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Park View

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection was unannounced and took place on 15 and 20 October 2015. The last inspection of Park View took place on 11 and 19 November 2014 when we found the provider was not meeting the regulatory requirements in relation to the management of medicines and the lack of effective systems for assessing and monitoring the quality of the service.

Park View is one of three small homes owned by the providers. Park View is registered to provide

accommodation for up to 6 people who have a learning disability and mental health needs and who require support with personal care. There were 6 people living at the home when we completed our inspection.

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 a legal responsibility for meeting

Summary of findings

the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There were two registered managers for the home who share this role, one of whom was a registered provider.

The people we spoke with told us that they got on well together and they felt safe at the home. One person told us, "We are safe here and have a roof over our head." People had access to information about who they could contact if they had concerns that they had been harmed or were at risk of being harmed.

We saw that there were recruitment and selection procedures in place to protect people who used the service from coming into contact with potential staff who were unsuitable to work with vulnerable people.

We saw that the home was comfortable, homely, clean and tidy. The provider was aware that the home appeared tired in parts. We saw that a new boiler had been installed and a new kitchen had been chosen that would be fitted. Following this work being completed the downstairs bathroom was to be refurbished.

People's medicines were managed well. The staff members we spoke with had a good understanding of people's risks and preferences so that they could support people effectively.

People who used the service had the capacity to make decisions about what they did with their time. The staff members we spoke with had received a range of training to deliver effective care to people.

People told us they were satisfied with the quality of food served in the home. Where appropriate people had the equipment they needed to maintain their independence to eat their meals.

People were supported to maintain good physical and mental health through attendance at routine appointments for example with doctors, dentists, chiropodists and opticians. Where people required additional support this had been arranged, for example psychiatrist.

The staff we spoke with gave positive feedback about the staff team. One support worker commented, "It's a good team and there is good communication. I love coming to work here."

The relationships we saw between people who used the service and support workers were warm, frequent and friendly. The atmosphere was calm and relaxed.

We spent time looking at the care and support records with two people who used the service. They confirmed as far as they were able that the information about them was correct.

They said the registered manager and the providers were very approachable and supportive should they need any assistance or guidance.

Systems were now in place to regularly assess and monitor the service provided and the provider had notified us of any incidents that occurred as required.

People who used the service and staff reported the registered manager and the providers were approachable and supportive.

Before our inspection visit we contacted the local authority commissioning and safeguarding teams. They informed us they had no concerns about the service provided.

Summary of findings

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.

People who used the service felt safe and able to raise any concerns. The staff were confident they could raise any concerns about poor practice and these would be addressed by the provider to ensure people were protected from harm.

We saw that there were recruitment and selection procedures in place to protect people who used the service from coming into contact with potential staff who were unsuitable to work with vulnerable people.

People's medicines were managed well and the home was seen to be clean and tidy throughout.

Good



Is the service effective?

The service was effective.

All the people who lived at the home had the capacity to freely express their views and opinions about the service they received and what they wanted to do in their day to day lives.

People told us they were satisfied with the quality of food served in the home. Where appropriate people had the equipment they needed to maintain their independence to eat their meals.

People were supported to maintain good physical and mental health through attendance at routine appointments for example with doctors, dentists, chiropodists and opticians. Where people required additional support this had been arranged.

Good



Is the service caring?

The service was caring.

The relationships we saw between people who used the service and support workers were warm, frequent and friendly. The atmosphere was calm and relaxed.

People we talked with told us that they were able to make their own choices about daily activities and that they could choose what to do, where to spend their time and with whom.

Good



Is the service responsive?

The service was responsive.

We found people who used the service were encouraged to become as independent as possible with staff support arranged to meet their individual needs.

People were involved in a range of different activities both inside and outside the home depending on their individual needs and personal wishes. People had contact with their families and friends as appropriate.

Good



Is the service well-led?

The service was well led.

Systems were now in place to regularly assess and monitor the service

Good



Summary of findings

Provided and the provider had notified us of any incidents that occurred as required.

People who used the service and staff told us the providers were approachable and supportive.

Before our inspection visit we contacted the local authority commissioning and safeguarding teams. They informed us they had no concerns about the service provided.

Park View

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

Before our visit we asked the provider to complete a Provider Inspection Return (PIR) form and this was returned to us. 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 also reviewed all the information we held about the service including notifications the provider had made to us.

We contacted the local authority safeguarding team and the commissioners of the service to obtain their views about the service. No concerns were raised with us.

This inspection was unannounced and carried out by an adult social care inspector.

We visited the home on 15 and 20 October 2015. We spoke with four people who lived at the home, two support workers, and both providers responsible for the service.

During the inspection we spent some time with people who used the service and staff. This enabled us to observe how people's care and support was provided. We also looked at a range of records relating to how the service was run; these included two people's care records as well as medication records and monitoring audits undertaken by the service to ensure a good quality service was maintained.

Is the service safe?

Our findings

The people we spoke with told us that they got on well together and they felt safe at the home. One person told us, "We are safe here and have a roof over our head."

The term safeguarding is used to describe the processes that are in place in each local authority that people can use to help ensure people are protected from abuse, neglect or exploitation. We saw that information about safeguarding was available on the notice board for people to view.

Records showed that staff had received training in the safeguarding of vulnerable adults. The support workers we spoke with were able to tell us about the types and signs of abuse. They were also able to tell us what action they would take if they thought a person who used the service was being abused which could include poor practice by a colleague. Support workers were confident that the providers would take action if they raised any concerns.

We looked at the recruitment files held for two new staff who had recently been employed within the organisation. We saw there were robust recruitment and selection procedures in place which met the requirements of the current regulations. The provider told us that part of the interview included candidates spending time with people to check they were able to communicate effectively with them and also gave people who used the service an opportunity to comment on the candidate's performance.

The rota's we saw confirmed that there was always one member of staff on duty to support people. Where people needed support outside the home, for example, hospital appointments or activities, additional staff came in to support people. No agency staff were used at the home. This meant that people were always supported by people who knew them well and ensured good continuity of care.

People showed us around the communal areas of the house. People told us that they liked the house and their bedrooms. We saw that whilst the house was comfortable and homely, the provider was aware that the home appeared tired in parts. We saw that a new boiler had been installed and a new kitchen had been chosen that would be fitted. Following this work being completed the downstairs bathroom was to be refurbished.

People told us that staff members supporting them were responsible for cooking and cleaning as well as supporting people with daily living skills. A staff member showed us the weekly cleaning rota that was completed by them.

During the inspection we saw that the environment was clean and no malodours were detected. We saw that there were systems in place to prevent the spread of infection for example colour coded mops and buckets were used in different areas of the home such as the bathrooms and kitchen. Where people needed support with personal care staff had access to disposable gloves and aprons to help prevent the risk of cross infection. There were systems in place to ensure that people's clothes and bedding were washed separately for each individual.

The kitchen was seen to be surface clean. Colour coded chopping boards were available for people to use to help prevent the spread of food related infections. Fridge and freezers temperatures were all checked and recorded kept to help ensure that food was kept at safe temperatures.

A test had been carried out on the water at the home to ensure that there was no Legionella present. A valid certificate had been in place to confirm this. We saw valid maintenance certificates for portable electrical appliances, electrical fittings such as plug sockets and light switches and a gas safety certificate.

People we spoke with told us that they never ran out of medication and always received it at the time they should. People said, "They give me them when I should have them." Staff were responsible for the administration of people's medicines we saw systems were in place to record what medication people had taken.

We looked at the Medication Administration Record (MAR) sheets for people who used the service and found these were fully completed. At our last inspection we found two concerns relating to the use of eye ointment and the lack of clear instruction about the amount of prescribed thickening agent that must be added to their drinks to prevent a person choking. Both these issues had been addressed, which included a detailed swallowing risk assessment carried out by a nurse.

Is the service effective?

Our findings

All the people who lived at the home had the capacity to make their own decisions about their day to day lives. We talked with the provider about the Mental Capacity Act (MCA) and Deprivation of Liberty safeguards (DoLs). They talked to us about the training they had undertaken via the local authority for managers. This information was said to be available for staff to refer to. New information relating to the MCA, DoLs and safeguarding was shared with staff at team meetings and they signed to say they had seen it.

Two people told us they had consented to having restrictions being put in place around their money. They understood that the restriction had been put in place to help them manage an issue that had a detrimental impact on their health and well-being. They confirmed that having the restrictions in place had proved to be successful. One person told us, "If I had my money all at once I would spend it all and I don't want it all to go at once."

We talked with staff about the changing behavioural needs. Staff were aware of what action to take in the event of an emergency. The provider had arranged support from an appropriate health care professional and their input had improved the situation markedly.

Staff members were kept up to date with any changes during the handovers that took place at every staff change. This helped to ensure they were aware of any ongoing issues so they could provide appropriate support to people. The staff we spoke with gave positive feedback about the staff team. One support worker commented, "It's a good team and there is good communication. I love coming to work here."

We asked both support workers about the training they had received while they had been at the home. They told us about the training had recently undertaken in learning disability and dementia awareness as well as other refresher training.

We looked at the service's staff team training record. This showed that staff had received basic training in food hygiene, health and safety, first aid, fire awareness, infection control, medication moving and handling, dignity, safeguarding, the Mental Capacity Act (MCA) and Deprivation of Liberty safeguards (DoLs). Most of the basic training had been completed through the local authority training partnership.

Some staff had undertaken QCF Level 2 in the learning disability pathway and one staff member has completed QCF Level 3 and consideration was being made to sign up for QCF Level 5.

We spent time in the dining area, which was the 'hub of the home' with people who were home at the time of our visit. We saw people had homemade casserole, which both smelled and looked appetising. People told us that they liked the food they received. One person said, "We get good food. It's absolutely gorgeous. We're not starving."

We saw that there was plenty of food available to eat and people confirmed that was always the case. The staff member told us that food was ordered online and delivered to the home once a week. People told us they could go to the local shops if they ran out of anything.

There was a five week rotational menu in place. There was only one main meal identified however people we spoke with said they could have something different if they wanted to. Records were maintained about food and drink that people liked and disliked.

A jug of juice and a bowl of fresh fruit was available for people to access at all times. We saw that where appropriate people used special cups and plates to help support them to eat independently. One person had a special diet and some foods had been restricted to help people manage their health needs. People's weight was monitored.

We saw that visits to see health care professionals such as doctors, dentists and opticians for routine check-ups were recorded. People told us they were supported by staff to attend these appointments. Routine check-ups with health care professionals promotes good physical and mental health. One person told us, "My doctor is great and says I am doing marvellous."

We saw that where a person was at risk of dementia, a detailed assessment had been carried out to check by the local learning disability team. Where another person's health needs had changed the falls team and an occupational therapist had been involved in the assessment of the person's changing needs.

Is the service effective?

We also saw that people had a health action plan in place which gave information about their health needs. There was also a 'traffic light system information pack' available to give staff at hospital all the information they needed about the person should they need to be admitted.

Is the service caring?

Our findings

We saw that the people who lived at Park View looked clean and well cared for. The atmosphere at the home was calm and relaxed. We saw there were frequent and friendly interactions between people who used the service and the staff supporting them. One person told us they liked all the staff but that “[Staff member] was an absolutely gorgeous person.”

People we spoke with told us they generally got on well together as a group. One person said “Everyone gets along okay.” “I have lived here for 5 years now and I am still happy. I was not doing very well on my own.”

People we talked with told us that they were able to make their own choices about daily activities and that they could choose what to do, where to spend their time and with whom.

We talked with the staff members about people’s personal preferences, health needs and risks. They were able to demonstrate a good understanding of the support people required. One person told us about their daily routine and what they did each day. They told us they could do what they wanted to. We talked to staff about the communication needs of person who had limited verbal communication. They told us they understood the Makaton signs the person used.

One person was a member of People First a local advocacy group for people who have learning disabilities committee. They told us about the development day they had attended and talked about how they contributed to the group. This was discussed with everyone during tea time.

We saw that personal information about people who lived at Park View was stored securely which meant that they could be sure that information about them was kept confidentially. People knew where their records were kept and confirmed that the cupboard was always kept locked.

Is the service responsive?

Our findings

With their agreement, we looked at the care records of two people with them. We saw that the people's support plans were personalised and reflected their individual preferences. There was a one page plan on the records of one person which gave a lot of information about their likes and dislikes. People agreed or confirmed where they were able to that this was a true reflection of them and the support that they received. One person we spoke with told us that their social worker had visited the week before and looked at their care plan.

We found people who used the service were encouraged to maintain as much independence as possible, with staff support arranged to meet their individual needs where necessary. Where able people undertook household tasks such as cleaning their bedrooms.

People were involved in different activities, for example, one person went out to do part time work and another person had retired and chose to spend time quietly at home. One person went to an outreach service every day. They indicated that they enjoyed this. They also went horse riding. Another person told us they enjoyed going shopping and having lunch out in a café in Bury. They said they went to a sports club. "I enjoy it. I am good at Crown Green bowling."

Most people had contact with either their families and/or friends. One person told us, "I used to just spend all my money but now I am saving up for Christmas presents for my family and friend. "Some people had recently been on a visit to the Coronation Street set which they had enjoyed and plans were in place to go on a coach trip to see Blackpool Illuminations.

No complaints had been raised by people who lived at the home. People we spoke with and the member of staff told us they could speak to the registered managers and/or providers about any concerns, worries or problems they had and were confident that the registered managers would take action to sort the issue out. One person told us, "If I had a problem I would tell [the provider] because [the provider] is the boss here and [the provider] would sort it out. But I am doing alright."

The provider had a compliments, comments and complaints file which was accessible to both people who used the service and members of staff. The file contained forms that covered these areas and also a quality assurance form and a staff feedback form. Envelopes were provided for people to use if they wanted to provide anonymous feedback. This showed that people were encouraged to raise any issues of concern that they had.

Is the service well-led?

Our findings

The role of registered manager was shared between two people one of whom was one of the providers [owner] of the home. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Services which are registered are required to notify the Care Quality Commission incidents that happen, for example, safeguarding and serious injury. We checked our records and saw that the registered managers for this service had done this appropriately when required.

Prior to our visit we asked the provider to complete a Provider Inspection Return (PIR) form and this was returned to us. 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.

Before our inspection we contacted the local authority commissioning and safeguarding teams. They informed us they had no concerns about the service.

People who used the service and staff told us the registered manager and both owners were approachable and supportive. We saw that people were able to speak openly and freely with the registered manager and the providers in order to express their views and opinions. A staff member said, "We are definitely well supported. It is absolutely great here."

The providers were clear about the need to ensure the service was run in a way that supported people's individual needs and promoted their right to lead their own life as much as possible. People were supported to maintain links with family and friends within the wider community.

One of the providers who was also a registered manager told us about the training they had undertaken recently to

ensure their continued professional development. This included the completion of a post graduate 'Applied Psychology of Intellectual Disabilities' degree, as well as refresher mandatory training as required.

The provider also attended local partnership meetings and was a member of the local learning disability strategy group. This helps them to keep up to date with changing legislation and guidance as well as share ideas about best practice. The provider told us that this information was shared with staff at team meetings. There was a staff meeting being held for the staff of all the providers' three homes on the day of our inspection visit.

We saw that the providers had recently sent out their annual quality assurance questionnaires to people living at the home, relatives, staff and health and social care professionals and feedback had started to be received by them. Staff told us monthly residents meetings were held.

At our last inspection we were told by the local commissioning team and by the provider in their PIR that there were shortfalls in quality monitoring and assurance processes, though efforts were being made to make improvements. At this inspection we were informed by local commissioners that the home had achieved a Grade A from them at the last quality review undertaken by them and the action plan had been completed.

We saw that new systems had been put in place and an annual tracker sheet was being used to remind staff of what action they needed to take. We were told by the providers that staff had been involved in this process and staff confirmed this to be the case.

We also saw that the provider had made significant headway with the electronic computerised system that had been purchased since our last inspection visit. The computerised system had been set up in each of the provider's three homes and included audit information and all the homes policies and procedures. Plans were in place to add person centred planning documents for people who used the service into the new system. This system could be monitored remotely by the providers.