

Parkcare Homes (No.2) Limited

The Old Rectory

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

The Old Rectory is registered to provide accommodation and personal care to eight people with learning disabilities and autism. This inspection was unannounced and took place on the 2 and 3 December 2015. At the time of our inspection there were eight people living at the service. The home was last inspected in April 2014 and all the standards we inspected were met.

A registered manager was in post at the time of our inspection visits. 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.

There were insufficient staff deployed to meet people's needs. Members of staff said they were often "working short staffed and covering vacant hours was a struggle". The registered manager confirmed there had been a 27 percent turnover of staff in the last 12 months. They said the provider was taking steps to attract good staff and to retain them for example, they had introduced incentives and investment in training. During our visits we saw the number of staff on duty did not reflect the rota. The team leaders spent significant periods of time contacting staff to cover vacant hours for four services. This meant the ratio of staff working with people was reduced.

Records were not always up to date. Daily reports and keyworker notes were not always completed by the staff and Medication Administration Records (MAR) were not signed for two people to indicate the medicines were administered.

Audits were used to monitor the standards of care and to ensure a safe environment was maintained. For example, health and safety, infection control and management of medicines. However, medicine management audits had not identified staff were not signing MAR (Medication administration records) charts following the administration of some medicines and that staff were not following the cleaning schedules for freezers and food safety guidelines.

Members of staff showed a good understanding of the safeguarding of vulnerable adults from abuse procedures. Members of staff knew the signs of abuse and the actions they must take should they suspect abuse. The one person giving us feedback said they felt safe with the staff and living at the home. The people we observed sought staff attention and did not show signs of agitation by the presence of staff.

Arrangements were in place to minimise risks to people and for people to take risks safely. Risks were assessed and action plans were developed on how staff were to minimise the risk.

Safe systems of medicine management were in place. The competency of staff was assessed before they were able to administer medicines unsupervised. Where people were able, they were supported to self-administer their medicines.

The induction programme for new staff was comprehensive and prepared them for the role they were to perform. Staff attended essential training set by the provider and other specific training needed to meet the needs of people at the service.

People were able to make daily living decisions such as activities, meals and routines. Members of staff showed a good understanding of their role in enabling people to make these decisions. Mental Capacity Act (MCA) 2005 assessments were completed for specific decisions such as dental treatment, access to the kitchen and for leaving the property. Best interest decisions made by people's next of kin (NOK) or advocates relating to the sharing of information were not within the principles of the MCA. The NOK or advocates did not have legal power of attorney. Deprivation of Liberty Safeguards (DoLS) were in progress to the supervisory body for people subject to continuous supervision.

Staff had a good understanding of people's preferences. We observed staff use a variety of approaches when they interacted with people. They had insight into the behaviours people presented and the response needed to reduce the potential of aggressive situations from escalating.

Support plans were developed to meet all aspects of people care and treatment needs which keyworkers [members of staff assigned to specific people] monitored monthly.

People were supported to maintain their ongoing health. Staff accompanied people on healthcare appointments. Records of appointments and the outcome of the visits were maintained. The hospital passports that were in place detailed important information about the person to help medical staff deliver care and treatment in the event of an admission.

Referrals were made for input from healthcare professionals for people with specific health conditions. The guidance given by healthcare professionals was used to develop action plans on meeting people's changing needs.

People's views were gathered at house meetings and questionnaires. The analysis of the surveys provided the registered manager with suggestions on improvements that were needed. An action plan to make improvements was to be developed.

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.

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 safe.

Insufficient staff were deployed to meet people's needs. Staff said the service was often short staffed. They said covering vacant hours was a struggle and we saw team leaders spend significant periods of time contacting staff to cover vacant hours. The registered manager said recruitment and retention of staff was a challenge. This meant the ratio of staff to people was compromised.

Where people were able staff supported them to self-administer their medicines. Members of staff were not always signing the administration records to indicate the medicines administered.

One person said they felt safe living in the home and we observed people seek staff attention. Staff knew the procedures they must follow if there were any allegations of abuse.

Risks were assessed and staff showed a good understanding of the actions needed to minimise the risk to people and for people to take risk safely.

Requires Improvement ●

Is the service effective?

The service was effective.

People were able to make day to day decisions. People's capacity to make specific decisions was assessed. Members of staff benefit from one to one meetings with their line manager. At the one to one meetings staff discussed their performance and concerns.

People dietary requirements were catered for at the home.

Good ●

Is the service caring?

The service was caring.

People received care and treatment in their preferred manner which respected their human rights.

Good ●

Members of staff were respectful and consulted people before they offered support and were helped to maintain friendships

Is the service responsive?

The service was responsive.

Opportunities for people to participate in hobbies and interests were not always available. Staff said three people attended clubs and people's preferred activity was to visit coffee shops and to go for long walks. Records of activities showed people were not pursuing their interests regularly.

Care plans reflected people's current needs and gave the staff clear guidance on meeting people's needs.

No complaints were received from relatives and members of the public for investigation since the last inspection

Good ●

Is the service well-led?

The service was not well led

Records were not always up to date. We found a lack of monitoring of daily reports, medicine systems and food safety.

Systems were in place to gather people's views. People made comments on the improvements they wanted. The registered manager told us that they would be developing an action plan from the comments received.

Members of staff worked well together to provide a person centred approach to meeting people's needs.

Requires Improvement ●

The Old Rectory

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 2 and 3 December 2015 and was unannounced.

The inspection was completed by one inspector. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we hold about the service, including previous inspection reports and notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us.

During the visit we spoke with one person living at the home, the registered manager, the area manager and four members of staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us

We spent time observing the way staff interacted with people who use the service and looked at the records relating to support and decision making for three people. We also looked at records about the management of the service.

Is the service safe?

Our findings

Sufficient numbers of staff were not deployed to meet people's needs. Members of staff told us the home was often short staffed and that there was a high staff turnover. Staff explained the reasons for the high turnover of staff and stated that it was "worst" covering vacant hours at weekends" A member of staff said getting cover was a "struggle, the hours are long and some staff don't want to do more hours after having worked a shift". Another member of staff said staffing levels were "short and it can be stressful". The registered manager and deputy confirmed they were covering vacant hours and were participating on the on-call system. They said there were close links with other services and that staff from the other services were contacted to cover vacant hours.

The registered manager said there had been a 27 percent turnover of staff.. They explained there were three staff teams working across four services. This arrangement was to enable people in the four services to make daily decisions about the staff who worked with them on a one to one basis. This meant staff were assigned to work in four services and not a specific locations. However, not all the people living at The Old Rectory had the ability to make decisions of this nature.

People's opportunities to pursue hobbies and interests were limited by the number of staff on duty. We looked at the records of activities for one person and with the exception when the records were not completed, this person went out three times in one month and on all other occasions the staff described the individual as being "relaxed" or "paced" around the home. A bank member of staff said "we try and take people out every day. If there are no opportunities on one day we make sure they go out the following day". This comment did not reflect the documentation we saw.

On both days of our inspection visits we observed team leaders spending significant periods of time trying to cover vacant hours for four services. We saw team leaders contacting staff to cover vacant hours. However, team leaders were not supernumerary. This meant the ratio of staff available to support people was reduced.

Staff said recruitment of staff had been a challenge and a member of staff said "new staff were being recruited". They said some staff had left because they had found working in the caring environment difficult.

The rota in place for the day of our inspection visit showed five staff were to be on duty however only four staff were on duty. It was noted generally the staffing levels were reduced from five staff to four staff on duty during the day. The registered manager used the Provider Information Return (PIR) to give some key information about the improvements they plan to make with staffing. It was the intention to have a full team by spring 2016.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff's competency was assessed before they were able to administer medicines unsupervised. The

medicine file included the person's photograph to ensure staff were able to confirm people's identity and medication administration records (MAR). MAR charts gave the directions for administration which staff signed to show administration. However, staff had not signed the MAR charts for two people on a few occasions when medicines were administered.

Protocols were in place gave staff clear guidance for administering "when required" medicines. The protocols directed staff on how to establish the "when required" medicines were necessary and to consider other options to before administering medicines for anxiety.

Where people were able they were helped to manage their medicine administration. Support plans were developed for people who were able to manage the administration of their medicines. The person's ability to administer their medicine, the support needed from the staff for the safe administration and their understanding of their medicine administration including when required medicines.

Risks were assessed and support plans were devised to minimise the risk to people and for people to take risk safely. For example, support action plans for travel gave staff guidance on how to reduce the person's levels of anxiety which included avoiding areas of high traffic, time of travel, speed bumps and not to have music in the vehicle. Another member of staff gave us an example of the actions taken for a person at risk of falls. They said when this person was in the community a wheelchair was used to lower the risk of falls.

Contingency plans were in place for the safe evacuation of the property in the event of an emergency. Fire safety instructions and evacuation plans gave staff guidance on the action they must take in the event of a fire. Important information for example, service points and codes for keypads were included in the evacuation plans. Personal emergency evacuation plans (PEEP) in place and described the assistance needed from the staff.

A person giving us feedback told us they felt safe with the staff. We saw people seek staff's company and their behaviours showed they had confidence and were comfortable with staff. Members of staff knew the types of abuse and the expectations placed on them to report their suspicions of abuse. Members of staff knew it was their duty to report any poor practice they may witness by other members of staff.

Is the service effective?

Our findings

New staff attended an induction to prepare them to work with people living at the service. A member of staff said part of their induction involved shadowing more experienced staff and meeting people. They said people were then able to recognise them when they were delivering care and treatment unsupervised. Another member of staff said the induction programme was comprehensive and "takes a while to get through and to know people".

People received care and treatment from staff that were skilled and well supported. Staff including the staff who worked on the bank said there were regular one to one meetings with their line manager. They said at these one to one meetings they discussed their performance and the support needed to undertake their roles and responsibilities. A member of staff said one to one meetings with their line manager was three monthly and at these meetings they discussed issues of concerns, performance and for new staff their experiences of shadowing more experienced staff.

Staff attended training that increased their skills and developed their knowledge of people's needs. For example, staff training included epilepsy, incident reporting, safeguards vulnerable adults and Mental Capacity Act 2005. A member of staff said the training provided by the organisation was a combination of face to face training and e-learning training. The manager confirmed this. They said that the training set by the provider included positive behaviour management (PBM) and autism awareness. Another member of staff said recent training delivered by the registered manager gave them the guidance on how to handle specific challenging situations.

The registered manager said the care certificate was being introduced and the essential training set by the provider included infection control, safeguarding vulnerable adults and Deprivation of Liberty Safeguards (DoLS), positive behaviour support and introduction to autism. Other specific training attended by staff included first aid for people who had specific allergies.

People made daily decisions. One person said they made decisions about what to wear. Staff said people made daily living decisions such as activities, routines for rising and retiring and about their clothing. Communication dictionaries were developed to help staff understand how people expressed their preferences. For example, behaviours presented by the person and how "yes" and "no" decisions were made. A bank member of staff described the way people were helped to make decisions. They said staff sat with people and consulted them about activities and that some people were verbally able to tell staff their decisions.

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 service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

MCA assessments were in place for specific decisions such as dental treatment. Where people lacked capacity to make decisions best interest decisions were made by the most appropriate decision maker. Where people lacked capacity, the next of kin made best interest decision to share information with social and healthcare professionals. However, the next of kin giving consent did not have power of attorney. This meant best interest decisions to share information was not made within the principles of the Mental Capacity Act (MCA) 2005.

Some people were subject to continuous supervision in the home and in the community. Risk assessments were completed for community access and to restrict access into the kitchen. For example, one person was not able to cross the road safely because they were likely to have a quick pace and not look where they were going. DoLS applications to the supervisory body were in progress.

The one person told us when they became angry they approached the staff. They said the staff gave them guidance on how to regain control of their behaviour. For example, staff knowing their daily routine helped them keep calm. We observed members of staff using techniques to divert potentially aggressive situations. Support plans were developed on how staff were to respond when people presented with behaviours others found difficult to manage.

Positive behaviour plans were developed which included how the person communicates and when the as required medicines should be administered. For example, one person could become physically challenging towards other people. The support action plan gave staff guidance on the triggers which may have caused the physical aggression and the actions they must take to keep other people and staff safe. A member of staff described the non-physical interventions used to prevent a crisis from occurring. For example, staff said they changed the subject, used a firm voice and kept their distance when people were becoming aggressive towards them.

People's dietary requirements were met. Support plans were developed for one person at risk of choking and vegetarian dietary requirements. The action plan developed stated a soft diet was to be provided and the actions needed from the staff to promote independence and safety. For example, to remind the person to use a slow pace to eat their meal.

We observed staff supporting people to eat their meals. People were asked to make a choice of their preferred meal. Adapted utensils and cutlery were used to help people's maintain their independence at meal times..

Menus to meet people's dietary needs were devised. A bank member of staff said there was a choice of meals and they catered for people's likes and preferences. The range of frozen, fresh and tinned goods ensured that people's meal choices were catered for.

People were supported with their ongoing health care needs. Staff said people were accompanied on healthcare appointments. A member of staff said it was the responsibility of the support worker role to arrange healthcare appointments where needed. Reports of healthcare visits and monitoring such as checks

of people's weight were maintained. Health action plans included information on the person's health needs and the professionals who were involved. The hospital passports in place contained important information about the person for medical staff to deliver care and treatment in the event of an admission to hospital.

People were referred to specialists. For example, one person's was seen by a psychiatrist because their behaviour was difficult for the staff to manage. The outcome of the visit described the possible causes of the behaviour. This meant staff's insight into the person's behaviour had increased and helped staff to develop strategies to manage difficult behaviours.

Is the service caring?

Our findings

We used Short Observational Framework for Inspection (SOFI) where people were not able to tell us their views. We saw positive interactions between people and staff. We saw one member of staff sitting beside another person in a joint activity. Another member of staff organising an outing said to another person "we will count your money then we will go out and buy a car". We saw one person on a number of occasions use behaviours such as touching staff which indicate they enjoyed the company of these staff.

A member of staff on their induction told us they were developing positive relationships with people by watching the interaction more experienced staff had with people. They said more experienced staff gave them guidance, they asked people about their preferences. A bank member of staff said they worked towards developing a rapport and they were open, approachable and honest with people. They said support plans detailed people's likes, dislikes and their preferred routines.

Support plans that included people's preferences were developed with the person. The plans gave staff guidance on the person's preferences about their likes, hobbies and routines and about their background history. Life stories gave the person's family background and the history before moving to the home.

People were helped to maintain relationships with their relatives. Support action plans were developed to help people maintain contact with relatives and friends. One person said the staff supported them to keep friendship and to participate in joint activities.

People's rights were respected by the staff. Staff gave us examples on how they respected people's rights, For instance that people's personal care was delivered in private and they knocked on bedroom doors before entering. The one said the staff respected their privacy. They said they had a key to their room and that staff knocked on their bedroom door before entering.

Is the service responsive?

Our findings

There were some opportunities for people to pursue hobbies. One person told us they went out with their keyworker [member of staff assigned to specific people]. They said visits to the pub were arranged. Activity planners were in place but a member of staff said they were not up to date. This member of staff described the behaviours some people used to indicate they wanted to go out into the community. They said three people attended clubs but most people enjoyed going on walks and going to coffee shops.

Support plans were developed on all aspects of people's care needs. For example, support plans were in place for daily routines, eating and drinking, maintaining relationships and medicines. Daily routine support plans were developed on how people spent their day which included their routines for the day and daily activities. A bank member of staff said support plans had the information needed for them to meet people's needs.

Staff told us that they had "handovers" when shift changes occurred. The handovers told them about people current needs. A member of staff said the handover checklist gave them information of the activities and tasks that had been completed by staff during the previous shift. A bank member of staff said they were told about people's current needs when they came on duty. They said there were daily reports, dairies and verbal handovers kept them informed on people's wellbeing.

People said the staff discussed their care plans with them. Staff told us that it was the role of the keyworkers was to monitored support plans A member of staff said they participated in the development of the care plans and they were audited by the registered manager. They said the information included helped them deliver care and treatment according to people's preferences.

Staff said complaints raised to them by relatives were passed to the team leader or registered manager. There were no complaints received from relatives or members of the public since the last inspection.

Is the service well-led?

Our findings

Records about people's health and wellbeing were not always completed by the staff. For example, activity planners were not up to date, keyworker notes on two occasions stated that daily reports had entries missing and this was to be raised at staff meetings. We also noted daily report and keyworker notes were missing on consecutive days. For example, there were no daily report entries on 11, 12 and 15 November 2015 for one person. This meant staff may not be fully aware of daily events, people's progress and activities undertaken.

The registered manager said part of their role and the deputy's was to monitor the staff team were fulfilling their roles and responsibilities. However, we found a lack of monitoring of daily reports, medicine systems and food safety. We noted the freezers had opened bags of food and that the freezers needed defrosting to reduce the build-up of ice. The registered manager said there were cleaning schedules and staff used the handover checklist to indicate when the freezer was defrosted. They said the freezer was to be defrosted. However, staff had not indicated the freezer had been defrosted in the daily checklist. Medicine systems were audited in December 2015 and on the day of the audit all standards were met. However, we found gaps in the signing of medicines administered.

The registered manager worked across four services and conducted audits to assess the standards of care. The audit system included six monthly infection control audits and health and safety checks. Fire risk assessments were reviewed, recommendations made and where action was taken, the plan was signed to confirm the task was complete.

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 their family and keyworker [member of staff assigned to specific people] 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. One person confirmed that they attended the house meetings. At the house meeting held in October 2015 people discussed activities and Halloween.

The service had clear values about the way care should be provided and the quality of service people should receive. The registered manager said the vision and values of the organisation was "to be a family, to act with integrity and to put people first". Staff meetings were held monthly to share information and discuss all aspects of care and treatment delivered.

A member of staff said the team worked well together and supported each other. They said "I ask a lot because I am new. I get a good response. Team leaders ensure there is something [activities] going on." However, some daily notes showed people did not have opportunities to pursue the activities staff said people enjoyed. A bank member of staff said the registered manager was supportive and "you can tell her anything. Team leaders give the advice needed and then point you in the right direction."

The registered manager said the key challenges were around staff recruitment and retention and that this

was ongoing. They said the provider was considering ways of attracting staff to posts such as implementing incentives and additional investment in training. Exit interviews were held with staff who were leaving to identify areas to improve and retain staff.

The registered manager told us incidents and accident reports were analysed and action plans reviewed to reduce the potential for reoccurrence. For example, there were repeated incidents for one person from the analysis that was completed it was determined the cause of the incidents were environmental such as noise and new staff. At the recent staff meeting lessons learnt were discussed and new routines were developed to support the person.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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	Regulation 18 HSCA RA Regulations 2014 Staffing Sufficient numbers of staff were not deployed to meet the needs of people living at the service.