

Parkhill Care Homes Limited

Parkhill Care Homes

Inspection report

32 Greenwood Close
Sidcup
Kent
DA15 9AD

Tel: 02033025848

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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

We undertook an unannounced inspection on 22 May 2018 of Parkhill Care Homes. Parkhill Care Homes is a 'care home'. People in care homes receive accommodation and nursing, or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service accommodates up to five people who have learning disabilities or autistic spectrum disorder. At the time of the inspection, five people were using the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission [CQC] 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.

This was the service's first inspection since their registration on 5 April 2017.

People's health and social care needs had been appropriately assessed. Care plans were person-centred, and specific to each person and their needs. Care preferences were documented and staff we spoke with were aware of people's likes and dislikes. Care plans were regularly reviewed and were updated when people's needs changed.

Systems and processes were in place to help protect people from the risk of harm. Staff had received training in safeguarding adults and knew how to recognise and report any concerns or allegations of abuse. Risks to people were identified and managed so that people were safe. Accidents and incidents were recorded and measures put in place to avoid reoccurrence. Infection control policies and measures were in place for infection prevention.

Systems were in place to make sure people received their medicines safely.

The service has sufficient staff to support people with their needs. Staff had been recruited and provided with induction and training to enable them to support people effectively. They had the necessary support, supervision and appraisals from the management team.

The service complied with the principles of the Mental Capacity Act 2005 (MCA). People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People were supported with their nutritional and hydration needs. Staff were aware of people's dietary requirements and the support they needed with their food and drink.

People were supported to maintain good health and access health and medical services when necessary.

People were treated with respect and dignity. We observed positive interaction between staff and people using the service.

Procedures were in place for receiving, handling and responding to comments and complaints. Complaints had been dealt with appropriately and in a timely manner.

Staff told us that they received up to date information about the service and had an opportunity to share good practice and any concerns they had at team meetings. Staff spoke positively about working for the service.

The quality of the service was monitored and regular audits had been carried out by management. There were systems in place to make necessary improvements when needed.

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. Relatives we spoke with said that they were confident the service was safe.

Staff were aware of different types of abuse and what steps they would take to protect people.

Risks to people were identified and managed so that people were safe and their freedom supported and protected.

We saw that appropriate arrangements were in place in relation to the management and administration of medicines.

The home was clean and there was a record of essential inspections and maintenance carried out in the home.

Is the service effective?

Good ●

The service was effective. Staff had completed training to enable them to care for people effectively. Staff were supervised and felt well supported by their peers and the registered manager.

People were able to make their own choices and decisions. Staff and the registered manager were aware of the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) and the implications for people living in the home.

People were provided with choices of food and drink. People's nutrition was monitored and dietary needs were accounted for.

People had access to healthcare professionals to make sure they received appropriate care and treatment.

Is the service caring?

Good ●

The service was caring. We saw that people were treated with kindness and compassion when we observed staff interacting with people who used service. The atmosphere in the home was calm and relaxed.

People were treated with respect and dignity.

Staff had a good understanding of people's care and support needs.

Is the service responsive?

Good ●

The service was responsive. Care plans were person-centred, detailed and specific to each person's individual needs. People's care preferences were noted in the care plans.

There were activities available to people. People and relatives spoke positively about the activities available.

The home had a complaints policy in place and there were procedures for receiving, handling and responding to comments and complaints.

Is the service well-led?

Good ●

The service was well led. Relatives told us that the registered manager was approachable and they were satisfied with the management of the home.

The home had a clear management structure in place with a team of care workers, the registered manager and the provider.

Staff were supported by the registered manager and told us they felt able to have open and transparent discussions with him.

The quality of the service was monitored and there were systems in place to make necessary improvements.

Parkhill Care Homes

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 provide a rating for the service under the Care Act 2014.

The inspection team consisted of one inspector. Before we visited the home, we checked the information we held about the service and the service provider, including notifications and incidents affecting the safety and well-being of people. The provider also completed a Provider Information Return (PIR). The PIR 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.

There were five people using the service. All the people had learning disabilities and some could not always communicate with us and tell us what they thought about the service. Because of this, we spent time at the home observing the experience of the people and their care, how the staff interacted with people and how they supported people.

We spoke with three relatives, the registered manager and three staff members. We reviewed five people's care plans, five staff files, training records and records relating to the management of the service such as audits, policies and procedures.

Is the service safe?

Our findings

Relatives told us they felt their family member was safe and they had no concerns about safety in the home. One relative told us "I have no concerns as to [persons] safety."

People were safeguarded from abuse. There were safeguarding and whistleblowing procedures in place. Training records confirmed that staff had received safeguarding training. When speaking with staff they were aware of how they would recognise abuse and what they would do to ensure people who used the service were safe. They told us that they would speak to the registered manager, or report abuse to the local authority and Care Quality Commission (CQC). A staff member told us "I wouldn't let it go. I will push it forward and whistleblow."

Risks to people were identified and managed so that people were safe. There were risk assessments in place for each person including information about preventative actions that needed to be taken to minimise risk and the support required by staff to do this. The risk assessments covered various areas of people's care including medicines, diabetes, using the kettle and behaviours that may challenge the service. Records showed the service used proactive strategies to minimise behaviours that challenged the service such as clearly explaining in advance to a person what their routine for the day was going to be so they did not become anxious about where they needed to go. Risk assessments also included specific activities people did in the community such as swimming and horse riding to ensure people had the appropriate support in place if needed.

There were adequate numbers of staff on the day of the inspection to provide people with the care and support they needed. The atmosphere was calm at the service and staff were not rushed or under any pressure. We observed that people were comfortable around staff. The service had permanent staff which ensured consistency with people's care. The registered manager told us there was flexibility in staffing levels so that they could deploy staff where they were needed when supporting people to attend appointments or go out into community.

We observed good teamwork and communication amongst staff who were aware of their duties and supported each other where necessary. Staff told us "There is good teamwork. Really enjoying it" and "Really good teamwork here. We always help each other and can agree amongst ourselves what needs to be done."

There were effective recruitment and selection procedures in place to ensure people were safe and not at risk of being supported by staff that were unsuitable. Appropriate background checks had completed on staff prior to employment which included checks on their employment histories, proof of identify and right to work in the UK. Two satisfactory references were obtained and enhanced criminal record checks had been undertaken to ensure staff were of good character.

Medicines were managed safely. Staff received medicines training and medicines policy and procedures were in place. Medicines records were fully completed which indicated people received their medicines at

the prescribed time. Medicines were stored appropriately and there were arrangements in place with the local pharmacy in relation to obtaining and disposing of medicines.

There were arrangements in place for managing people's finances and this was done in agreement with people using the service and their relatives where necessary. Records showed checks on people's finances were in place daily to ensure accuracy during staff handover. The registered manager also conducted checks on the finances to ensure monies were spent appropriately. Relatives told us "If there is a query or if [person] wants something, they always double check with me. They always have the receipts" and "When money needs to be spent, they call me and ask for permission. They let me check the records and we have agreed what can be spent."

Accidents and incidents were recorded. Records showed any necessary action had been taken and lessons learnt to minimise the risk of reoccurrence and ensure people were safe from further incidents. For example, when a person experienced behaviours that challenged, the person started to break their personal items and any items around them in the home. The service followed this up with the local learning disabilities team and stress balls were provided to the person. Since then, the person had informed the registered manager, that the stress balls had helped them and had a positive impact on their wellbeing. Systems were in place to monitor the safety of the service.

Records showed all necessary checks such as gas checks, water hygiene and temperature, fire checks and electrical checks were carried out and maintained. The home had an Emergency Evacuation Plan in place which showed the support people would need to keep them safe in the event of a fire.

There was an infection control policy and measures were in place for infection prevention. Control of Substances Hazardous to Health [COSHH] products were safely locked away. On the day of the inspection, we noted the service was clean and tidy.

Is the service effective?

Our findings

Relatives told us they were satisfied with the care provided at the service and spoke positively about the staff. They told us "The staff are very good. All very helpful and respond to what the [person] wants", "What [person] wishes for they try and accommodate which is very good."

Records showed staff had received an induction and ongoing training that helped them to meet people's needs. Topics included first aid, DoLS, safeguarding, medicines, food safety, infection control, health and safety, infection control, fire safety and diabetes awareness. The service had implemented the Care Certificate which staff had completed as part of their induction process. The Care Certificate is the benchmark that has been set for the induction standard for people working in care. Staff also received regular supervision and appraisal to review and monitor their performance

Staff told us that they felt supported by management and spoke positively about the training they received. They told us "[Registered Manager] is good and very approachable ", "Training is good. We are due soon. [Registered Manager] always keeps us in the loop and makes sure we do the training and "The manager is very supportive and when we want some training, he always sends us on it."

People's needs were assessed by the registered manager with people's participation and when applicable with their relatives in order to ensure the service would be able to support them safely and effectively. Ongoing reviews and assessments were undertaken if people's needs changed, to ensure the appropriate support was provided.

People were supported to maintain good health. People's health and medical needs were clearly detailed in their care plans and records showed they were supported to access health and medical services when necessary such as GPs, learning disabilities teams, opticians, dermatologists and chiropody.

Records showed the service worked together with relevant healthcare agencies to deliver effective care, support and treatment. For example, one person needed to be supported with their diabetes. The person's care plan detailed the support the person needed with their diabetes including information on the possible onset of hypoglycaemic episodes and dietary requirements in line with diabetic needs. Staff had received diabetes awareness training and liaised with the Diabetes Nurse Specialist which ensured the person had the appropriate support was in place for them to manage their diabetes effectively.

People's rights were protected as the provider met the requirements of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making 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 make decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We reviewed whether the service was working within the principles of the MCA. We noted that care plans contained information about the person's mental state and cognition. Where people were unable to make a

decision due to limited capacity, records showed the person's next of kin (where appropriate) and healthcare professionals were involved to get information about the person's preferences, care and support needs and decisions were made in the person's best interests.

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).

Records showed the registered manager had applied for DoLS authorisations for people using the service. We saw the relevant processes had been followed and standard authorisations were in place for people using the service as it was recognised that there were areas of people's care where their liberty was being deprived.

Staff we spoke with had a good understanding of the MCA and had received MCA training. Staff were aware of the importance of obtaining people's consent regarding their care, support and treatment and if people needed support with decisions, then family and relevant healthcare professionals would need to be involved.

People were supported with their nutrition and hydration needs. We saw that drinks and snacks were always available throughout the day. We noted people's requests for food or drink were promptly met and people's choices respected. During the inspection, we observed staff ask people what they wanted for lunch and people chose what they wanted from the kitchen. The kitchen and dining areas were fully accessible to people using the service throughout the day.

We checked the kitchen and noted that it was clean and there were sufficient quantities of food available. Fridge and freezer foods were appropriately labelled and temperature checks completed daily.

The premises had been adapted according to people's needs. We saw the environment had been designed and arranged to promote and support people's freedom, independence and wellbeing. Doorways and hallways were wide for easy movement and easy access to other parts of the premises. There was a lounge area, dining area, kitchen and garden area which were accessible to people if needed, so they could spend time together. We saw bedrooms were nicely decorated.

Is the service caring?

Our findings

Relatives spoke positively about the way people were looked after. Relatives told us "They understand [persons] needs", "It's a good place for [person] to be" and "All are very nice. All very caring. [Person] seems well cared for."

During the inspection, we observed positive relationships between people and the staff. Staff showed interest in people and were present to ensure that they were alright and their needs were promptly attended to. Staff were kind, attentive and spoke in a gentle and pleasant manner to people. They approached people and interacted well with them. We saw people appeared relaxed and comfortable in the presence of staff and the registered manager.

Staff spoke about people in caring and respectful manner. They told us "I like it here and I have always enjoyed the work", "You always ask their opinions and they contribute. We are always encouraging them to get involved and you should never think they are not capable because they are" and "I do care about the residents. When they are laughing, it's so rewarding."

We also observed positive relationships amongst people using the service who spent time with each other. During the inspection, we observed caring attributes towards each other. For example, two people using the service had specific nicknames they used to refer to each other and everyone had their dinner together. The registered manager told us people did get on very well with each other and we observed the service supported people to maintain such relationships.

The service had a very homely feel. People could choose where to sit and spend their recreational time. We saw people were able to spend time the way they wanted and their privacy was respected. Bedrooms had been personalised with people's belongings, to assist people to feel at home. The service also had a pet cat which people demonstrated affection for and took care of. For example, we observed one person poured out the food for the cat to eat.

Throughout the inspection, we observed staff accommodated people's choices and preferences. Staff spent quality time with people and there were many instances where people and staff were laughing and joking together. Staff spoke respectfully to people. For example, we observed one member of staff approach a person and was respectfully speaking with them telling them that they were going to take the person's clothes off the washing line outside and asked if the person would like to help them. The person agreed and we observed them carry out this task together.

We saw people being treated with respect and dignity. Staff had a good understanding of treating people with respect and dignity. They told us "We close the bathroom door. We know what they can do for themselves so we prompt them and they can do it. I will just supervise and give them their space."

People using the service were at times unable to verbally communicate with us. However, people's care plans contained information which showed how people communicated and how staff should communicate

with them. During the inspection, we observed staff interacting well with people and spoke with them in ways that people were able to understand.

One particular example we observed was very effective. One person had their own folder which contained pictures of objects of reference and faces which showed particular emotions. The person used the folder to help them express how they were feeling. We asked the person how they were feeling and they showed us the picture of the sad face. We noted staff were very attentive and patient with this person and tried a variety of ways of asking them to tell them what was wrong. This included taking them aside and spending time with them and taking them to the local shops hoping this would encourage the person to tell them. The person did eventually communicate what the issue was and staff were able to support them appropriately. We then asked the person how they were feeling and they showed us the picture of the happy face in their folder. We noted staff worked together and demonstrated a very considerate and caring manner in the way they handled this situation to ensure the person was okay and received the support they needed.

Care plans included information about people's individual cultural and spiritual needs to ensure that equality and diversity was promoted. Staff demonstrated a good understanding of equality and diversity. They told us "It is about treating people as equal whatever their backgrounds" and "People should be respected irrespective of who they are. We should not discriminate against anyone."

There were arrangements in place to ensure people were able to express their views and be actively involved in making decisions about their care. Records showed there were yearly reviews with people, staff and their relatives, in which their care was discussed and reviewed to ensure their needs were being met effectively.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. We looked at five care plans of people using the service. The care plans contained detailed information on the support each person needed with various aspects of their daily life such as personal care, health, mobility and eating and drinking. Care plans were well written and person centred.

People's care preferences were reflected which included information such as their preferences, daily routines, likes and dislikes and things that mattered to them most. The care plans also included guidance on how staff could encourage people to be independent by clearly detailing what people were able to do themselves and areas in which they needed support.

The service encouraged people to have independent lifestyles and a good quality of life. During the inspection, we observed people were fully supported to be as independent as possible. People carried out daily tasks themselves and were supported to make hot drinks. People also had mobile phones they used whilst out in the community independently. During the inspection, we observed a person had called the service to let staff know they were on their way back.

People were supported by staff who were knowledgeable about their personal and individual needs. Records showed there was a handover after each shift and daily records of people's progress were completed each day to ensure staff were aware of any changes to people's conditions or support needs. Records showed care plans were regularly reviewed and when a person's needs changed, the person's care plan had been updated accordingly and measures put in place if additional support was required.

People were supported to take part in a variety of activities. During the inspection, people went out in the community, went to choir practice and whilst at home they listened to music or stayed in their rooms. One person came back from a 'Lets Bake' session and brought the cake they had made to the service. Records showed people were involved in going to a day centre, college, percussion classes, crazy golf, horse riding, swimming and visits to the park and local farm. The registered manager told us at the end of the year, people also performed in a play together and were supported to go on holidays of their choice.

Relatives told us "Sometimes [person] will call me and tell me they have made spaghetti meatballs for the house and sometimes gets involved in baking cakes."

People showed us their rooms and we saw they were personalised and had items and pictures in relation to their interests. One person using the service also had a laptop and computer set up in their room which helped them to maintain such skills. Also, their bedroom was full of memorabilia of their favourite football team.

People were able to visit family and friends, receive visitors and were supported and encouraged to maintain relationships with family members. Relatives told us "[Person] comes to visit us and I go and see them."

There were procedures for receiving, handling and responding to comments and complaints. Documents showed that concerns raised had been investigated and responded to promptly by the registered manager. Relatives we spoke with had no complaints or concerns about the service. They told us "I have not had any problems."

Is the service well-led?

Our findings

Relatives spoke positively about the service and of the registered manager. Relatives told us "They are approachable and they do respond" and "They are co-operative and I have not had any problems."

There was a registered manager in place. A registered manager is a person who has registered with the CQC 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 service worked closely with health and social care professionals and other agencies to make sure people received the service they needed so they achieved positive care outcomes.

Systems were in place to monitor the service. The service had a keyworker system in place. Each person had a keyworker allocated to them which enabled people to speak to them if they needed anything or had any concerns they wished to share.

Monthly checks were carried out by the registered manager and provider. Records showed any further action that needed to be taken to make improvements to the service were noted and actioned for example repairs to the emergency lighting and a reminder to ensure all staff supervisions were completed. Checks covered areas such as staff appraisal and supervision, health and safety, food hygiene, COSHH, home environment, medicines and finances.

However, we found there was no analysis or summary of the findings from the monthly checks conducted to effectively assess, evaluate and identify whether there could be any improvements to the quality of service being provided or learning which could contribute towards continuous working improvement of the service. The registered manager told us he would look at adopting a new quality assurance tool for the service to ensure this was addressed.

Records showed staff meetings were held on a regular basis. Minutes of these meetings showed aspects of people's care were discussed and staff had the opportunity to share good practice or any concerns they had. Staff spoke positively about working for the service and told us management staff were approachable. A staff member told us "The communication is open here."