Parkcare Homes (No.2) Limited

The Birches

Inspection report

18 Gladstone Road
Chesterfield
Derbyshire
S40 4TE

Tel: 01246202955

Date of inspection visit:
30 June 2016
01 July 2016

Date of publication:
07 October 2016

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?	Good

Summary of findings

Overall summary

This unannounced inspection took place on 30 June and 1 July 2016. The service was last inspected on 30 September 2015 when we found there was a breach in the legal requirements and regulations associated with the Health and Social Care Act 2008 relating to the care and welfare of people who use services. We asked the provider to take action to make improvements, and this action has been completed.

The Birches is registered to provide accommodation and personal care for up to seven adults with mental health needs. Seven people were living there at the time of our inspection.

The service did not have a registered manager at the time of our inspection visit. 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 provider had appointed a member of staff who was in the process of applying to become the registered manager. The service also had a manager in place who was responsible for the day-to-day running of the service.

People were protected from the risk of abuse and avoidable harm. Risks associated with care were identified and assessed. Staff had clear guidance about how to meet people's individual needs. Care plans were regularly reviewed with people and updated to meet their changing needs and preferences. People were supported and cared for by sufficient staff who were suitably skilled, experienced and knowledgeable about people's needs.

The provider took steps to ensure checks were undertaken to ensure that potential staff were suitable to work with people needing care. Staff received one-to-one supervision and had regular checks on their knowledge and skills. They also received training the provider felt necessary to meet the needs of people at the service.

The systems for managing medicines were safe, and staff worked in cooperation with health and social care professionals to ensure that people received appropriate healthcare and treatment in a timely manner.

Arrangements were in place to assess whether people were able to consent to their care. The provider was meeting the legal requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DOLS). This meant people's rights were being upheld, and any restrictions in their care were lawful and proportionate.

People were supported to be involved in their care planning and delivery by staff who respected and supported their individual choices. The support people received was tailored to meet their individual needs, wishes and aspirations.

Systems were in place to monitor the quality of the service provided and ensure people received safe and effective care. These included seeking and responding to feedback from people in relation to the standard of care. Regular checks were undertaken on all aspects of care provision and actions were taken to improve people's experience of care.

The provider demonstrated that people, relatives and staff felt confident in the way the service was managed, and that everyone felt confident to raise concerns or suggest improvements.

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.

People were protected from the risk of abuse and avoidable harm. Risks associated with care were identified and assessed. Checks were undertaken to ensure that potential staff were suitable to work with people needing care. Medicines were managed safely.

Is the service effective?

Good

The service was effective.

People's consent was sought in line with the Mental Capacity Act 2005. People had access to nutritious food and could choose when and where they wished to eat. People were supported to access health and social care services to maintain their health and well-being.

Is the service caring?

Good

The service was caring.

People were supported and encourage to express their views and wishes about their care. People's confidentiality was respected. Staff supported people to maintain relationships that were important to them.

Is the service responsive?

Good

The service was responsive.

People were involved in planning and reviewing their care and support. People knew how to make complaints, and the provider managed these in accordance with their policy. The provider sought people's views about the quality of care and took action.

Is the service well-led?

Good

The service was well-led.

The provider had systems to monitor and review all aspects of managing the service. Staff understood their roles and

responsibilities. There was a positive and open culture, and staff demonstrated values including respect, kindness and a concern for people's well-being.

The Birches

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 30 June and 1 July 2016 and was unannounced. The inspection visit was carried out by one inspector.

Before the inspection, we asked the provider to complete 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. Due to a technical problem a PIR was not available and we took this into account when we inspected the service and made the judgements in this report.

Before our inspection visit we reviewed the information we held about the service including notifications the provider sent us. A notification is information about important events which the service is required to send us by law. For example, notifications of serious injuries or allegations of abuse. We spoke with the local authority and health commissioning teams, and Healthwatch Derbyshire, who are an independent organisation that represents people using health and social care services. No concerns were raised by them about the care and support people received. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority or by a health clinical commissioning group.

During the inspection we spoke with two people who used the service. We spoke with three care staff and the manager. We looked at a range of records related to how the service was managed. These included two people's care and medicine administration records, two staff recruitment and training files, and the provider's quality auditing system.

Good

Is the service safe?

Our findings

People felt they were not consistently kept safe from the risk of avoidable harm by staff. One person said, "Sometimes people here are unwell and I struggle with their behaviour, but I feel safe in my room." Another person said they sometimes had to avoid behaviour from others which they found challenging. Relatives felt staff were able to support their family members to remain safe. We spoke with staff and reviewed records in relation to how events like this were managed. For example, risk assessments and support plans were in place to reduce the likelihood of untoward events occurring. People affected by any events were given the opportunity to talk about how it had impacted on them and identify what support they needed. People were also supported to raise concerns and where necessary, to make complaints. This evidence demonstrated that the provider was taking steps to minimise the risk of avoidable harm.

People's care plans included relevant information about risks to their safety and how to protect people from the risk of avoidable harm. For example, one person's personal care plan had information about how staff should proactively support them. The plan also identified what staff needed to monitor and when they should take action. The person confirmed that this was how staff helped them maintain their personal hygiene. Risk assessments were reviewed regularly and updated where appropriate in response to people's needs. Staff understood how to support people to be as independent as possible, whilst ensuring that known risks were minimised.

There were plans in place to ensure people would continue to receive care in the event of an emergency. The provider had up to date personal emergency plans for everyone living at the location. These contained important information about how people needed to be supported in the event of an emergency, for example, if people needed to leave the building in the event of a fire or if people needed to go to hospital.

Accidents and incidents were recorded and reviewed by the manager, and action was taken to minimise the risk of future harm occurring. The manager also undertook regular assessments and checks to identify any risks present in the service environment. These included checks on fire safety and equipment, and ensuring that areas of the home that presented a risk were secure. For example, cleaning chemicals were stored securely.

Information on how to raise concerns was available in an accessible format, and people felt confident to tell staff if they had concerns. Staff knew how to identify people at risk of abuse and described what to be aware of and how to report this. Staff were confident to raise concerns about abuse or suspected abuse. They also knew how to contact the local authority with concerns if this was needed, and the evidence we looked at supported this. The provider had a policy on safeguarding people from the risk of abuse, and staff knew how to follow this. Staff received training in safeguarding people from the risk of avoidable harm and this was recorded in training records we were shown.

There were enough staff to provide the care people needed. People said that there was usually enough staff available to support them. One relative said they felt there were enough staff to be able to provide support, but commented on the impact that staff leaving could have on their family member. However, they said,

"Staff do approach this carefully because they know the impact it has." Each person had a specific number of hours per week where they received individual support. One person said that although they knew when staff were available to support them with an activity, staff were sometimes interrupted. For example, this person said, "[Staff member] was helping me do my room, but then left to sort out something else. I would prefer if staff committed to helping me, unless there's an emergency." However, they also described times when they had received support they needed in a timely way. Staff said they felt there was generally enough staff to support people in their daily lives. Staff told us that staffing levels were flexible to enable people to be supported to go out. We saw that people were supported at times they needed during our inspection visit.

The provider undertook pre-employment checks, to help ensure prospective staff were suitable to care for people living at the service. This included obtaining employment and character references, and disclosure and barring service (DBS) checks. A DBS check helps employers to see if a person is safe to work with vulnerable people. Staff told us that they did not start work with people until these checks were completed, and records supported this. All staff had a probationary period before being employed permanently. This meant people and their relatives could be reassured that staff were of good character and were fit to carry out their work.

People's medicines were managed safely. One person said, "I rely on staff to remember medicines for me as I can't remember. I'm happy with this." Another person said that although they were satisfied that staff managed their medicines well, they would like the opportunity to do this themselves. We raised this with the manager, who confirmed that they would discuss this with the person and assess the risks of doing this. The provider had clear policies in place in relation to managing medicines which included supporting people to manage their own medicine. People's medicines were administered by staff who had received training in managing medicines safely. Staff told us and records demonstrated that they had received training and had regular competency checks to ensure they managed medicines safely. Staff told us and records showed that they knew what action to take if a person missed their medicine for any reason. We checked the storage and records staff kept in relation to medicines. These showed that medicines were stored, administered, managed and disposed of safely and in accordance with professional guidance.

The provider ensured that staff with lead roles received additional training which provided them with more in-depth knowledge of areas of care. For example, the staff member who had the lead role for medicines had additional responsibilities in relation to medicines management.

Good

Is the service effective?

Our findings

People were supported by staff who were trained and experienced to provide their care. One person told us they had information to enable staff to understand their specific needs, and that staff had acted on this. They said this helped with communication and understanding when they talked about their care and support with staff. One relative felt that staff understood how to support their family member. Staff we spoke with were knowledgeable about people's individual needs, and this was supported by the care plans we looked at. All staff had a probationary period before being employed permanently. The provider had a programme of induction which included role-specific training, shadowing experienced colleagues and skills checks. Staff undertook training the provider felt essential to meet people's health and social care needs. New staff undertook the Care Certificate as part of their induction. The Care Certificate is a set of nationally agreed care standards linked to values and behaviours that unregulated health and social care workers should adhere to. Staff told us, and records showed they had received an induction when they started work, which they felt was sufficient to give them skills and confidence to provide care for people.

Staff undertook regular training in a range of areas the provider considered essential. This included first aid, suicide and self-harm prevention, person centred support and the recovery approach to mental health. One staff member said, "Training is ongoing: it's a mix of face-to-face, distance learning, NVQ's and online training." Staff could request training that related to the specific health needs of people living at the service, such as skills for supporting people with autistic spectrum disorder. Staff told us and records showed that they received regular refresher training in care skills. The provider held staff meetings which enabled staff to discuss information relating to people's care. Staff had individual meetings with their supervisor throughout the year to discuss their work performance, training and development. They told us this was an opportunity to get feedback on their performance and raise any concerns or issues. This showed the provider ensured that staff maintained the level of skills they felt necessary to meet people's needs.

Staff told us and evidence showed that they kept daily records of key events or issues relating to people's care. There was a handover of this information between staff shifts and this was documented. This meant that staff could see what the daily issues were and take action to ensure that people received the care needed or requested. For example, we heard staff discuss how to support a person with their mental well-being. They reviewed events that had happened on the day of our inspection visit to establish how to support the person effectively. This demonstrated that staff were aware of relevant information about people's needs in order to provide more effective care.

People and their relatives said that their consent was sought before care and support was offered. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met, and found that they were. People who had capacity to consent to their care arrangements had their decisions about care clearly documented, and staff respected this. Capacity assessments were in place for people who needed this, and the provider followed the principles of the MCA. Staff had good understanding of the principles of the MCA, including how to support people to make their own decisions, and when a DoLS application may be required. The provider was working in accordance with the MCA, and people had their rights upheld in this respect.

The MCA DoLS require providers to submit applications to a 'Supervisory Body' for authority to ensure that restrictions in people's care are proportionate and lawful. The provider had made appropriate applications, and staff understood how to ensure that care was in accordance with the MCA DoLS. This meant people's rights were being upheld, and any restrictions in their care were lawful and proportionate.

People said that they had plenty of choices of food. One person said, "Staff do help with cooking, as I find this very stressful." They described how staff supported them with shopping to ensure that their dietary preferences were met and they maintained their health. Another person said staff supported them to shop for food and prepare meals, and their care plan clearly documented the support they needed. People told us they had issues with using the cooker, and showed us how this presented them with difficulty in meal preparation. One person said, "I don't feel confident to know the right temperature for the oven." We spoke with staff about this, and saw evidence that a new cooker had been ordered. This meant that people would be able to prepare hot meals more independently and with confidence. People made their own breakfast and lunch, and staff supported them to make their evening meal. People told us and showed they had access to the kitchen to make their own drinks and snacks throughout the day. There was a selection of food available, and staff supported people to make healthier food choices if they wanted this. This ensured that people had access to nutritious food and could choose when and where they wished to eat.

People told us they were supported to access health services when needed to maintain their well-being. Most people felt confident to make and attend their own health appointment, but had staff support if needed. One person said, "I go to the opticians on my own, but I need staff to be with me if it's a blood test." Another person said, "Staff used to take me to the GP, but the last few times I've gone on my own. I feel confident to do this." Care plans identified what people's health needs were and how staff should support them. People had a clear summary of their key health issues, needs and preferences, which could be provided to hospital staff in the event of an admission. Staff kept daily notes regarding any health concerns for people and action taken. Records confirmed that people were supported to attend a range of health and social care professionals, and that any actions arising from appointments were followed up. This enabled staff to monitor people's health and ensure they accessed health and social care services when required.

Good

Is the service caring?

Our findings

People were not always aware that advocacy services were available to support them. One person said, "The amount of information in the hall is a bit overwhelming." Another person said they were aware of information in the hallway about advocacy but said, "I can't make sense of it all." We saw there was information available to inform people about local advocacy services and other opportunities for people. Staff confirmed that information was available on notice boards in the hall, and acknowledged that there was a lot of information. The manager said they would speak with people to establish how much information they needed and to ask them how information should be presented. This showed that the provider took steps to ensure people were as involved as possible in their care planning and delivery, and took steps to make information accessible.

People were supported by staff who understood their needs and preferences. We saw staff support people in a calm and caring manner during our visit. When people indicated they wanted something, staff responded in a timely manner, and demonstrated respect in the way they spoke with people throughout the day. For example, one person came to the office with an issue. Staff took time to listen to what the person wanted and made suggestions about how they could support them.

People were involved in planning and reviewing their care and support. Staff told us, and records confirmed that people were supported to express their views and wishes about their daily lives. People's care plans showed their preferences about how they were supported. One person had a care plan clarifying how they communicated and how staff should check that the person understood what they said. For example, staff should use clear, short sentences with key words to ensure that the person understood what was being asked of them. We saw that staff used the techniques described in the care plan during our inspection visit. This meant people were encouraged to be actively involved in their care, and their independence was promoted.

People's records about their care were stored securely. We saw when people spoke with staff about private matters, staff offered to have the conversation in either the office or the person's bedroom. Bedrooms had discreet signs reminding staff to knock and wait. People told us and we saw that staff did this. One relative said, "They (staff) are very respectful of [family member's] confidentiality. They won't tell me things without permission." Staff understood how to keep information they had about people's care confidential, and knew when they should share information appropriately. We saw staff ensured that conversations about people's care took place in the office with the door closed, and staff were mindful of who they shared information with. This showed people's confidentiality was respected.

Dignity in care was evidently a theme that people and staff were aware of. We saw a poster display of issues raised by people, and the actions staff were taking to ensure that their dignity was promoted. This took the form of, "You said…We did" information. For example, people had commented they did not know they could look at their care plans. The provider had responded by making people aware that they could read their care plans whenever they wished, and staff would facilitate this. People we spoke with confirmed they were able to do this. Staff meeting records showed that staff were reminded of the value of ensuring care

was dignified, and the importance in hearing what people's views were.

People were supported to maintain contact with their families and friends. One person regularly stayed with family, and records confirmed this. Another person spoke about the support they had to maintain family relationships important to them, and evidence demonstrated that this was the case.

Good

Is the service responsive?

Our findings

At our last inspection we found the provider had not consistently ensured people's care and support needs were taken into account. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to take action to rectify this. Following that inspection the provider sent us an action plan detailing the changes they would make to address the identified shortfalls. During this inspection we saw that improvements had been made and found this regulation had now been met.

People told us they were involved in regularly reviewing their care with staff. One person said, "Staff do always ask me about choices and ask me what I want." A second person spoke positively about how staff supported them to increase their independence in attending appointments. They also described how staff helped them to maintain contact with family who were important to them. Staff and records supported this. One relative spoke positively about how staff supported their family member with their hobby. Staff felt care plans contained enough information to be able to understand and support people's needs. People's care plans were person-centred, and included people's views about how they were supported, along with their goals and aspirations. For example, one person's care records indicated that they wanted to be supported to go on holiday. The person and staff confirmed that this had been arranged. This showed the provider had relevant information about people's needs in order for care to be provided.

People told us about regular opportunities to talk about the quality of care, range of activities, or any other matters to do with the service. One person said, "We do get asked about things, but not when we're all together. This is a good thing – we can make any concerns known without fear." Records showed that staff spoke with people every month on an individual basis about the quality of their care. People told us and evidence demonstrated that the provider listened to people's views and took action to improve the quality of their care. For example, people had raised concerns at the last inspection that they could not change the temperature of rooms. The provider had made extra heaters and fans available. They had also ensured that the ventilation systems in windows worked, and regularly monitored the temperature of rooms. This demonstrated the provider listened to people's views and suggestions to improve the quality of care and took action.

People felt able to raise concerns and knew how to make a complaint, but were not always confident that this would result in changes. One person said, "I've made complaints about [an issue] but nothing's changed, I don't think." The complaints procedure was displayed in the home in an accessible format and the provider had a clear system in place for dealing with complaints. We reviewed three complaints that had been made about the same issue. The provider had responded in accordance with their policy, and had provided a written response stating what action they were taking. The manager told us and records showed that the provider was taking steps to resolve the issue that people had raised.

Good

Is the service well-led?

Our findings

Staff understood their roles and responsibilities, and demonstrated they were trained and supported to provide care that was in accordance with the provider's statement of purpose. A statement of purpose is a legally required document that includes a standard set of information about a provider's service. Statements must describe the provider's aims and objectives in providing the service. For example, the provider's statement of purpose states that, "Our person centred support plans are developed in partnership with the people we support and others who are important to them. We always ensure that the process is meaningful and that the person supported has real opportunities to direct the process and state their wishes." People told us and care documents demonstrated that they were involved in planning their care in a way that was meaningful and relevant to them.

The provider had allocated lead roles to staff in key areas of care, for example, dignity, medicines, and nutrition. Staff we spoke with in lead roles understood their responsibilities. For example, the dignity lead staff member had recently carried out a survey with people about how care could be improved to respect their dignity. Evidence demonstrated that this had led to changes in the way people were supported. The manager and staff worked with people in a way that was personalised and meaningful, and involved them in planning their own care and support.

People felt the service was managed well. One person said, "[Manager] is doing a good job, she's approachable." Another person said, "All the staff are good." Staff spoke positively about the support they received from the manager and provider, and from each other. They felt confident to raise concerns or suggest improvements.

The provider had a manager in place who was responsible for the day-to-day running of the service. They had also recently appointed a member of staff who was in the process of applying to become the registered manager. The manager understood their responsibilities and felt supported by the provider to deliver good care to people. They appropriately notified the Care Quality Commission of any significant events as they are legally required to do. They had also notified other relevant agencies of incidents and events when required. They monitored and reviewed accidents and incidents, which allowed them to identify trends and take appropriate action to minimise risks. The service had established effective links with local health and social care organisations and worked in partnership with other professionals to ensure people had the care and support they needed.

The provider had systems to monitor and review all aspects of managing the home. This included essential monitoring, maintenance and upgrading of the facilities, and regular monitoring of the quality of care. The manager carried out regular checks on the quality of care and the service environment, and took action to make improvements. For example, the monthly audit of medicines in June 2016 showed that the daily temperature on the medicines room varied. Extra monitoring was put in place and air conditioning provided to reduce the variability of the room temperature. This ensured that medicines were being stored at the correct temperature.

The provider had organisational policies and procedures setting out what was expected of staff when supporting people. Staff had access to these, and were knowledgeable about key policies. We looked at a sample of policies and saw that these were up to date and reflected professional guidance and standards. The provider's whistleblowing policy supported staff to question practice and assured protection for individual members of staff should they need to raise concerns regarding the practice of others. Staff confirmed if they had any concerns they would report them and felt confident the manager and provider would take action. This demonstrated an open and inclusive culture within the service.