

Parkcare Homes (No.2) Limited

Primrose Villa

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

We carried out this inspection on 26 January 2016 and this was an unannounced inspection. When Primrose Villa was last inspected in July 2014 no concerns were identified at the service.

Primrose Villa provides accommodation and personal care for up to seven people with a learning disabilities. At the time of our inspection there were seven people using the service.

A registered manager was in not post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage

the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The previous registered manager had left in November 2015. A manager was in post at Primrose Villa who was currently completing their registration process with the Commission.

Training in challenging behaviour had not been completed. This placed both the staff and people living at the service at risk.

Summary of findings

The provider had not ensured that current medicines information was available for trained staff despite being previously advised. People's photographs within their medicines folders were undated which had also been previously highlighted by a pharmacist in July 2015 as requiring action. Incidents and accidents were recorded however staff had inconsistently recorded matters.

Staff received support through training and supervision. People were supported with meals and drinks when required. People were involved in choosing their meals. Where needed, the service had made referrals to healthcare professionals and health plans were in place.

The manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. Staff demonstrated a good working knowledge of the Mental Capacity Act 2005.

People felt safe and told us they had a good relationship with the staff. People's identified risks were recorded and risk management guidance was available. There were sufficient numbers of staff on duty and staff knew their responsibilities in relation to safeguarding. Staff recruitment procedures were safe and the environment and equipment was tested and serviced to ensure it was safe.

People said the staff at the service were kind. People had a keyworker to provide personalised support and we observed that interactions between staff and people were positive. People had their privacy respected and staff we spoke with understood the people they cared for well.

The service was responsive to people's needs. People, their relatives or representatives were involved in care planning and reviews. The care plans we reviewed were person centred and contained unique information about people and how to meet their needs. People were given key information about the service. There were activities people could participate in if they chose. The provider had a complaints procedure and system in operation.

People knew who the manager was and who to approach if they had any concerns. Staff told us they were happy with their employment and felt supported by the manager. There were systems in operation to communicate key messages to staff. People had the chance to express their views and opinions.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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 consistently safe.

The provider had not ensured national medicines guidance was available.

Incident and accident recording was inconsistent.

People living at the service felt safe.

Staffing levels met people's needs and recruitment was safe.

The environment and equipment was maintained appropriately.

Requires improvement



Is the service effective?

The service was not fully effective.

Training in challenging behaviour had not been completed. This placed both the staff and people living at the service at risk.

Staff demonstrated knowledge of the Mental Capacity Act 2005.

Staff were supported through training and supervision.

People were supported with food and drink.

People's healthcare needs were met.

Requires improvement



Is the service caring?

The service was caring.

People said that staff at the service were kind.

People had a keyworker to provide direct support.

We observed people being treated with kindness and compassion.

People had their privacy respected.

Staff understood the people they cared for well.

Good



Is the service responsive?

The service was responsive.

People felt the service supported them with their needs.

People were involved in creating person centred care plans.

Key information about the service was available to people and the relatives.

People could participate in activities of the choice.

There was a complaints procedure in operation.

Good



Summary of findings

Is the service well-led?

The service was well led.

People knew the management structure in the service.

Staff spoke positively about their employment.

There were systems to communicate key messages to staff.

People were involved in discussions about their care.

There were systems that monitored the environment and improvements were scheduled.

Good



Primrose Villa

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 was carried out by two inspectors. When Primrose Villa was last inspected in July 2014 no concerns were identified at the service.

Before the inspection we reviewed the information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

During the inspection we spoke with five people who lived at Primrose Villa, the manager and three support staff.

We looked at records relating to the management of the service such as the staffing rota, policies, incident and accident records, recruitment and training records, meeting minutes and audit reports.

Is the service safe?

Our findings

Medicines were managed so that people received them safely, however the provider had not ensured current information was available for staff as required. Staff involved in medicines administration had received training and had been assessed as competent to do so. The competency assessment was thorough and lasted several days.

There was no British National Formula (BNF) available for staff. This is a book which provides current information and advice on medicines including possible side effects. Staff administering medicines should always have access to a BNF in order to access information. The provider had identified this matter in October, November and December 2015 during internal audits. Staff said they had been informed one would be provided, but at the time of the inspection this had not happened. The provider's medication policy stated that each service should hold a current BNF in order for, "Any member of staff dealing with medication will from time to time need to refer to published information about drugs regarding the contraindications, side effects etc." This meant the service had not acted in accordance with the provider's policy.

We found that medicines were stored safely administration records were completed in full with no recording omissions. There were photographs in place in order to assist staff in identifying people. However, these photographs had not been dated so it was unclear whether they were a true representation of how people currently looked. This issue was also noted during a pharmacists advice visit in July 2015 but again no action had been taken by the service to rectify this.

One person using the service was self-administering their own medicines. Self-medicating assessments were in place to ensure it was safe for the person to manage their own medicines and had been reviewed annually. The person had also signed a self-medicating consent form. This had also been reviewed annually. The person confirmed to us that they managed their own medicines. They said, "I keep my tablets in my room in a little cupboard."

Incidents and accidents within the service were recorded when necessary and reviewed by a senior member of staff. This was currently done by the manager to reduce the risk or probability of the incident or accident happening again

by establishing if the matter could have been prevented. Where required, we saw that service documented any learning from the incident. It was highlighted to the manager that as the service had both an accident and incident folder for staff to document incidents. This had resulted in some recording inconsistencies in where matters would be recorded. The manager informed us this would be rectified and that a single recording system would be implemented.

People we spoke with felt safe at the service. All of the people we spoke with about the staff at the service. Some concerns were raised about the behaviour of others living at the service and this was discussed with staff. One person we spoke with said, "I'm allowed out and get all the help I need." Another said, The staff here are really nice, especially [staff member name] she's really nice."

Staff understood their responsibilities in relation to safeguarding adults. The provider had safeguarding and whistleblowing policies for staff that gave guidance on the different types of abuse people may be at risk of and what action should be undertaken by staff. Staff received training in safeguarding and during conversations with staff they demonstrated awareness of how to report safeguarding concerns. This included reporting both internally and to external agencies such as the Commission or local safeguarding team. Staff understood the term whistleblowing and how they could contact external agencies in confidence if they had any concerns. It was highlighted that some of the policies available for staff contained the contact details of previous management and had not been updated to reflect current management and contact numbers for staff.

Environmental maintenance was completed and safety risks were identified. There was a dedicated maintenance member of staff within the service. We saw that checks were done to ensure that water temperatures were operating at a safe level and water outlets that posed a legionella risk were flushed. Records were maintained that showed electrical equipment and heating systems were safe for use. Fire safety records confirmed that regular fire checks had been carried out to ensure fire safety equipment worked. The vehicle used by the service was also subject to monthly safety checks. There were systems

Is the service safe?

that monitored the cleanliness of the environment, however it was highlighted the last infection control check was in April 2015 and is required to be completed every six months.

Safe recruitment processes were completed. Staff had completed an application form prior to their employment and provided information about their employment history. Previous employment or character references had been obtained by the service together with proof of the person's identity for an enhanced Disclosure and Barring Service (DBS) check to be completed. This DBS check ensures that people barred from working with certain groups such as vulnerable adults are identified.

Staffing numbers were sufficient to meet people's needs and ensured people were supported safely. There were set staffing numbers used and the manager told us that other than for unplanned sickness, the set staffing levels were achieved. The provider had another location essentially

next door to the service. Should the requirement arise, staff could interchange between the two services to meet people's needs. All of the staff said that staffing levels were adequate.

People's care records contained risk assessments to enable staff to support people safely. For example, Care plans contained risk assessments for areas such as behaviour and finances. The plans also contained positive risk assessments which detailed how staff should support people using the service to maintain their independence whilst also protecting them from harm. For example, in one person's plan, there was guidance for staff on how they should enable the person to do their own ironing. The plan detailed how staff should remind the person how to set the temperature in relation to the clothes they were ironing, and how to rest the iron safely on the metal plate rather than on the cover where it could cause a burn. People were involved in their own risk management plans, and where able they had signed to indicate they agreed with them.

Is the service effective?

Our findings

Although staff received training in their roles, not all training to meet the needs of some of the people using the service was provided. We saw that training was provided in key areas such as first aid, moving and handling, medicines and infection control. Additional training in subjects such as Asperger's and Autism was also provided. However, we found that training in challenging behaviour had not been completed. This placed both the staff and people living at the service at risk. Staff we spoke with confirmed that not specific training had been given. One said, "I haven't had any challenging behaviour training, but I do know about distraction techniques. When you know people well you know how to control the situation before it escalates." Another member of staff commented, "It's quite disconcerting we don't have the training."

We reviewed the incident and accident records at the service. They showed that in during November 2015 staff had recorded two separate incidents in the records and had recorded the person involved had shown aggression towards staff. It also showed that staff had sustained physical injuries as a result of these incidents. Two other incidents of violence of aggression were recorded during March and April 2015. The absence of training meant that staff may be at risk or injury whilst trying to intervene or they may unlawfully restrain the person due to the lack of knowledge in approved or recognised restraint techniques.

This was a breach of Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014.

People told us they felt they received effective care from staff. All of the comments we received about the staff were very positive. One person commented, "They helped me buy some toothpaste and shampoo." Another person said, "They always let us cook here."

The manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. A senior member of staff advised us that there were currently five DoLS applications in process with the local authority.

Staff demonstrated a working knowledge in relation to the Mental Capacity Act 2005. Staff said they had completed e-learning on the MCA, and were able to explain how the MCA had an impact on how they cared for people and in relation to their ability to consent to care. For example, one member of staff said, "It's used to stipulate if the person we are looking after has capacity. It's making sure the residents and people have choices and that we don't encroach on their human rights."

Performance supervision was completed to support staff and review their work with them. The manager told us staff received supervision every four to eight weeks. The records showed that during the supervision matters such as the understanding of the staff member's role, their attitude and conduct, working hours and set objectives were discussed. Staff we spoke with told us they received regular supervision. In addition to this, staff received an annual appraisal which focused on meeting set objectives, performance indicators and development and career planning. Staff said they received regular supervision sessions. One said, "I had supervision about three months ago, and have had an appraisal."

Staff prepared food, and people said they also participated in cooking. One person said "I like to get involved with cooking. I make cakes with my key worker". People had a hot lunch during our inspection, and they said the food was, "Good" and "Really nice". People also said they were involved in making decisions about what they were going to eat each day.

People had access to healthcare services. People had Health Action Plans (HAP's) in place which were used when they needed to attend hospital appointments for example. These plans were clear and provided concise information for healthcare professionals who might not be familiar with people's needs. Plans informed staff how to support people during appointments. One person said, "The staff come with me when I go to the Doctor. I like having them with me." Care plans showed that people had access to the GP, the dentist and optician.

Is the service caring?

Our findings

People spoke of a very positive relationship with staff. All of the people we spoke with praised the kindness and caring nature of the staff at the service. One person we spoke with told us, "I don't go out much but I do like it here." Another person commented, "I go out on the minibus and I have a lovely view of the park. I'm really happy."

People in the service had a keyworker. People were allocated key workers who supported them in all areas of their lives. Staff understood their role in relation to being a key worker and all said this involved monthly meetings with people using the service, and helping to support people to do things such as shopping and going to appointments.

People were treated with kindness and compassion by staff. Staff knew people well and people using the service appeared relaxed in their company. The atmosphere was calm and friendly.

One member of staff said, "I love spending time with the residents. We have lots of fun, lots of giggling and chatting." One person said, "My keyworker is very kind. She helps me wash my hair."

People's privacy was respected. Some people chose to sit in the communal lounge and others chose to stay in their bedrooms. People were able to move around the building freely. Some people chose to sit in the communal lounge and others chose to stay in their bedrooms. People were able to move around the building freely and people told us they would make their way to the provider's neighbouring service whenever they wanted to.

People's bedrooms were personalised with people's own possessions. For example, people had photographs and personal mementoes. This helped to make each room look personal and homely. One person we spoke with told us, "I'm really happy with my room. I'm really happy with everything."

Staff we spoke with had a good understanding of the people they cared for and were aware of people's care and support needs. The care and support at the service was personalised and unique to people and this was achieved through the staff team's knowledge of the people they cared for. All of the staff we spoke with were able to describe their knowledge of the people they cared for, their personalities and behaviours.

Is the service responsive?

Our findings

People said they felt their needs were met. One person said to us, “They will always get my blood pressure done, and I always get my medicine reviews.” Another person said, “They looked after me when I really needed it.”

Where possible, people were involved in their care plans and had signed to indicate their agreement. Relatives had also been invited to attend care plan reviews. Plans were extensive and the manager said they were in the process of reviewing the content of all plans in order to make them more user friendly. We looked at an example of a new plan, which was easier to navigate and read than the “older” versions.

All of the plans were person centred and provided details of the kind of support that people needed and how staff should provide this. There was a clear emphasis on promoting independence. The plans showed that people had been involved and that their personal preferences had been documented. These included preferred waking times, preferred time to go to bed and food preferences. People had, ‘Daily Living Task’ plans in place. For example, one person’s plan detailed how staff should support them to make a sandwich and how to do their washing and ironing.

Behaviour plans were person specific because of people’s differing and sometimes complex needs. Where people required specific support in relation to behaviours which might cause distress or upset when out, there was guidance for staff on how they should support someone to ensure they maintained their dignity whilst also not restricting people’s liberty.

People had been given information about the service. There was a service user guide within the service that communicated information to people. The service user guide told people about the different personalities within the providers group, for example the regional and operations manager’s names. There were photographs of these managers to show people who they were. There was information about the vision statement and core values of the service, and also information about the staff team that supported people.

People said they took part in activities. They said they regularly went to the local pub for lunch which they enjoyed. One person said, “I like to go shopping with my key worker.” On the day of the inspection, some people were watching TV, one was ironing, and some were sitting and talking to each other. People were attending a karaoke and disco at the provider’s neighbouring service that evening, and they said they were looking forward to it. One person said they had learnt Spanish recently. There were certificates on display showing that people had attained skills in languages and independent living skills.

The service had a complaints procedure. People knew how to make a complaint. They said, “I know how to find the manager, and I have complained in the past. I was taken seriously. They listened to what I had to say.” We reviewed the complaints policy and saw that guidance on how to make a complaint was available. There was also information on who people could escalate a complaint to if required, for example the local government ombudsman. The complaints procedure was also available in an ‘easy read’ format for people at the service. The service had received one complaint in 2015 which had been responded to in accordance with the complaints policy.

Is the service well-led?

Our findings

People understood the new management arrangements at the service and were aware of who they could approach should that have any concerns. I know who the manager is, I know who to speak to with a complaint.” Another person commented, “I know who the new manager is.” Another positive comment we received was, “She’s very approachable and very nice. I can go over and see her any time I want to.”

Staff felt supported by the management team. All of the staff we spoke with felt supported by the new manager and told us they felt positive about the future of the service. Staff said the culture was, “Generally good.” One staff member said “I feel we [the staff] are listened to sometimes. I raised concerns to the previous manager and it feels like they just got hidden away, but I have also raised other things and then things have improved.”

The management communicated with staff about the service. The manager told us that team meetings were held approximately every four to eight weeks or more frequently should it be required. We saw from the last meeting minutes that matters general to the home were discussed. For example, in January 2016 the manager and staff discussed key working roles, individual people’s needs and health action plans. Further matters discussed included activities, holidays, staff training and supervision and operational policies in use.

The registered manager and staff communicated with people about the service to continually ensure the quality of the service delivered met people’s needs. There were regular meetings with people to discuss different areas of the service. We saw from a recent meeting in November 2015 that people discussed if they were happy with their keyworker, if they enjoyed activities and if they were happy with the staff in general. The manager told us that in addition to these group meetings, people were also spoken with individually to see if they wished to raise any points in private. The manager told us these meetings were also used as an opportunity to communicate with people how to make a complaint and discussed safeguarding people.

The manager had an audit system to ensure the environment was suitable for people. The last audit was conducted in January 2016 and had highlighted to the provider that refurbishment work was needed in different areas of the service. For example, it highlighted that all communal areas required painting and that a cooker needed replacing.

We highlighted that the dishwasher in Primrose Villa was giving off an unpleasant odour when the door was opened as it had not worked for some time and the un-drained water was stale. The manager has since told us the dishwasher has been removed and replaced. This audit had been returned to the provider and was awaiting action. In addition to this audit, the provider had an internal auditing system that monitored all aspects of the service and advice was given where improvements could be made.

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
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely. Regulation 12 (2) (c).</p>