

Parkcare Homes (No.2) Limited

# Rose Court

## Inspection report

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Date of inspection visit:  
05 September 2018

Date of publication:  
23 November 2018

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

"Rose Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one CQC contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Rose Court provides accommodation, care and support for up to 11 people who are living with a learning disability. At the time of our inspection there were ten people living at the service.

At the last inspection in January 2016, the service was rated Good.

At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service has a registered manager. 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 available on the day of the inspection and we were supported by the deputy manager.

The environment was not well cared for and was not clean in all areas. We were informed following the inspection that a plan to improve the environment had been put in place.

People felt safe being supported at the service. Staff were knowledgeable about how to protect people from harm. They had received effective safeguarding training.

There were sufficient numbers of staff deployed to meet people's needs when required. Safe recruitment processes were in place to help ensure that staff were suitable to work in this type of service. Staff had received training and an ongoing support to help with their development.

People continued to be consulted about their care. Detailed care plans clearly documented their individual needs, preferences and choices. Risks to people's health, safety and wellbeing had been assessed and there were effective risk management plans in place which mitigated risk. All care plans and risk assessments had been regularly reviewed to ensure that they were reflective of people's current needs.

People are supported to have maximum choice and control of their lives and staff (do not) support them in the least restrictive way possible; the policies and systems in the service support this practice.

People continued to be supported to access a range of health care professionals to help maintain their health and wellbeing. There were effective systems in place for the safe storage and management of medicine and regular audits were completed. People received their medicines as prescribed.

Staff were supportive and respectful. People's privacy and dignity continued to be maintained and respected. Staff knew people's needs and preferences and provided personalised support. People were supported to participate in meaningful activities and hobbies that were of interest to them.

People and staff found the registered manager and deputy to be supportive and approachable and were very positive about how they managed the service. People felt listened to and said that staff were responsive to any concerns they raised. Quality monitoring systems and processes were used to make improvements when required.

## 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 remains Good.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

The environment was not well cared for and did not create a pleasant environment for people to live in.

People's consent was always sought in line with legislation and guidance.

Staff were trained and supported to ensure they followed best practice.

People were supported to access all healthcare services they required.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Rose Court

## **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.

We carried out this inspection on 5 September 2018. The inspection was unannounced and was undertaken by one inspector and an assistant inspector.

Before the inspection we reviewed all the information relating to we have in relation to this service. The provider had 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 reviewed other information we had relating to the service. We received feedback from commissioners, and reviewed notifications. A notification is information about important events which the provider is required to send us by law. We found that no recent concerns had been raised.

During the inspection we spoke with three people who lived at the service, the deputy manager, two care staff and a peripatetic manager from the company.

We observed interactions between staff and the people living at the service. We reviewed care records and risk management plans for two people who lived at the service, and checked other records relating to people's support plans which included medicines administration records to ensure these were accurate and completed correctly. We looked at two staff recruitment files and the training records for all the staff employed at the service to ensure that staff training was up to date. We also reviewed additional information on how the quality of the service was monitored and managed.

# Is the service safe?

## Our findings

The service continued to be safe as people were safeguarded from the risk of harm. There was a current safeguarding policy and information about safeguarding including the details of the local safeguarding team was displayed on the notice board. Staff had received training on safeguarding and they were clearly able to demonstrate they knew the procedure they needed to follow if they had any concerns about people's safety. One person told us, "I feel very safe living here, there is always a member of staff around." Staff were aware of how to elevate concerns to the relevant safeguarding authorities and CQC.

There was a whistleblowing policy in place to support staff to raise issues if they had concerns. It meant they could report these concerns and be confident they were being listened to. The manager had systems to investigate any issues reported to them.

The provider continued to manage risks ensuring that people had choice and maximum control over their lives. Guidance for staff on how to manage risks included moving and handling assessments, nutrition support, medical conditions, mobility, fire and environmental safety. Equipment was also used to support people to stay safe for example the use of walking frames. Personal emergency evacuation plans (PEEPS) were in place for staff to follow in an emergency.

All appropriate recruitment checks had been completed to ensure fit and proper staff were employed, including a criminal record check (DBS), checks of qualifications, identity and references were obtained.

There were adequate staff deployed to keep people safe and meet their needs. The rota was planned to ensure that there were sufficient staff with appropriate skills and experience on each shift. We observed that staff were available to meet the needs of people when required. Staff told us there was not always enough staff but there was an ongoing recruitment drive to build up staffing levels on a more permanent basis. We were told by staff that cover was provided by staff undertaking overtime to ensure support to people was provided. However, people confirmed that they were supported in a timely way.

People received their medicines safely. Staff who were authorised to administer medicines had received training in this area and had their competency assessed. There were effective processes in place for the management, storage and administration of medicines. Medicine administration records (MAR) were completed accurately and audits were in place to ensure that all medicines were administered correctly.

Staff were clear about measures to take to prevent the spread of infections and told us about the cleaning schedules they followed each day. Personal protective equipment (PPE) such as aprons and gloves were available to staff to prevent and control infection.

## Is the service effective?

### Our findings

At our last inspection in January 2016, we found the service was effective, and was rated 'Good' in this area. During this inspection were identified shortfalls and this area is now rated as 'Requires Improvement'.

The environment was not well cared for. Some areas of the service were not clean, including extractor fans in the bathroom, sticky areas on the dining room table where people were sitting. The hand sink area in the kitchen had cobwebs and debris had been left lying around. Staff told us that cleaning was not being undertaken regularly due to staffing levels and they were supporting people with their activities. The garden did not provide access to all the people that were living at the home as there were steps leading down to the main area and some people had poor mobility. The bathrooms were damp and poorly decorated. We concluded that these environmental factors did not create a cared for and pleasant environment for people to live in.

Staff were knowledgeable and had the skills required to care for people who lived at the service. Staff completed an induction when they started working at the service and there was an ongoing training programme in place, so that staff continued to receive regular updates. The staff we spoke with were confident that the training provided gave them the skills they required to provide effective support to people at the service.

Staff continue to feel well supported by the registered manager. Records showed that staff received regular one to one supervisions and this provided them with an opportunity to discuss any training needs. There were regular team meetings to discuss topics relating to all aspects of the service.

The Mental Capacity Act 2005 (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 take decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People's capacity to make and understand the implication of decisions about their care were assessed and documented within their care records. Staff had received training on the requirements of the MCA and the associated DoLS and we saw evidence that these were followed in the delivery of care. Staff asked people for their consent before supporting them. Consent was recorded in people's care plans.

People were supported with food preparation where required. People we spoke with told us they enjoyed their meals and would help with the preparation on occasions. People were able to eat and drink whatever they chose.

People were supported to access a range of healthcare professionals when required. This included attendance at medical appointments, and we saw that these were documents in their care plans.



## Is the service caring?

### Our findings

The service continued to be caring. People told us they were happy with the staff that provided their care. One person we spoke with told us, "The staff are all really nice, kind and caring. I am very happy living here." Staff spoke kindly and respectfully when talking to us about people they supported. We observed staff having positive interactions with the people and supported them with their daily living skills.

Staff respected people's dignity and ensured they remained as independent as possible. People's privacy was maintained, for example during the inspection staff were mindful of our presence while they supported and or communicated with people. People were encouraged to retain their independence and control as far as possible. We observed staff supporting people in a patient and supportive manner, enabling them to complete tasks for themselves as far as possible.

People told us that they received their care and support from a consistent team of staff. Some of the staff had been with the organisation for many years and this enabled positive relationships to be built. A person who used the service told us, "The staff have been here a long time, we know each other well." This meant that people were able to build trust and get to know each other well.

People, and their relatives where appropriate, had been fully involved in the planning and reviews of the care and support provided. One person told us, "Staff always ask me about what I would like to do." Care plans continued to be detailed and person centred and contained a fully life history along with important information about people's health conditions.

Information about advocacy services was available. Staff told us they would support people to access a lay advocate if they needed support in making decisions about their care and support. Advocates are able to provide independent advice and support.

People's care records were stored in a lockable office at the service in order to maintain and promote their dignity and confidentiality.

## Is the service responsive?

### Our findings

The service continued to be responsive. People received care and support that was personalised to their individual needs. People's care plans were detailed and included information about people's preferences and how they liked to be supported. Clear guidance was provided for staff about people's routines throughout the day and the support they required. For example, people were able to attend various activities which were of interest to them.

Staff that we spoke with demonstrated a good knowledge of what was important to people who used the service and this enabled them to provide care in a way that was appropriate to the person. Each care plan had been regularly reviewed and updated.

The service operated flexibly which ensured that if people's needs changed their needs would still be met. For example, when a person's health deteriorated and they required additional support from the GP, this was provided. Staff told us, "Staffing levels are adjusted to support people. This includes health appointments."

People continued to be supported to participate in a range of activities. Records showed that activities were planned and completed. Staff supported people to be involved in their local community and they regularly made trips to local shops, pubs and other amenities.

The provider had a clear complaints policy. The policy was displayed within the service and people received a copy when they moved in. All complaints and concerns had been fully investigated and responded to. Everyone we spoke with told us they had no complaints and would speak with staff if they were unhappy.

People had their end of life care wishes recorded as part of their support plan, where this had been identified as a need. Information was recorded about preferences for such things as who was important to the person, where people wanted to be and what they wanted to happen after they died. Staff received training in end of life care, which provided them with guidance about how to continue meeting people's care needs at this time. There was no one person at the time of the inspection receiving end of life care. The deputy manager told us they would seek advice when needed from other healthcare professionals to ensure that the person would have a dignified and pain free death. There was an emphasis to try and enable people to remain in their home if that was their wish.

## Is the service well-led?

### Our findings

The service continued to be well-led. Staff spoke positively about their work and told us they received good support from the registered manager. Staff told us there was an open and inclusive culture at the service and they felt able to approach the registered manager if they needed advice. None of the staff we spoke with had any concerns about how the service was being run and told us they felt valued. Staff were committed to the people who lived at the service.

The deputy manager demonstrated an in-depth knowledge of the staff they employed and people who used the service. They were familiar with people's needs, personal circumstances, goals and family relationships. We saw them interact with people who used the service and staff in a positive and professional manner.

Staff attended team meetings at which they could discuss ways in which the service could be improved and raise any concerns directly with management. Meetings were held regularly, which provided an opportunity for information sharing and opportunities to discuss any changes at the service. Members of staff we spoke with confirmed that they were able to add to the agenda for discussion. Low staffing had been an important subject on the agenda with the registered manager keeping staff up to date on the recruitment.

The provider continued to have a system in place to monitor the quality of the service. Senior staff and the registered manager undertook a number of audits of various aspects of the service to ensure that, where needed, improvements were made. Audits covered a number of areas including medication, health and safety, environment, and care plans. The provider's representative continued to visit the service and undertake a quality audit on a monthly basis. Areas for improvement had been noted during audits by the registered manager and actions were underway to address these. For example, a need for further improvements in the environment had been identified and costs had been obtained. Following the inspection, we had received information that the improvements in the environment had been approved to be undertaken in 2019.

People's views and feedback continued to be sought through meetings and individual reviews.

Services are required to notify CQC of various events and incidents to allow us to monitor the service. The service had notified CQC of any incidents as required by the regulations.

The registered manager and staff continued to work in partnership with other organisations to make sure they were following current practice, provided a quality service and people in their care were safe. These included social services, district nurses, GP's and other healthcare professionals.

The service offered to people was underpinned by a set of values which included choice, promotion of independence and inclusion; enabling people with learning disabilities and autism to live as ordinary a life as any citizen. This demonstrated that the service worked in line with the values that underpin the 'Registering the Right Support' and other best practice guidance.