

# Parkcare Homes (No.2) Limited

# Devonshire Road

## 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 responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Devonshire Road is a care home providing accommodation and personal care to people with a learning disability and autistic people. This service is registered to provide care and support to five people in an ordinary house.

### People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Based on our review of key questions Safe, Effective, Responsive and Well-led, the service was able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. However, the registered manager was not familiar with the 'Right support, right care, right culture' guidance. We have recommended that this guidance is implemented in the home.

### Right support:

Staff supported people to follow their interests and to develop their independence. There was clear guidance for staff for how to support people with risks to their health, safety and wellbeing.

The service worked well with health and care professionals to meet people's care needs. Staff supported people to access health services and advocated for them when they were unwell. Staff supported them with their personal care needs and their daily routines.

Staff were trained to meet the needs of the people they were supporting. Staff were aware of people's individual personalities and preferences. People were encouraged and supported to be involved in meaningful activities.

### Right care:

People, and their relatives, told us they received good care and support to lead a happy life. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible while still protecting their safety.

Staff had good knowledge of people's individual communication needs and treated people with kindness and compassion.

### Right culture:

Staff had formed close relationships with people they supported. People benefitted from a stable

enthusiastic staff team who were committed to providing them with the best care.

The provider had a quality assurance system in place to check that the service was running safely and meeting people's needs. The registered manager was committed to continuous learning. There was a family style culture in the service where staff enjoyed working and people felt secure and supported.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 14/04/2018).

#### Why we inspected

We inspected this service as it had been four years since the last inspection. This was a focused inspection looking at the key questions safe, effective, responsive and well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Devonshire Road on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Recommendations

We have made three recommendations. These are to improve the management oversight of medicines, management of people's hydration needs and to implement Right support, right care, right culture guidance.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe. Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective. Details are in our effective findings below.

### Is the service responsive?

Good ●

The service was responsive. Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led. Details are in our well-led findings below.

# Devonshire Road

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

Devonshire Road is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Devonshire Road is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we held about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key

information about their service, what they do well, and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

#### During the inspection

We met the five people living at Devonshire road. We talked with four people. We spent time observing staff interacting with people during a mealtime, activity and the daily routine. We met with two support workers, two senior support workers, the operations director for the company and the registered manager.

We reviewed a range of records. This included risk assessments, support plans, care records, medicines records, staff files and quality assurance records.

We spoke to three relatives of people using the service and a relevant health and social care professional.

We sought clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

Safe - This means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- People's medicines were managed safely, however we found minor areas for improvement.
- Records showed staff ensured people were given their prescribed medicines safely.
- One person's medicine support plan was not updated with a new medicine prescribed. The registered manager updated this after the inspection when we pointed the error out to them. We confirmed the person was receiving the medicine as prescribed and the administration records were completed appropriately.
- Protocols for medicines that were prescribed to be used as and when required (known as PRN medicines) were not completed in detail so did not contain enough information for staff to know when to give the medicine. Examples of this were lack of detail on which symptoms of constipation meant a laxative was required and staff were not confident with one person's epilepsy PRN protocol. We raised this with the registered manager who immediately arranged refresher training in how to administer emergency epilepsy rescue medicines and told us they had updated the PRN protocols.
- People's medicine support plans contained personalised information on how they liked to be supported to take their medicines which was good practice.
- Regular audits of medicines took place. These did not always audit use of thickener (for people who need their drinks thickened in order to swallow safely) even though this was written on the audit and audits did not pick up the issues we found with PRN protocols. Audits did not detail whose medicines records were audited. These issues are discussed further in the well-led section of this report.

We recommend that the auditing of people's medicines is reviewed in line with best practice to ensure all medicines support plans and protocols are in line with best practice.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse.
- The registered manager knew how to raise and respond to allegations of abuse.
- Staff were trained in safeguarding practices and there was a safeguarding procedure in place for staff to follow.
- The provider supported people with the management of their finances to avoid risks of any financial abuse.
- People's relatives felt assured their relative was safe and treated well. People told us they felt safe. Comments included: "I am very safe here, they treat me very well" and, "Yes I am safe, staff are like my family. They look after me."

### Assessing risk, safety monitoring and management

- People were protected against known risks to their safety.
- One person's eating and drinking plan dated July 2021 was not up to date as their needs changed during an assessment by the speech and language therapist in January 2022 and the registered manager had not updated the care plan to reflect the change. There was no evidence that this had caused any harm as staff were able to describe to us how they supported the person with eating and drinking which assured us they were following the correct guidance.
- After the inspection the registered manager confirmed they had displayed the eating and drinking guidelines in the kitchen and updated the support plan. They also informed us that staff did a dysphagia training workshop immediately after the inspection. As a result, they improved their practice.
- There were individual risk assessments which included guidance for staff on supporting people to stay safe. The risks were personal to each person and included risks such as going out and epilepsy.
- Staff had a good understanding of the risks for the people in the home and explained to us how they supported them to minimise risks.
- The home was well maintained, and the provider had systems in place for checking that all required safety checks were completed.
- People living in the home each had a personal emergency evacuation plan advising staff how to safely evacuate them in the event of an emergency. These were personalised to meet each person's individual needs and included information such as one person needing to take a personal possession with them in the event of evacuation.

### Learning lessons when things go wrong

- There was an effective system in place to learn from incidents and the registered manager applied a reflective approach to learning and improving the service.

### Preventing and controlling infection; Visiting in care homes

- People were protected from the risk of infection as far as possible.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that visitors were screened and visits safely supported so people could maintain their relationships with their families.

### Staffing and recruitment

- A safely recruited suitable staff team met people's needs.
- The service provided a stable staff team to support people's needs and lifestyle preferences. Most staff had worked at the home for many years and knew people very well.
- Relatives told us they were happy with all the staff who supported their relative.
- Staff told us they thought there were enough staff employed to ensure people could lead the life they wanted. Staffing was flexible and changed according to planned activities.
- One to one care was provided for one person living in the home. Staff said this was always provided and



that the provider was responsive to any requests for extra staffing to meet a person's needs.

- Staff were safely recruited to reduce the risk of unsuitable people being employed. Recruitment checks included a check of criminal records and references from previous employers.

# Is the service effective?

## Our findings

Effective - This means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet

- People had support to maintain a balanced diet.
- People enjoyed their meals and had choices of food and drinks.
- One person's fluid intake was low, and records showed that they were not offered drinks at some meals. This was a long term concern and all staff were aware of needing to encourage the person to drink more. There was insufficient management oversight of this as nobody was designated to keep a daily total of the amount of fluid the person drank, identify any signs of dehydration or under what circumstances to seek medical advice.

We recommend that the oversight of hydration is improved in line with best practice.

- People living in the home told us they preferred staff to prepare their meals and that they were happy and involved with planning the weekly menu. We saw people enjoying their meal.
- People developed their own mealtime routine which they said they liked. Their support plans gave staff guidance on people's eating and drinking preferences and needs.
- People had their weight monitored and received support to maintain a healthy weight.
- People went out for meals regularly and told us what they liked to eat. One person told us they had their preferred cultural foods sometimes and others told us their favourite meals and we saw these were reflected on the menu.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and wishes were assessed and met.
- The registered manager was not aware of the 'Right support, right care, right culture' guidance for services for people who have a learning disability and autistic people. Staff had therefore not been briefed about this guidance.
- The operations manager advised us that the provider's own positive outcome scale tool was equivalent to the 'Right support, right care, right culture' guidance. Although this document did assess culture there was no reference to the statutory guidance in it so we could not confirm this guidance included Right support, right care, right culture guidance. This issue is discussed in the well-led section of this report.

We recommend that 'Right support, right care, right culture' guidance is implemented in the home.

- The service assessed people's needs and incorporated information from other professionals and relatives

who knew people well.

- Care plans contained detailed information about people's support needs, likes and dislikes. Staff had very good knowledge of people's needs and we observed staff respecting people's choices.

Staff support: induction, training, skills and experience

- Staff had suitable skills and experience for the job.
  - Staff received training suitable for their role and relevant to the needs of people living in the home who all had a learning disability and some were autistic.
  - The registered manager was responsive to needs for extra training to meet a person's needs and arranged extra training quickly after the inspection.
  - Staff were happy working for this company and felt they were given enough training to do their job well.
- The staff team knew people's needs very well, had close relationships with people and therefore were able to meet their needs and wishes effectively. One staff member said, "The training is very good."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. We checked whether the service was working within the principles of the MCA.

- Mental capacity assessments were carried out to confirm whether a person could make a specific decision.
- People told us that staff asked them when they wanted them to do something and did not expect them to do anything they didn't want to do.
- The registered manager had applied for Deprivations of Liberty safeguards (DoLS) when these expired.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support people's

- The service supported people with healthcare appointments. Staff were aware of people's physical and mental health needs and called their GP or 111 for advice if they had any concern about a person's health. We saw this in practice during the inspection when a person was unwell, and staff ensured they had someone with them constantly and called 111 for help.
- People's oral health needs were met. They had an oral care assessment and oral health care plan.

Adapting service, design, decoration to meet people's needs

- The building was currently suitable for meeting people's needs.
- People told us they had lived in this home for many years and loved living there. They were happy with their bedrooms.
- The home was safe, suitably furnished and had a garden.
- There was an office for staff to work and sleep in.
- There was limited room for mobility equipment and the provider was planning to ensure the sustainability of the service anticipating people's changing needs as they get older. There was a commitment to providing a suitable environment to meet people's needs.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences;

- People had personalised care plans which addressed their holistic needs.
- Staff respected people's individual preferences and supported them to make their own choices and lead a fulfilling life.
- Relatives told us they were very happy with the standard of care provided.
- People and their relatives told us how important their relationship with their keyworker in the home was to them. Relatives praised staff for being very caring and kind to people they supported.
- People said they were very happy with the care and support they received and could not think of anything that could be improved.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them;

- People told us they enjoyed going out to local places for shopping, exercise class, walks and meals out in the pub.
- One person was not given the same amount of opportunities as others to go out and do their preferred activities. Records showed this person did not go out as much as the other people. We discussed this with the registered manager who said they would review this person's leisure opportunities.
- Where a person did not want to go out staff supported them and respected their choices whilst still gently encouraging them to go out more.
- The service supported people to go on holiday. People told us about their planned holidays this year which included a foreign holiday for one person with a staff member and a group holiday to Butlins.
- People living in the home maintained relationships with family and staff supported them with this.
- Staff supported people to make photograph albums of holidays and activities they had enjoyed, we saw these during the inspection and saw they gave people pleasure to look through them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their careers.

- Records showed that information was presented to people in a way they understood clearly.
- People's communication styles were recorded and known by staff. When we observed staff interacting with people, we saw staff were able to pick up on people's body language and tell us what the person was

communicating. They were able to communicate very well with people. Staff were very responsive to people's needs and wishes and showed care and compassion in their communications with people.

#### Improving care quality in response to complaints or concerns

- There was an effective system for recording and responding to complaints.
- Relatives knew how to raise complaints or concerns and told us the service was responsive to them and acted on any concerns they may have.
- People in the home had an accessible complaints procedure to follow but those who could tell us said they were very satisfied with everything, never needed to complain and felt happy to talk to staff if they needed anything. One person said, "They look after me really well, I am extremely happy."

#### End of life care and support

- End of life wishes had been appropriately discussed and clearly recorded for when needed. The end of life care plans were of a good standard and reflected people's own choices.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating for this key question has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were systems in place to monitor the quality and safety of the service. This included audits by the registered manager and operations manager as well as the provider's own internal inspection team and quality team. However, we found some minor areas of improvement required. We gave feedback about the quality of the registered manager's medicines audits which could be improved in the safe section of this report. We also gave feedback on the best practice guidance the service should be working to in the effective section of this report of which the registered manager was not aware. The management oversight of fluid intake was not recorded, despite risk of dehydration.

We have made recommendations about these three issues in the relevant sections of this report.

- The registered manager was experienced and clear about their role. They addressed any quality performance issues with staff as needed.
- Staff were clear about their roles.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The home had a culture that both staff and people living in the home described as "family."
- The provider had plans to introduce a tool to focus on outcomes for people which is positive.
- There were regular "your voice meetings" where people in the home were consulted on the running of the service and the day to day business of meals, leisure etc. People felt listened to.
- Staff told us they worked well as a team. Regular staff meetings took place so staff could discuss their work and any concerns or suggestions for improvement.
- The registered manager communicated with relatives regularly to give updates.
- The service worked in partnership with external professionals where needed such as physiotherapists and health professionals to ensure best outcomes for people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the duty of candour. A relative told us they had received an apology from the service in response to a concern they raised.

#### Continuous learning and improving care

- There were a commitment to continuous learning and improvements.
- The registered manager responded quickly to issues we raised and made the improvements without any delay. They also showed a commitment to continuous learning.