Parkcare Homes (No.2) Limited

Hurstfield

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 4 January 2016 and was unannounced. This was the first inspection for this service since it was registered in May 2015.

Hurstfield provides accommodation and personal care for up to six people with enduring mental health needs. There were six people living at the home when we visited. Hurstfield is part of the Priory group and is closely linked to The Priory Hospital Keighley. The people living at Hurstfield had either come from The Priory Hospital or from another of the provider's community homes.

The accommodation consists of six single bedrooms, all with ensuite bathrooms. Communal facilities include a lounge, kitchen, dining room, laundry room and gardens.

The home has a registered manager who has been in post since registration in 2015. 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.

People who used the service told us they felt safe and staff knew how to protect people and how to report any potential safeguarding issues.

Recruitment processes were robust and thorough checks were always completed before staff started work to make sure they were safe and suitable to work in the care sector. Staff told us they felt supported by the community house manager and that training opportunities were good and relevant to their roles.

The home was clean and tidy and infection control was managed well.

Medicines were managed safely.

The home was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and acting within the legal framework of the Mental Capacity Act (MCA).

There were enough staff available to give people the support they needed and people were supported and encouraged to be as independent as possible.

People who lived at the home had full involvement with the planning and review of their care.

People's physical and mental healthcare needs were met with the support of healthcare professionals and positive behaviour programmes were in place.

People were involved in the planning of meals, shopping and food preparation.

People engaged in activities of their choice within the home and in the local community. Staff supported people in employment and educational opportunities.

People had confidence in the staff and we observed positive interactions throughout our visit.

People felt involved in the running of the home and felt their views were sought and acted on.

Systems were in place to audit the quality and safety of the service.

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.

Staff were recruited safely and there were enough staff to meet people's needs.

Staff understood how to keep people safe and the premises were clean and well maintained.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff were inducted, trained and supported to ensure they had the skills and knowledge to meet people's needs.

The service was meeting the legal requirements relating to Deprivation of Liberty Safeguards (DoLS).

People were supported to maintain healthy living, including a healthy diet, and had access to healthcare professionals as they needed.

Is the service caring?

Good

The service was caring.

People told us staff gave them the support they needed.

Staff were respectful of people's independence and their need for privacy.

People were able to express their views about the service and any concerns were acted on.

Is the service responsive?

Good

The service was responsive.

Care and support was planned and delivered with a person

centred approach.

People were supported to engage in activities of their choice both in the home and in the community.

People knew how to raise any concerns and felt confident these would be dealt with.

Is the service well-led?

Good

The service was well led.

Effective audit systems were in place and the registered manager agreed to review auditing tools to make sure they were relevant to the care home.

People who lived at the home and staff felt involved in the home and said their opinions were sought and acted on.

Hurstfield

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 4 January 2016 and was unannounced.

The inspection was carried out by one inspector as due to the size of the service a larger team was not considered appropriate.

Before the inspection we reviewed the information we held about the home. This included looking at information we had received about the service and statutory notifications we had received from the home. We also contacted commissioners from the local authority and the local authority safeguarding team.

On this occasion we had not 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.

We spoke with five people who were living in the home, two senior support workers and the community house manager.

We looked at two people's care records, two staff files and other records relating to the management of the service. We looked round the building and two people showed us their bedrooms.

Good

Is the service safe?

Our findings

People told us they felt safe at Hurstfield. One person said "It's much safer here than other places I've lived in" and another said "of course it's safe here."

We saw detailed risk assessments had been completed and were in individual care files. Risk assessments covered areas including going out into the community, financial exploitation and alcohol and substance abuse. One person told us they knew about their risk assessments and knew they had been put in place to keep them safe.

We had seen from our records there had been two safeguarding incidents at the home since it opened in May 2015. Both incidents had been reported appropriately and actions had been taken to reduce the likelihood of the same situation re-occurring. The community house manager told us they were a designated safeguarding officer for the home and provided training to the staff team. We spoke with one of the senior support workers about safeguarding. They demonstrated a thorough understanding of what could constitute abuse. They told us they would not hesitate to report any concerns they may have and were familiar with the procedures around making an alert.

People told us there were always staff around to give them the support they needed. The community house manager told us the usual staffing levels were two senior support workers on duty over the twenty four hour period but that extra staffing could be arranged in line with the needs of the people living at the home. The community house manager told us they were not in the home every day but did visit several times each week. Staff did not raise any concerns about their ability to meet people's needs with current staffing levels.

Staff recruitment processes were thorough and ensured staff were safe and suitable to work at the home. We looked at two staff recruitment files and found all the necessary checks had been completed before the staff member commenced employment. This included a criminal record check through the disclosure and barring service (DBS) and two references. The community house manager said all recruitment and human resource issues were managed by the human resource department at the Priory Hospital.

We saw staff disciplinary procedures were followed as needed. A recent medication error by a member of staff had been followed up appropriately with additional training and support for the person concerned.

We found medicines were stored and managed safely and medicine administration records (MAR) were completed correctly. We saw there were various records, other than MAR charts, where staff recorded administration of medicines and stock balances. This presented some difficulties when we tried to reconcile the amounts of medicines received against the amounts recorded as administered and the amounts still available. Although we did reconcile all of the medicines we checked, the community house manager recognised that the systems they had in place were complicated and took immediate action to simplify them.

The community house deputy manager advised no one was prescribed controlled drugs. These are

medicines which contain drugs that are controlled under the Misuse of Drugs legislation.

The home was clean and well maintained. The community house manager told us no ancillary staff were employed and that support workers were responsible for general housekeeping and supporting the people who lived at the home with cleaning their bedrooms and managing their personal laundry. Systems were in place to check and ensure the safety of the premises and we saw certificates in relation to such as gas, water and fire safety. Risk assessments were in place to cover any maintenance work at the home.

Good

Is the service effective?

Our findings

People we spoke with told us they had confidence in the staff, one person said "They know what they are doing."

We saw staff training was recorded on individual training summaries. The training summaries showed the dates training should be undertaken, when it had been completed and when renewals or updates were needed. Any overdue training showed up on the summary. Training included areas such as fire safety, moving and handling but also covered areas of specialist training relevant to the role of the staff member and the needs of the people they were supporting. For example staff received training in the Mental Health Act, Positive Behaviour Support and Managing Challenging Behaviour. The training summaries showed staff were up to date with the majority of training and where slight slippage had occurred, the training updates had been planned. Training summaries also showed when the staff member had received or were due for their appraisal.

The community house manager told us all new staff who did not have experience in care, or who needed refreshers, followed the care certificate programme from induction through to obtaining the full certificate. We spoke with a member of staff who had recently started work at the service. They told us they had just completed their competency assessment for administering medicines and were receiving training in a number of areas. They said they felt very well supported and were enjoying the job very much.

One of the senior support workers told us they received good support from the community house manager. They said the training they received was good and that they received extra support through monthly one to sessions. They told us one to one sessions were held with different people which they felt gave them opportunity to talk freely about any issues.

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). DoLS requires care homes to make applications to the local authority where they suspect they are depriving people of
their liberty.

The community house manager told us one of the people living at the home was subject to a DoLS. We saw the relevant documentation was in place. The community house manager and staff demonstrated a good understanding of the DoLS process and of the MCA. We saw mental capacity assessments had been completed to assess if people had capacity to make specific decisions such as consenting to care and

treatment.

People who lived at the home had weekly meetings to decide on the menu for the following week. They were then involved with the weekly shopping and cooking the meals. On the day of our inspection one of the senior support workers was arranging the shopping trip for that day. We saw they were encouraging people who lived at the home to go with them, telling them how they would appreciate their company and their help. People told us they could help themselves to the food in the fridge and make drinks as they wished.

We saw that people had 'healthy living' plans in place which covered promoting healthy eating and any particular dietary needs such as a diabetic diet.

Physical health care plans were in place and we saw people were supported to access healthcare professionals as they needed. On the day of our inspection one person had attended a smoking cessation clinic and staff were supporting the person with their programme. We saw visiting healthcare professionals made record of the reason for their visit and outcomes in the person's care records.

Good

Is the service caring?

Our findings

People living at the home told us staff were always there to help them when they needed it. One person told us although they liked living at the home, they were hoping, with the support of staff, to be able to live a more independent life in the future. Another person told us "This is the best place I've ever lived in." Prior to our inspection the Commission had received information from relatives of a person living at the home who told us how well their relative was doing and how caring and supportive staff were.

We observed interactions between people who lived at the home and staff to be comfortable and mutually respectful. Staff knew people well and were enthusiastic about their roles in supporting people to lead as independent a life as possible.

People were encouraged to follow their preferred routines and staff spent time individually with people supporting them to make decisions about their lifestyles. For example we heard one person telling the community house manager that they wanted to enrol on a college course and had been making preliminary enquiries about it. The community house manager spoke with the person about any support they might need and provided guidance and encouragement.

One of the people living at the home was very proud to show us a certificate they had been awarded for completing a 'Sharing and managing emotions group.' They told us staff had supported them in managing their behaviour and knew what might make them upset. They said staff knew how to help them when they got upset about things.

During our inspection one person became upset as they thought staff were not supporting them with a particular problem they were experiencing. We saw staff spent time with the person giving explanation and support. When the person became increasingly agitated staff were clear with them about what behaviours were not acceptable and gave the person time to calm down before spending time with them to provide further support and reassurance. Staff remained calm and demonstrated a thorough understanding of the person's needs and how to support them throughout the incident.

We saw from records that staff spent time with people on a one to one basis to give them opportunity to discuss anything they wanted about their care and support.

People told us staff respected their privacy and did not enter their rooms without asking or knocking.

We saw people who lived at the home were involved in matters concerning the service through monthly 'Your Voice' meetings. After the meetings a 'You said, we did' poster was developed to show what actions had been taken as a result of issues raised at the meeting.

Two people told us they knew about advocacy services and said they had used them in the past but would prefer to speak with staff or their solicitor if they had any problems.

We saw people had been involved in developing advances care plans so that their wishes for their care if they became ill were known.

Good

Is the service responsive?

Our findings

People told us they were involved in planning their care and making decisions about their lifestyles and we saw this was reflected within their care records.

We saw care plans were developed with a person centred approach and were written from the point of view of the person. For example one person's care plan gave details about how they might show signs that they were agitated and went on to say 'When I become agitated I would like staff to treat me in the following way' and 'These are my preferences for my care and treatment.' care documentation then gave clear direction to staff about the support they should provide.

One person told us that, because they sometimes struggled with reading, staff had read their care plan out to them after they had told them about their care preferences to make sure they agreed with the content. We saw this had been recorded and the person had signed that they understood and agreed with their care plan.

We saw care plans followed the format of 'Strength/need/problem and risk. This made sure that people's strengths and abilities were considered along with the support they would need to manage any problems or risks they might encounter.

Care plans covered all aspects of daily living and physical and mental health. Where people displayed behaviours that challenge this was detailed in a 'Positive behaviour support plan.' These plans included information about the form the person's behaviour might take and how they should be managed. They also included information for staff about the support they should give the person after an incident of challenging behaviour had taken place.

We saw daily records showed that staff followed the direction given within the care plans to make sure people were supported effectively and in the way they preferred. We also observed care and support given as detailed in the care plans.

People who lived at the home were involved in the review of their care plans on a monthly basis. However, where changes had been made to the care plan between reviews, we did not always see evidence that the person who lived at the home had been involved in, or had agreed to that change. One person who lived at the home told us they knew exactly what was in their care plan but sometimes 'couldn't be bothered' to read it and sign any changes. They said staff always discussed their care plan with them.

People who lived at the home told us they could choose what activities they would like to engage in both within and outside of the home. People completed a weekly planner of activities but this could be changed as people wished. One person told us about their voluntary work in a charity shop and told us they were planning to enrol on a college course. Another person told us they liked to go swimming to try to keep fit. Two people told us they enjoyed organised trips out from the home.

The community house manager told us that people already living at the home would be involved in the admission of any new people. For example, any new person would visit the home for short periods building up to a week's trial to give them the opportunity to see if they liked the home and to give those already living there chance to get to know them and to raise any concerns they might have.

People told us they would not hesitate to speak to staff if they had any complaints about the service and we saw the complaints procedure was on display. We saw that no complaints had been recorded in the complaints log. The community house manager said any low level concerns people raised would always be recorded within their own records. However the community house manager agreed it would be good practice to record all concerns within the complaints file.

Good

Is the service well-led?

Our findings

The registered manager for Hurstfield is also the registered manager for other small community homes and is hospital director at the Priory Hospital. They are based at the hospital. They were not present at this inspection. The community house manager told us the registered manager visits Hurstfield approximately three or four times each month. The community house manager told us they, along with their deputy, provided management support at two other community homes but were not permanently based at any of the homes. They told us they visited Hurstfield a few times each week. This meant that although management support was in place and the home appeared to be well organised and well managed, there was no manager based at Hurstfield.

As part of our preparation for this inspection we checked the provider's address on the Companies House website with the address registered with the Care Quality Commission and found them to be different. The community house manager queried this during our inspection and told us there had been recent changes within the company and that the address registered with Companies House was due to be changed to match that registered with the Commission.

The community house manager demonstrated a good knowledge of the people living at Hurstfield and they, and staff told us how well supported they were by them.

We saw that quality and safety of the service was reviewed regularly through a system of auditing. This included infection control audits, checks on equipment such as hoists, wheelchairs and call systems and a full monthly housekeeping audit. Care plans and medication systems were also audited on a monthly basis. In addition to this an annual health and safety audit was completed by staff from within the Priory group.

We saw some of the audits referred to 'wards' and other terminology relevant to a hospital rather than a community home setting. For example the care plan audit referred to the 'Service user hospital number.' This meant the audits were not always applicable to a community home. Following the inspection the registered manager agreed the audits would be reviewed to ensure the areas looked at were relevant to the care home.

The community house manager told us incidents and accidents were recorded electronically and were reviewed at clinical governance meetings. We saw minutes from two meetings which evidenced this.

People living at the home told us their opinions were sought and they felt involved in decisions made about the service.