

# Parkcare Homes (No.2) Limited

# Bedborough House

## Inspection report

Redlands  
Bristol Road  
Radstock  
Avon  
BA3 3EE

Date of inspection visit:  
28 April 2018

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03 August 2018

### 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

Say when the inspection took place and whether the inspection was

[Care home name] 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.

Describe the care home's premises, for example:

(The care home) accommodates xx people in one adapted building.

(  
The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.' Registering the Right Support CQC policy

'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 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.

Medicines were managed safely. Records were accurate and storage was secure.

Staffing levels were sufficient to meet people's needs and increased when necessary.

Risk assessments were in place and contained sufficient guidance for staff.

The service was clean and well maintained and regular checks of the safety of the premises were carried out.

### Is the service effective?

Good ●

The service was effective.

The service worked within the principles of the Mental Capacity Act 2005. People were supported to make choices and decisions where they were able.

The service was meeting the requirements of the Deprivation of Liberty Safeguards.

People were supported by staff who had suitable training and supervision.

People were supported to eat and drink enough and encouraged to increase their independence.

### Is the service caring?

Good ●

The service was caring

People felt supported and cared for.

Staff knew people well and respected their need for privacy.

People's specific communication needs were met.

### **Is the service responsive?**

**Good** ●

The service was responsive

Care plans and associated records were detailed and personalised.

People were supported to take part in activities they preferred and to increase their independence.

People and their families were involved in regular reviews of their care.

### **Is the service well-led?**

**Good** ●

The service was well led

The management and leadership of the home was open and supportive.

Quality audits were in place and improvements were made in response to feedback.

Staff felt well supported and that they were a good team.

# Bedborough House

## **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 was a scheduled comprehensive inspection and was unannounced. The inspection site visit took place on 28 April 2018. It was carried out 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 looked at the information in the PIR and other information we held about the service, including notifications. Notifications provide information about specific incidents and are required to be submitted to the Commission.

During the inspection we spoke with three people who lived in the home. We also spoke with four care staff and the registered manager. During the day we viewed the premises and observed care practices in the communal areas of the service. We looked at records relating to individual care and the running of the service. These included care records, medicine administration records, staff training and supervision, four staff recruitment files and quality and safety monitoring checks.

## Is the service safe?

### Our findings

People received support that kept them safe and one person told us; "staff help, reassure me and make me feel safe again." Staff knew how to keep people safe and were able to tell us what actions to follow if they were concerned about the welfare of a person. They knew what actions to take to protect people from abuse and avoidable harm. We saw clear arrangements were in place when people went out that allowed them to stay safe whilst becoming increasingly independent.

Staff knew how to report any concerns about abuse. All of the staff team had attended training about how to protect people from abuse. Staff were aware of how to report concerns within the organisation and told us their priority would be to immediately report potential abuse and were confident that management would act swiftly on their concerns. Staff told us that safeguarding people was discussed at one to one meetings to check on their knowledge and any concerns they may have. They knew how to report concerns externally such as to the local authority, police and to the Care Quality Commission (CQC). At the time of our inspection there were no current safeguarding adults' concerns about the service.

Incidents and accidents and near misses in the service were analysed by the registered manager. The registered manager identified what led up to an incident, what happened and what could be done in the future. For example, loose slabs had been identified as a hazard in the garden. These had all been repaired as a result.

Risks to people were assessed, managed and reviewed to minimise the risk of harm. Risk assessments had been developed for each person to support them with behaviours that may challenge. These identified risks and the actions that may be needed to minimise any harm to themselves or others. The assessments focused on how people could live a safe and fulfilling life in and out of the service. There were examples of people having risk assessments in place relating to the use of community facilities such as a swimming pools and going out in the car. The risk assessments were regularly reviewed and other professionals were consulted where needed, for example, a physiotherapist or occupational therapist.

People with complex physical health needs were supported to be safe. For example, staff checked on people with severe epilepsy in a consistent and regular way throughout the day and night.

Medicines were managed safely and staff had received additional certificated training in the administration of specific medicines. We saw that medicines were stored securely and safely, including medicines that required refrigeration. Medicine administration records (MARs) were accurately completed and body maps were available to identify cream administration sites, if they were prescribed. The pharmacist had been consulted where one person wanted to take their medicine in food to ensure this was suitable. There was a clear system for ordering and returning medicines and regular external audits were in place.

There were personal emergency evacuation plans (PEEPs) in place for each person. These set out in detail what actions to take to keep each person safe in the event of an emergency, including fire evacuation

People were supported by sufficient numbers of staff to meet their needs and provide safe care. Staff numbers were flexible and increased during the times people needed more support to take part in their activities. Staffing rotas were planned so that people who needed additional support to meet their full range of needs could always be safely supported. The service had its own dependency tool to identify the staff numbers needed and there was on-going recruitment in preparation for new people moving in.

Staff told us they felt there was enough staff. One staff member said; "We have a very good staff system; because we are three services we can help each other. We know people in all three homes. "

The provider had robust staff recruitment practices and procedures in place to minimise the risk of unsafe staff being employed. All the necessary checks were undertaken prior to staff starting work at the service.

Systems were in place to ensure the premises were safe and well maintained. Regular health safety checks and fire safety audits were regularly completed. There were up to date test certificates relating to gas, electricity and fire safety checks. The home was clean and tidy and had recently received the five star rating for food hygiene standards. Fire safety audits were completed regularly to ensure that people would be safe in the event of a fire. All staff had received fire training and fire drills were carried out.

Staff followed safe policies and procedures in relation to infection control. Infection control audits were regularly completed. These checked the environment and equipment to identify and minimise risks of cross infection. Staff practises such as hand hygiene were regularly checked and audits completed. A recent audit identified the need to review the type of shower heads being used. This had been addressed and the shower heads had been replaced.

## Is the service effective?

### Our findings

People received care that was effective and met their needs. One person told us; "I can't thank everyone enough it's changed me for the good. When I move out to my own place I'll be comfortable."

Staff understood people's different needs and how to meet them. For example staff were able to tell us how they assisted people to get up each day according to their individual preferences. People got up at different times and staff explained that one person liked to be supported to get up "gently" each day.

Staff were knowledgeable about the ways they supported people and how they communicated with them. For example, one person who could become anxious in mood required specific support to help them feel calm. Other people were supported with aspects of daily living such as understanding how to manage their money and increase their independence.

One person told us how staff supported them with their needs. They said; "Staff know me, we have a working relationship they get to know us what we like and don't like." A manager from another service had recently congratulated the team for the way they had worked in supporting one person who also used their service.

People were well supported with their physical and psychological health needs. People had access to a range of services. There were three GP practices that supported people. People had access to mental health services, the speech and language team, a specialist support service for people with complex needs, physiotherapists, dentists and specialist nurses.

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 the best interests and as least restrictive as possible.

People were supported by staff who were effectively trained on the subject of mental capacity. Staff knew that where a person lacked capacity their capacity should be assessed to determine their ability to make certain decisions. The staff were able to apply the principles of the Act to people who lived in the service and gave examples of how they offered people choice to help them make decisions, for example through the use of pictures or explanation. They demonstrated a good awareness of issues around consent in relation to people they supported. Care records showed that best interest meetings were held when specific decisions needed to be made. The provider had relevant policies and procedures in place to guide staff practice.

The registered manager and staff told us that consent was always sought when agreeing a care plan and before any personal care tasks were undertaken. Care records showed that consent was always sought and recorded for all personal care that people were receiving. Training records confirmed that that staff had received training relating to mental capacity and Deprivation of Liberty Safeguards (DoLS).



People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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.

Applications for DoLS authorisations had been made appropriately and two people had authorised DoLS, which staff were aware of.

Staff were supported with a range of training and checks on their practice. New staff completed a two week induction programme into their role. The records showed new staff were provided with information about the service and the specific needs of the people they supported.

All staff were working toward the Care Certificate. This is a recognised training programme that consists of a set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sector. Some training was completed on line and some staff had been trained as trainers to provide face to face training, for example moving and handling.

The training matrix showed that staff were trained in supporting people with complex learning difficulties, medicines administration, safeguarding people, equality and diversity, health and safety, infection control, and safe food handling. Currently staff were learning Makaton, a system of signs and symbols that help people communicate.

Staff were regularly supervised and attended one to one meetings to discuss their work. Staff told us they attended these meetings once a month and could express their feelings and worries and ask for feedback to help them improve.

People received sufficient food and drink to meet their needs. There were opportunities to socialise over meals and staff and people in the service sat together for a roast dinner each week. Care records included details of people's specific nutritional needs and the help they needed to eat and drink. Staff knew people's individual dietary needs such as if they needed their food to be cut up or if they needed a special diet.

People were encouraged to be more independent through using their kitchenette and everyone had their own menu plan. Staff supported people to shop for and cook their food. One person said; "I like to help with cooking. ....I know what I like and how long to cook food for."

The service was suitably adapted to meet people's needs with private accommodation in either bedrooms or studio apartments and communal areas where they could socialise. The garden was safe and secure and included recreational items such as football nets and a swing.

## Is the service caring?

### Our findings

People felt supported and cared for. One person told us; "I love it here it's smaller and I get on better. The staff are here for me when I need them." Another person said; "It's a lovely house we play football together." Further comments included, "Staff respect if I say I need my alone time." All staff interactions we saw were kind and supportive.

Staff respected people's differences and need for privacy. People were given opportunities for space to have their own 'relaxation time'. Staff explained what person centred care meant to them when they assisted people with their needs. One staff member told us "What's good for one person isn't good for another. It's the person we support." Staff told us about the importance of compassion in their work. One staff member said "When I'm here I think about how I would like to be treated."

Staff understood about equality and diversity, one staff member told us; "I never judge anyone I would help people with whatever they needs, spiritual needs would flag up if necessary." One person was supported to attend church regularly People's sexuality was recognised and staff were prepared to support people with different needs and preferences.

People had different ways of communicating and staff were able to meet these needs. Staff told us about the importance of nonverbal communication to effectively communicate with certain people and the sounds they could use. Other people were supported with methods that used pictures, objects and symbols.

Staff 'went the extra mile 'during the recent extreme cold weather. Staff stayed over at the service to ensure people were safe. Staff followed the provider's procedures for adverse events during this time.

Staff understood the role of advocacy services to support people at the service. Advocacy services are organisations or individuals who represent the views and wishes of people who may find it hard to make them known. One person's close relative advocated for them in the service.

A key worker system was in place. This enabled staff to get to know people well and work with them individually to meet their needs.

Staff worked closely with people's families and friends where appropriate. Staff communicated with people's families to keep them up to date about their relatives at the service. One relative commented in a recent survey; "My son seems very happy".

## Is the service responsive?

### Our findings

People were supported to take part in social activities they enjoyed. This included joining people from other care homes on trips, including a trip to Weymouth. Staff told us about some of the activities they supported people to take part in both in and out of the service. One staff member told us "We do whatever we can for people." One person spoke with a member of staff about a trip planned for the day after our inspection and was also supported to visit their family. During the inspection we saw staff played football with one person in the garden, one person had a swing, another was going to a football tournament and another went swimming.

One member of staff told us that they supported people to go swimming, to the cinema, on walks and trampolining. The service had two cars and staff drivers so they can take people "wherever they want to go."

People told us they liked to go out on a daily basis. They also enjoyed a number of groups, social events and exercise activities. People planned what they wanted to do in the home and the community. For example, people were planning a number of outings for the summer. One person had been supported by staff to get a work placement. They were aiming to start an apprenticeship at a college later in the year.

Staff assisted people with their care in the ways that were explained in their care plans. Care plans clearly showed how to meet people's range of needs and were personalised. For example one person was assisted to move onto a sliding board when they had a bath. This was clearly explained. Other people had sensory impairments and it was clearly set out that they were sensitive to noise and how to help them manage this. Care plans also addressed people's sexuality needs. How to sensitively and respectfully support people in this area of their life was clearly explained.

Each care plan also set out guidance for staff about how to support people with their daily living skills, including cleaning, shopping and going out into the community safely. Behaviour support plans were in place that addressed the specific needs of the individual. For example one person had a traffic light profile in place to guide staff in implementing a plan to reduce restrictive interventions. This ensured staff were aware of the person's priorities and how they should be positively supported with particular behaviours.

Each care plan also had a one page profile that set out what people 'liked and admired' about themselves. The profiles explained about the person's sense of humour and what 'made them smile'. Further information included 'what is important to me'. People's interests and preferences such as swimming, music, radio and TV were clearly included in their individual profile. This information enabled staff to treat each person as a unique individual. Care plans and records had been reviewed and updated regularly. Care records were accurate and showed what people's needs were and how to meet them.

Each person had their own detailed 'hospital passport' in place about them and their needs. Hospital passports are a scheme to assist people with learning disabilities to provide hospital staff with important information about them and their health when they are admitted to hospital.

One person was awaiting admission to the service. The staff told us that they would have a number of visits to the service to see if they liked it and it was suitable for them and the others already living in Bedborough House.

People's families were involved in discussions about their care and support needs. One person told us they have meetings with the staff and registered manager and a monthly "look" at their care plan. They said; "[I've] got what I want in my care plans.". People also had annual reviews with health and social care professionals. Reviews were used to set goals and long term aims. These included building up their confidence for certain people so that they could go out into community more independently.

People were involved with their care and support. To help people to express how they felt the service had introduced informal sessions with staff called 'talk time'. These were times when people were encouraged to say what they liked, and bring up anything they wanted.

Complaints were investigated and actions taken when needed. Staff knew how to support people and their relatives to complain and raise issues. Regular house meetings were held at the service. These were an extra forum to support people to make their views known about the service.

No one was currently receiving end of life care at the time of our visit. However there were policies and procedures in place to guide staff to care for a person who may need this care in the future.

## Is the service well-led?

### Our findings

People and staff benefited from an open and supportive approach to managing the service. Staff spoke highly of the team leader and the registered manager. One staff member said they were very confident the team leader would always help them with whatever they needed. Another staff member told us "We have a good team and staff know people well." Staff said of the registered manager; "They do their absolute best; they are always on the end of a phone". Staff also explained that the registered manager; "Gets here as much as possible, they have three houses to run".

The registered manager was supported by a senior 'quality lead' manager. The quality lead manager carried out some of the in house quality audits. They also took a lead role in reviewing in house supervision of the team. The registered manager spoke positively about the management structure of the service and the senior managers. They told us that the senior managers were very supportive and supported them to ensure they were doing their job well.

The provider had a system to ensure the service was governed with up to date policies and procedures. Regular updates were issued and the service was required to confirm they had received these.

The registered manager kept their own training up to date and was applying for further educational courses. They made sure they attended regular training in subjects relevant to the needs of the people at the service. The registered manager attended monthly manager's meetings and had conference calls with directors to discuss the service. They met up with other managers working for the organisation to share good practice and provide each other with support.

The registered manager demonstrated they were knowledgeable about the needs of the people they supported. They told us that staff were matched with people who would benefit from their skill set.

Staff spoke proudly of their roles and the team. One staff member said "We try to achieve the very best for our residents, by daily chores and support, and activities and quality of life." .Another staff member said "We have a good team and we look after each other". Regular key worker meetings were held so that staff could discuss care issues together. A key worker is assigned to take a specific role in supporting a person getting to know about their needs and wishes.

The service had a range of methods to gather the views of people and staff. Improvements were made in response to this feedback from people and staff. Staff told us learning took place after all incident, accidents and near misses at the services. For example, the team reflected after recent incident involving one person's medicines The team reviewed medicines procedures in the service after this incident.

Audits were completed on a regular basis to check on the overall experiences of people who lived at the service. Reports were completed after every audit and if actions were required to address any failings these were clearly identified. For example, the most recent audit had identified that the system for dealing with people's laundry needed to be reviewed. Action had been taken to improve how the laundry area was

managed.

We saw that two satisfaction surveys had been completed in the last year. This was a way for people to give feedback about the service and how it was run. People were also encouraged to attend house meetings run by the provider, known as 'Your Voice' and also regional meetings to express their views. After the last survey in January 2018 an action plan had been put in place. One suggestion was that staff wanted more direct feedback from senior management. This was being addressed by a number of new initiatives. These included an 'employee of the month' scheme to recognise staff achievements.

Staff meetings were held at least monthly led by senior staff. A number of matters were discussed at the meetings. These included the needs of people at the service, staffing levels, issues to improve the service and things that had gone well. Actions resulting from these were put in place and then followed up. There was also an employee survey carried out in January 2018. The staff told us they felt confident and able at any time to report poor practice or any concerns.

The registered manager had notified the Care Quality Commission of all significant events which had occurred, in line with their legal responsibilities.