

Parkcare Homes (No.2) Limited

Stable Cottage

Inspection report

Upper Moraston
Sellack
Ross On Wye
Herefordshire
HR9 6RE

Date of inspection visit:
25 April 2023

Date of publication:
30 May 2023

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Stable Cottage is a residential care home providing personal care to 3 people at the time of the inspection. The service can support up to 3 people.

People's experience of using this service and what we found

Right Support: People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. People were supported by staff to pursue their interests. People's freedom was not unnecessarily restricted, and people were not physically restrained. People lived in a safe, clean, well equipped, well-furnished and well-maintained environment. People had a choice about their living environment and were able to personalise their rooms. Staff supported people to access health and social care support when needed. Staff supported people to play an active role in maintaining their own health and wellbeing. Staff supported people to take their medicines safely and as prescribed.

Right Care: People were supported by staff that knew them well and were kind and caring in their approach. There was a homely atmosphere where people's individual preferences and lifestyles were respected. Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. Staff felt able to speak up when needed. People's care was planned, and their needs were met. People took part in a range of meaningful activities and had good relationships with staff and their families.

Right Culture: There was a positive and person-centred culture. People told us they were happy and felt safe. Families confirmed this and spoke positively about the service and staff team. People were supported by trained staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. There were effective systems for monitoring and improving the quality of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 30 November 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good based on the findings of this inspection.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Stable Cottage

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

Stable Cottage is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Stable Cottage is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We also requested feedback from Healthwatch to obtain their views of the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 14 March 2023 to help plan the inspection and inform our judgements. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with 1 person who used the service and with 5 family members about their experience of the care provided. We observed interactions between staff and people. We spoke with 6 members of staff including the registered manager, service manager, operations director and support workers.

We reviewed a range of records. This included 1 person's care records and 2 people's medication records. We looked at 6 staff files in relation to recruitment. A variety of records relating to the management and safety of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. Relatives felt their family members were kept safe from harm. One relative said, "We couldn't ask for better, we are assured [family member] is safe."
- Staff had training on how to recognise and report abuse and they knew how to apply it. Staff told us they would raise any concerns to the management team and were confident they would be listened to, and action would be taken to help keep people safe.
- People and those who mattered to them had safeguarding information in a form they could use. For example, people were provided with an easy read format.

Assessing risk, safety monitoring and management

- People's needs were assessed. Care planning was tailored and personalised to meet people's needs. Information included people's likes, communication, and routines.
- One-page profiles were in place detailing important information about the person, such as what is important to the person and how best to support them.
- Risks were assessed and guidance for staff to be able to support people safely was in place. For example, risks in relation to food and the risk of choking, risks in relation to falls and risks to people when out in the community.
- Staff recognised when people they supported were becoming upset or distressed. They knew how best to support them and keep them safe. Staff were consistent in their approach with each person and knew how to minimise the impact of their distress. For example, what to say and not to say and what situations to avoid.

Staffing and recruitment

- People shared staff support. Staffing levels varied according to the level of support each person required in relation to going out, activities and appointments. When additional cover was required staff from the provider's other home which was on the same site stepped in to cover.
- Staff told us people would benefit more if they were able to get more 1:1 staffing hours support for people. People were able to enjoy 1:1 support to take part in activities and visits. However, staff told us additional 1:1 staffing would be beneficial so people could participate in more of the things they enjoy without having to share a staff member.
- Staff were recruited safely. The provider followed safe recruitment processes to ensure staff were suitable for the role. This included undertaking checks such as references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police

National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People were administered their medicines safely from staff who were competent to do so. Staff had received training and had their medicine competency assessed to ensure they followed correct procedures.
- Records such as Medication Administration Records (MAR), checks and audits demonstrated people's medicines were administered in line with their prescriptions.
- Medicines were stored securely in a locked medicines cabinet within a locked room.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

There were no restrictions on visitors. Relatives confirmed they were able to visit.

Learning lessons when things go wrong

- There were systems in place to explore any lessons to be learned when things went wrong. For example, monthly meetings took place to review any accidents and incidents and safeguarding's. This helped to identify any trends and patterns and reduce the risk of recurrence. Findings were shared with the internal audit team and staff team for learning and to take any necessary action.
- The management team told us Stable Cottage was very settled. The 3 people living there were very compatible and had a core team of staff who were very knowledgeable about their individual needs.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Risks to people and the environment were safely managed. People's individual risks had been assessed and there was clear guidance for staff to follow. Staff knew people and understood risks in people's care.
- Checks on the premises and equipment were carried out. This included fire drills and evacuations. One person explained the fire drill and evacuation process to us. They told us about the emergency grab bag and showed us where they had to evacuate to.
- Relatives told us they were happy with the way their family member was cared for and were confident in staff's abilities to care for their family member. One relative told us, "It's a terrific place. Staff can't do enough for you. [Family member] has a great quality of life. Very lucky. [Family member] is in a place where they are happy and trust carers to look after them."

Staff support: induction, training, skills and experience

- Staff told us they were supported in their roles and received appropriate training to carry out their roles to enable them to support people effectively.
- Stable Cottage had a core established team that knew people well.
- Staff told us they had regular supervisions and staff meetings. These meetings gave staff the opportunity to discuss people using the service, wellbeing, performance and training needs.
- Records confirmed staff had completed mandatory training and specific training. This included learning disabilities and autism training.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough and to maintain a balanced diet. Staff supported people to balance choice with healthy options. A relative told us how staff were supporting their family member with their weight and how their family member was doing well with certain foods.
- People were actively involved in menu planning, food shopping, preparing, and cooking of their meals. One person was about to go out shopping and was telling us what they needed to buy and what their likes and choices were. They told us what they liked to cook and what support they required from staff.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had health actions plans and health passports which were used by health and social care professionals to support them in the way they needed and wanted.
- Staff told us and records showed people were supported to access healthcare services when required. This included the GP, chiropodist, and dentist.

Adapting service, design, decoration to meet people's needs

- People were supported to keep their home and bedrooms clean. The environment was homely, clean, well-furnished and well maintained.
- People's bedrooms were personalised and reflected their likes. For example, one person's bedroom had Disney toys. Another person's bedroom had disco lights and a music centre.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA and staff had received appropriate training.
- Staff understood people's rights to make decisions on a day-to-day basis and supported people to do this. This included decisions on what they wanted to wear, eat and drink, how they wished to spend their time and if they wanted to go out.
- Where people lacked capacity to give consent capacity assessments and best interest decisions were completed appropriately.
- DoLS applications had been made to the appropriate legal authorities for people who required this level of support to keep them safe.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us, and we saw, there was a positive, homely atmosphere at Stable Cottage. A person said, "I'm happy here." A relative said, "[Person's name] does what they want and enjoys doing, there has never been a time they want to do something and doesn't do it. We've found somewhere (Stable Cottage) they thrive on. They love the place." Another relative said, "Best thing that happened to [family member] since moving there." [Persons name] weekend home with family is a retreat, there home life is at Stable Cottage." A further relative told us, "[Family member] is very happy, they (staff) do their best. I can't ask for more than that. I wouldn't want [family member] moved from there, all is going well."
- Staff had a good understanding of people. They knew what they were communicating even when they used non-verbal ways to communicate. For example, what they would like, what they didn't like and if they wanted to spend time alone. Staff respected people's choices.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the duty of candour to be open and honest with people when things went wrong. There were systems in place to address mistakes. For example, a complaints procedure was in place and accidents and incidents were reviewed.
- Relatives confirmed they were kept informed and updated. One relative said, "They keep me updated. They ring every day and I have chat on the phone to [family member] and staff. If staff need to ask anything, say anything, tell me anything they'll say at that time." Another relative said, "Carers call us 2-3 times a week. They keep us informed and tell us everything."
- The provider and registered manager were aware of their responsibilities and had systems in place to notify the Care Quality Commission (CQC) about reportable events.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was experienced and understood their role and responsibilities. The registered manager also managed one of the provider's other services also for people with a learning disability and/or autistic people which was close by.
- The registered manager was supported by the service manager.
- Regular checks and audits were carried out. This included daily and quarterly walk arounds, monthly governance meetings and 6monthly safeguarding audits.

- Staff understood their roles and responsibilities and delivered good quality care. Staff knew people and their individual needs and engaged well with them.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider actively engaged with people. This was in the form of quarterly 'our voice' meetings. These meetings allowed people to ask and speak about certain topics such as, do we want to change anything, do we want our house to be better somehow, can the support be better and whether we want any people to come in to speak with us. For example, on keeping safe and staying healthy. In addition, 1:1 monthly residents' meetings were held. Staff told us they discussed what activities they want to do, if they were happy with the food and any upcoming events, visits, or appointments they may have.
- Relatives told us they felt involved and listened to. They told us they had regular contact with staff and were well informed.
- Staff meetings were held which gave staff the opportunity to discuss any issues. One staff member told us, "I could approach [managers name] for anything. [Manager name] says they have an open-door policy, and they have, they are very approachable."

Continuous learning and improving care; Working in partnership with others

- Effective systems for monitoring and improving the service were in place. Regular audits and checks were carried out which meant any areas identified as needing improvement were promptly addressed to ensure people were safe and experienced good quality care and support.
- Staff worked closely with healthcare professionals to ensure people's needs were being met. For example, we saw evidence staff had contacted the GP for advice for a person in relation to eating and drinking. We also saw evidence a referral had been sent to the occupational therapist in relation to a person's mobility.