and also helped out the maintenance person. This person was very proud of their achievements and involvement in their home. The registered manager told us how they were supporting one person to move on to 'transition services'. This is a service that supports people to live more independently in their community. The registered manager said "I do have a vision of this happening for [name]".

People and their relatives had opportunities to attend resident meetings. These meetings were called 'your voice'. These meetings promoted people's involvement and gave opportunities for people to give their views on the service, things that were discussed the previous month and any outcomes. Each person had an opportunity to give their feedback and minutes were recorded and distributed that were pictorial.

As part of the provider's quality monitoring, we found people's opinions about the service they received were usually sought through surveys on a yearly basis. Surveys were sent to people who used the service, external professionals and relatives. Action plans were developed and followed up.

# Is the service responsive?

## Our findings

People were able to choose what activities they undertook. During our inspection people were given opportunities to go out in their local community and go shopping. One person told us “Oh yes I go out a lot sometimes on my own and with staff. I choose what I want to do and when really”. People had individual activity plans devised with them that incorporated their interests, choice and education/work opportunities in their local community.

The care delivered was person centred and people were involved in the development of their care plans. One person told us “yes I talk with [name] and plan what I want to do and write it all down. I do lots of things go shopping, pub, odd jobs in home and I cut the grass. I help out and I can choose my trips and holidays! It’s fun”.

People were supported by staff who understood their individual needs and preferences. People’s support needs were assessed before they came into the service. Assessments were undertaken by people’s social workers and wider professional teams were involved such as a psychiatrist and mental health teams. The service also undertook their own detailed assessment to ensure the person’s needs could be met.

Personalised care and choice was offered to all people that used the service. Personalised support plans were put in place. These were person centred and written in the first person. Each person's individual file held comprehensive information around their care and support needs to guide staff. The information included; support plans for all

aspects of their daily living needs, likes and dislikes, social contacts and health and professional input information. Pictorial documentation was also used to involve people fully in the process. Documentation viewed demonstrated reviews took place on a monthly basis that was aligned to a key working process.

Not all of the people in the home were able to explain verbally if they were upset or wanted to raise concerns. However staff told us about the ways in which they would be able to identify if a person was upset, through their behaviours and vocalisations and would take action accordingly. This was confirmed by our observations during the inspection where a person continually touched a member of staff on the arm and staff responded in a way that reassured the person.

Where people may present with behaviours that could potentially affect others, there were individual plans in place to guide staff in managing this. These plans described the situations that may trigger these behaviours and how staff could support the person at these times.

Policies were developed in a pictorial format. This included safeguarding and complaints information. Staff told us each person had a booklet in their room that gave details of how to make a complaint and to whom. One person we spoke with confirmed their understanding of the process. The complaints policy identified other organisations and agencies that concerns could be reported to if necessary. Records of compliments and complaints were kept and this helped the registered manager know what was going well in the service and any areas that required improvement.

# Is the service well-led?

## Our findings

Staff we spoke with told us the service was well led and the management team was visible on a daily basis and supported them well and created an open culture in the home and confirmed they felt confident to report any concerns to them. Comments included “[name] is approachable any time. They know all the people in the homes and often works shifts” and “we are a good team and generally get on. We support each other well and the manager is very supportive”. We observed during the day that staff communicated well with each other, which ensured people’s needs were met. For example by ensuring there was someone present to ensure people’s safety when they had to leave a particular area or went out with a person.

The registered manager worked across four services and conducted audits to assess the standards of care in all the homes. There was a regular programme of audits in place. These audits included: monthly checklists, six monthly audits including infection control and safeguarding. Monthly audits included medication and health and safety. The registered manager confirmed action plans would be completed following any audit areas that needed requirements and signed off when completed.

Checks were also undertaken by the regional manager of the service called an ‘E-Compliance Visits’ and service review. The documentation highlighted the type of audit undertaken and any action/improvement plans required to be followed up on future visits. The manager also undertook ‘out of hours spot checks’ and documentation that we viewed confirmed this and area spot checked included; supervision records, care planning and health and safety. Regular checks to ensure the safety of the environment also included; regular testing of fire alarms and safety lighting to check that these were in good working order. This ensured the care delivery and facilities were safe and fit for purpose.

The registered manager communicated with staff about the service. Monthly staff meetings took place. Staff meeting minutes were recorded and demonstrated staff were given opportunities to raise concerns and give ideas for service development. Staff we spoke with felt the staff meetings were a good way to share ideas.

The views of people were gathered using surveys and during house meetings. Questionnaires were used to gather people’s views on the improvements needed. The registered manager said people were helped by staff or family to complete the questionnaires. The analysis of the questionnaires gave specific information on the changes people wanted. The registered manager told us an action plan was to be developed. Questionnaires were also sent to people’s relatives and external professionals. This was confirmed by documentation that we viewed.

The registered manager told us their vision for the service was for people to achieve their full potential and always be put first. They felt a big challenge at the moment was retaining and recruiting staff due to employment competition in the area. They discussed ways in which the organisation was considering employment incentives to attract care workers. They also confirmed how they worked shifts in the homes to help cover any shortages and also gave opportunities to observe the care delivery in all the homes to aid their monitoring processes. This was evident on the day of our inspection as they were working in one of the homes due to staff absence.

Accidents and incidents were monitored on a monthly basis as a means of identifying any particular trends or patterns in the types of incidents occurring.

The registered manager was aware of the responsibilities associated with their role, for example, the need to notify the Commission of particular situations and events, in line with legislation. The information we held on our systems confirmed the manager submitted notifications for significant events as required.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
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	Documentation relating to people's medicines management was not always completed correctly in line with the organisations policy. Some medicines stored had expired. The risks associated with this were not minimised.
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