Parkcare Homes (No.2) Limited

Church View

Inspection report

Church Street
Kimberworth
Rotherham
South Yorkshire
S61 1EP

Tel: 01709557658

Date of inspection visit:
08 June 2017

Date of publication:
20 July 2017

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

The unannounced inspection took place on 8 June 2017. At the last inspection in April 2015, the service was rated as Good. At this inspection we found the service remained Good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for "Church View" on our website at www.cqc.org.uk'

Church View supports adults with enduring mental health problems. The home can accommodate up to 25 people in three houses, York, Canterbury and The Vicarage. There are accessible well managed gardens. The service is situated in Kimberworth close to local shops and amenities, and is within easy reach of Rotherham town centre.

The people we spoke with who lived at Church View told us they liked living there and felt staff met their needs in a friendly and supportive manner. We saw people were encouraged to be as independent as they were able to be, while staff readily offered support and guidance as needed.

Staff were knowledgeable about how to recognise signs of potential abuse and aware of the reporting procedures. Risks associated with people's care were identified and actions put in place to help minimise the risk from occurring. This was done in a way that maintained people's independence.

Recruitment processes helped the employer make safer recruitment decisions when employing new staff. At the time of the inspection there was sufficient staff on duty to meet people's needs.

Systems were in place to make sure people received their medications safely, which included key staff receiving medication training and regular audits of the system.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff had completed an induction at the beginning of their employment which included undertaking the company's mandatory training. This was followed by periodic refresher and specialist training to increase and update their skills and knowledge. Staff had also received regular support sessions.

People received a well-balanced diet which was varied and met their needs. They had been consulted about menus, which were flexible and offered choice. The people we spoke with said they were happy with the meals available.

Staff demonstrated a good knowledge of how they respected people's individuality and ensured their privacy and dignity was maintained. We saw staff took account of people's individual needs and preferences, while supporting them to be as independent as possible.

People had been encouraged to be involved in the assessment and care planning process. Support plans reflected people's needs clearly and had been reviewed and updated to reflect their changing needs.

People had access to a varied programme of social activities and stimulation, including access to community social clubs and outings.

There was a system in place to tell people how to raise concerns and how these would be managed. People told us they would raise any concerns with the management team. They said the management team were approachable and listened to their suggestions and ideas.

There were systems in place to assess if the home was operating correctly and people were satisfied with the service provided. This included surveys, meetings and regular audits. Action plans had been put in place to address any areas that needed improving.

Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them.

Further information is in the detailed findings below.

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Church View

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 checked 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 unannounced comprehensive inspection took place on 8 June 2017. The inspection was undertaken by an adult social care inspector.

Prior to the inspection visit we gathered information from a number of sources. For instance, we looked at the 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 looked at notifications sent to the Care Quality Commission by the registered manager. We also obtained the views of professionals who may have visited the home, such as service commissioners, healthcare professionals and Healthwatch Rotherham. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with six of the 22 people living at Church View at the time of our inspection and a visiting community nurse. We also spoke with the registered manager, the general manager and two care staff.

We looked at the care records for three people using the service, as well as records relating to the management of the home. This included staff rotas, minutes of meetings, medication records and staff recruitment, training and support records. We also reviewed quality and monitoring checks carried out by the home's management team.

Good

Is the service safe?

Our findings

People we spoke with said they felt safe living at the home. We saw clear records were in place to monitor specific areas where people were more at risk. They identified potential risks and explained to staff what action they needed to take to protect the person. We saw completed assessments covered topics such as moving and handling people safely and to manage behaviour that may challenge others, or harm the person concerned. We also saw appropriate arrangements were in place in case the building needed to be evacuated, with each person having their own evacuation plan.

Staff we spoke with understood people's individual needs and knew how to keep them safe. They gave good examples of how they minimised risk and we saw they had received training in health and safety topics, as well as managing behaviour that may challenge.

Policies and procedures were available regarding keeping people safe from abuse and reporting any incidents appropriately. The general manager and the staff we spoke with clearly understood their responsibilities in promptly reporting concerns and taking action to keep people safe. They could identify the types and signs of abuse and told us they had received training in this subject, which was confirmed by the training records we sampled.

The general manager described to us how staffing levels were determined. We found consideration had been given to individual people's needs, as well as the layout of the three buildings, to determine the number of staff required on each shift. People we spoke with told us there was enough staff on duty to meet their needs. This included some people receiving one to one support for their allocated hours each week. One member of staff told us, "Yes, we can meet people's needs [with the five care staff on duty, plus management support] but if we get any new admissions we would need a sixth person."

We looked at how staff had been recruited and found the process to be satisfactory, but key information was not easily accessible, as it was stored in different files. This was discussed with the management team and changes were made to provide a clearer audit trail. Records sampled showed appropriate checks had been undertaken before staff began working for the service. These included at least two written references [one being from their previous employer], and a satisfactory Disclosure and Barring Service [DBS] check being received. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

We looked at the arrangements in place for the management and administration of medication coming into and out of the home, and found these to be robust. Staff told us people were encouraged to administer their own medication, and where this was possible we saw assessments had taken place to ensure they were capable of doing this in a safe manner. Where people needed assistance to take their medication we saw care plans outlined staff's role in supporting them to take their medication on time and safely. Staff administering medication had completed training in this topic and were also subject to periodic observational competency assessments to ensure they were following company polices.

We saw regular company medication checks and audits had been undertaken to ensure staff were following company policies and any issues identified were followed up. The dispensing pharmacy had also carried out periodic audits with the last one being in May 2016. This showed the service's systems and records were robust.

Good

Is the service effective?

Our findings

People we spoke with told us they were happy with the staff that supported them. One person who lived at the home told us, "Staff are always here to help you, even at night." Another person said staff were "Nice", while a third person described staff as, "Very good."

We found staff had the right skills, knowledge and experience to meet people's needs. The general manager told us new staff completed a structured induction into the home, which included shadowing an experienced staff member until they were assessed as confident and competent in their role. A recently recruited care worker told us they had received the company's online induction pack, which they described as "Very Good." They said the pack included key policies and procedures, information about their job role and the company's expectations of them. They added, "There was quite a lot of background information too. I have never got that in previous jobs." We were also told they had been shown round the home on the first day and introduced to staff and the people living at the home, as well as becoming familiar with topics such as the fire procedures.

The general manager described how staff completed essential training within their induction period, followed by periodic refresher training to help them maintain and enhance their knowledge and skills. Training was mainly e-learning, but some subjects, such as moving people safely and fire safety was also given face to face. The general manager told us if new staff had not already completed the Care Certificate or a nationally recognised care award they would undertake the company's equivalent to the Care Certificate. The Care Certificate looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

We saw staff had received regular supervision sessions and an annual appraisal of their work. These had been used to identify areas staff wished to develop and plan training needs. The general manager also showed us some 'flash cards' that she used in team meetings and support sessions to check staff were knowledgeable about certain topics, such as safeguarding people and the Mental Capacity Act 2005.

Staff told us they felt they had received the training they needed to do their job well. One member of staff said, "Training is good, there is a good mixture of online and face to face training. I did the medication training recently which was very comprehensive."

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 [MCA] and Deprivation of Liberty Safeguards [DoLS], and to report on what we find. This legislation is used to protect people who might not be able to make informed decisions on their own and protect their rights. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found applications had been made to the DoLS supervisory body with one granted and others pending an outcome.

We found people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and the policies and systems in the service supported this practice. We saw people had consented to their care and treatment, as well as subjects such as the use of photographs.

There was a separate kitchen in each house. The general manager explained that care workers prepared meals with help from people who used the service. We saw people's nutritional needs had been assessed and documented in their plans of care. This included people's likes, dislikes and any allergies they might have. People had been consulted about menus, which were flexible and offered choice. At lunchtime we saw people had a selection of sandwiches to choose from, or they could opt for something different. The main meal was mainly prepared by staff and served in the evening.

Snacks and fresh fruit available in each house, and we saw people helping themselves to pieces of fruit throughout the day. All the people we spoke with said, they were happy with the food quality and choices.

People were well supported to maintain good health and had access to healthcare services when needed. Each person had a 'health and medication file' which contained information about their involvement with health care professionals, such as doctors, the community psychiatric team, district nurses, dieticians, chiropodists and opticians. There was also a 'hospital passport' for each person, which was used to share information if a hospital visit was needed.

A community nurse told us staff were good at communicating changes in people's needs. They described how the use of a communication book also helped to ensure information was passed on effectively. They said staff were friendly and helpful adding, "I can't fault them with how they have supported [person they were visiting]."

Good

Is the service caring?

Our findings

We saw staff were patient with people, offered them choices and listened to their opinions. People who used the service indicated they were happy with how staff provided support. They told us staff listened to what they said and respected their decisions. One person commented, "I really like my keyworker [a named care worker who is more closely involved with the person's support and welfare]. She is my favourite person, but they [staff] are all kind."

We saw staff knocked on people's doors before entering and always asked if they were happy with whatever they were doing. Staff spoken with had a very good understanding of people's needs and could describe to us the best way to support them, whilst maintaining their independence. One care worker described how they saw other staff respecting people. They told us, "They always knock on people's doors and ask if they [people who used the service] are okay with this or that. They repeat offers, for example activities [to take part in]. They offer alternatives and choices."

Throughout our inspection we saw people were happy and relaxed, and staff communicated with them positively. Staff supported people in a helpful and responsive way, while assisting them to go about their daily lives and take part in social activities. They asked people what they wanted to do and respected their decisions.

Each person had their own accommodation. We saw people's room were personalised to reflect their preferences and interests. This included the décor, posters and family photographs.

In 'The Vicarage' we saw a dignity tree had been painted on the wall which had numerous leaves made of paper. On each leaf either staff or people living at the home had written what dignity meant to them. For instance, people had written courtesy, privacy and politeness, involvement, self-esteem. Staff we spoke with described how they would respect a person's privacy and dignity. For example, one member of staff discussed the importance of respecting people's choices, religion and cultural needs. They also said all staff completed dignity training, which they felt was very informative.

Care plans contained information about people's family and friends and other people who were important to them. They also contained a description of the person's past history including what they enjoyed doing and what a good or bad day looked like for them. This helped staff to understand the person better.

Meetings had been held so people could share their opinion on how the home operated. We saw there was a 'You said we did' board which the general manager said was changed after each 'Your voice' meeting. This provided a summary of each topic brought up and what the staff had done to address it. We also saw there was information for people about planned changes in the company to make sure they were aware of what was happening at the home.

Staff said most people living at Church View could speak for themselves. However, they told us one person used an independent advocacy service to help them speak up. Advocates can represent the views and

wishes of people who are unable to express their wishes.

A community psychiatric nurse told us, "I have found the staff at Church View very warm and kind towards service users and they have always maintained regular contact with the care team and carers of the individual."

Good

Is the service responsive?

Our findings

People told us they were happy with how staff delivered their care and support. They said staff were responsive to their needs and changing circumstances. For instance, one person living at Church View told us, "When I got stressed out they [two named care workers] helped calm me. That's what I need"

Interactions between staff and people using the service was good and focused on the individual needs and preferences of the person being supported. Care workers offered people options about their meal or social activities, and responded to their requests promptly. We found some people had been allocated one to one time to enable them to take part in social activities and outings, and to help keep them safe.

Each person had a care file which contained information about them and their individual care needs. We found people's needs had been assessed and care plans put in place to ensure these needs were met. Care files sampled contained needs assessments which had been carried out before people were admitted to the home. However, we saw when people were admitted at short notice information had been gathered from sources such as NHS assessments.

There was a personal profile at the front of each file which gave staff an overview of the support the person required, their aims and objectives, communication abilities and their hobbies and interests. Each person's file contained detailed personalised care plans which clearly outlined the care and support the person needed, along with information about how staff could minimise any identified risks. There was clear guidance to staff on how best to support each person, their abilities and preferences. Overall care plans and risk assessments had been evaluated and updated on a regular basis.

A community psychiatric nurse told us, "They [staff] provide care which is tailored to the individuals needs and ensures the safety of the client is upheld. There is always a member of staff available to consult with when a need arises and they work in collaboration with services to ensure holistic care is provided.

The home enabled people to take part in various social activities and stimulation. People told us they spent their days as they preferred. Some people went out with staff supporting them, while other people went out alone. During our visit one person baked some buns, which they shared with other people. We saw posters around the different houses highlighting forthcoming events that people could choose to participate in, or not. For instance, there was a weekly trip to a local club to see a live band play, movie afternoon, walking groups and trips to the coast or a local garden centre. Each person was also encouraged to add things to their scrapbook, such as photographs, activities they had taken part in or to write about anything they wanted to share.

We saw some people were also involved in cleaning their rooms, shopping, cooking and other daily household tasks, with support from the care staff as needed.

The provider had a complaints procedure which was available to people who lived and visited the home. In the provider information return [PIR] we were told no complaints or compliments had been received over

the 12 months prior to it being submitted.

The people we spoke with raised no complaints with us, but said they would be happy to speak to the general manager or other staff if any concerns arose. One person commented, "I'm not worried about anything."

Good

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission. 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 registered manager was not based at the home on a daily basis as he was also the registered manager at some of the company's other services. However, we were told he visited the home at least two to three times a week and he was supported by a general manager, who monitored the home on a daily basis. The general manager told us they were undertaking a level five management course to increase their skills and knowledge. Other team members included team leaders, care workers, an activity co-ordinator and ancillary staff. Each member of staff we spoke with were clear about their role and the roles of the other staff employed at the home.

The people we spoke with said they were happy with the support they received and how the home was run. When we asked people if there were any areas they felt could be changed to improve the service provision, most people could not think of anything they would change. One person added, "Well I would like to have [their keyworker] on [duty] all the time." However, another person said some people smoked in their rooms, which was not allowed, and they wanted them to stop. We spoke with the general manager about this. They described the actions they had, and were taking to address this issue.

The provider gained people's opinions in a number of ways. For instance, 'Your voice' meetings were used to gain people's views, and for them to say how they wanted the home to operate. We also saw periodic surveys were used to gain the views of people using the service, as well as staff. In each case records we sampled showed the provider had listened to people and drawn up an action plan to encompass anything people felt needed changing to make the home better.

Staff were complimentary about the management team, who they felt were approachable and provided good support. Minutes from staff meetings demonstrated that they were used to share information and gain staff views. Staff had also received regular support sessions and an annual appraisal of their work performance, at which time they could share their views. Prior to our visit the registered manager told us in the PIR that the management team provided "Constructive feedback and clear lines of accountability support and resources to motivate the staff to develop and progress within their job role." One member of staff told us, "The managers are both approachable, [the general manager] usually just sorts things out."

A system was in place to check the home was operating to the required standards and to help to drive improvement. We saw completed audits for topics such as health and safety, the environment, financial records, infection control and medication management. We also saw the provider's representative had completed a periodic 'compliance audit' to check the home was meeting regulations and best practice.

We found the provider had acted quickly to address any areas for improvement brought to their attention. For instance, prior to the inspection some concerns were shared with us which we asked the registered manager to look into. They arranged for a full audit of the areas of concern to be carried out and formulated an action plan to address any shortfalls they found. For example, the audit of the environment highlighted that some bedrooms needed redecorating. At this inspection we found these had either already been completed or where planned for the near future. We also saw that since our last visit some remodelling had taken place in 'The Vicarage' with a new kitchen and lounge/dining room being fitted, and a general redecoration programme was underway. We discussed the lack of signage at the front of the home with the management team. They told us this had also been raised by a healthcare professional who could not find the home. Following our visit the general manager told us this had been raised with the provider.

We saw accidents and incidents had been monitored by the general manager to ensure any triggers or trends were identified. Records showed these were used to identify if any systems could be put in place to eliminate or minimise identified risks.

Policies and procedures were in place to inform and guide people using the service and staff. These had been reviewed regularly and updated as needed, to make sure they reflected current practice.

The local authority told us they had last visited the home in February 2017 when they found the areas they looked at were satisfactory. They said they had no concerns about how the home operated.