

Parkcare Homes (No.2) Limited

Weir End House

Inspection report

Glewstone
Ross On Wye
Herefordshire
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Weir End House is a residential care home providing personal care and accommodation for younger and older people with learning disabilities, autism and mental health needs.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 13 people. Ten people were using the service at the time of the inspection visit. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

Incidents involving people who used the service and unexplained injuries were not always appropriately reviewed and investigated by the registered manager and provider, as part of protecting people from potential abuse. The provider's procedures for assessing and managing the risks to people were not sufficiently robust. People's risk assessment and care plans were not always reviewed and updated in light of incidents and episodes of challenging behaviour. The provider had failed to inform us of three potential safeguarding incidents involving people living at the home.

Staff expressed mixed views on the management of the service. Some staff lacked confidence bringing concerns about people's care to the attention of the registered manager. The provider's quality assurance systems and processes were not as effective as they needed to be, and had not enabled the provider to address the shortfalls in quality we identified during our inspection. The provider and registered manager did not fully seek to engage positively with people and staff and involve them in the service.

Staff had received training in, and understood, how to identify and report abuse. Checks were completed on the premises and equipment in use to protect people's health and safety. People told us there were enough staff on duty to provide them with prompt support when they needed this. Prospective staff underwent pre-employment checks before they started work at the home. People were supported to take and manage their medicines safely. The provider took steps to protect people, visitors and staff from the risk of infections.

People's care plans were individualised and promoted a person-centred approach. People's individual communication needs were assessed, reviewed and plans put in place to address these. People had support to spend time in way they found interesting and enjoyable, and to participate in their local community. People had been provided with accessible information on the provider's complaints procedure, and they told us they would speak to staff and management about any concerns. People's wishes regarding their end-of-life care were assessed, in order to address these at the relevant time.

People described the positive relationship they had with the registered manager and felt the home was well-managed. Staff and management sought to work collaboratively with community health and social care professionals to ensure people's care needs were monitored and met.

Rating at last inspection

The last rating for this service was Good (report published 14 February 2019).

Why we inspected

This was a focussed inspection to assure ourselves the service was protecting people from abuse and avoidable harm and meeting people's needs through effective leadership and management.

We reviewed the key questions of safe, responsive and well led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions, therefore we did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has deteriorated to Requires improvement. This is based on the findings at this inspection.

Enforcement

We have identified breaches at this inspection. These relate to the provider's failure to implement robust procedures and processes to protect people from abuse and to inform us of any safeguarding incidents involving people. In addition the provider's quality assurance systems and processes were not sufficiently effective.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-led findings below.

Requires Improvement ●

Weir End House

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 Care Act 2014.

Inspection team

The inspection was completed by one inspector.

Service and service type

Weir End House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The first day of our inspection visit was unannounced. We informed the provider of the date on which we would be returning to complete our inspection visit.

What we did before the inspection

Before the inspection visit, we reviewed information we had received about the service since the last inspection. This included information about incidents the provider must notify us of, such as any allegations of abuse. We sought feedback on the service from the local authority.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We also spoke with the registered manager, operations director, quality improvement lead, three senior care staff and six care staff.

We reviewed a range of records. These included three people's care records, medicines records, complaints records and three staff recruitment records. We also reviewed incident records, selected policies and records relating to the safety of the premises and management of the service.

After the inspection

We spoke with three relatives and two community health and social care professionals about their experiences of the care provided. We also reviewed additional information sent to us by the provider.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- The registered manager and provider did not consistently review reports of incidents involving people who lived at the home to identify potential abuse. Staff used an observational tool ('ABCD charts') to record information about people's behaviours. Amongst the incidents recorded on these charts were three physical assaults on people living at the home by people they lived with. The first of these incidents had taken place in February 2019. There were no resulting injuries from these assaults. The registered manager acknowledged they did not review the ABCD charts completed by staff to identify potential abuse and any preventative action needed to keep people safe.
- Following our inspection visits, the provider reported the incidents in question to the local authority's safeguarding adults team and the Care Quality Commission (CQC).
- Staff completed 'body mapping records' to record any unexplained injuries noted on people's bodies. However, these records contained no evidence of any investigations into the recorded unexplained injuries, by the registered manager or others, as part of keeping people safe and protecting them from potential abuse.

The provider had not implemented robust procedures and processes to protect people from abuse and improper treatment. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had received safeguarding training which was updated annually. They gave us examples of the potential indicators of abuse they looked out for and were clear how to raise abuse concerns. One staff member told us, "I would report any concerns initially to the registered manager and take it further to the operations director, CQC and our whistleblowing line if I thought nothing was being done."
- A staff member raised a safeguarding concern with us regarding one person's care at the home. We shared this information with the provider who notified the local authority's safeguarding adults team and commenced an internal investigation into this matter.
- People had been provided with accessible information on abuse and how to report it. They told us they would report any such concerns to staff and management.

Assessing risk, safety monitoring and management; learning lessons when things go wrong

- Whilst the provider had procedures in place designed to enable them to assess, monitor and manage the risks to people, these were not sufficiently robust.
- Incidents recorded on ABCD charts, including episodes of challenging behaviour, were not monitored by the registered manager and provider to develop clear risk management plans and behaviour support plans

to manage risks and keep people safe. For example, one person's risk assessments and care plans did not refer to their known potential to become physically aggressive towards others or how staff were to support them at these times. Another person's care file contained contradictory information about the natures of their challenging behaviours and associated risks to others.

- In addition, the information recorded on ABCD charts and body mapping records was sometimes unclear and incomplete, hampering any efforts made to follow these up. For example, it was not always clear when these records were completed and by whom.
- The management team assured us they would fully review current procedures for recording and monitoring all incidents involving people living at the service, as a matter of priority. We will follow this up at our next inspection.
- People told us they felt safe living at the home and their relatives had confidence in the safety of their loved ones' care. One person said, "I feel safe because if anything is wrong you can go to staff and they will talk it through with you." A relative told us, "[Person] is safe at the home. I'm confident they [staff and management] are able to give them the attention and support they need."
- The provider completed and arranged regular checks on the premises and equipment to ensure these were safe for people to use. This included regular checks on the home's fire alarm system.

Staffing and recruitment

- People told us staff were available to support them when they needed this. One person told us, "It's easy to find staff when you need them."
- Staff themselves expressed mixed views on staffing levels at the home, referring to times when agreed staffing levels had not been maintained, particularly on weekends.
- The registered manager assured us they monitored and adjusted staffing requirements in line with people's current care and support needs through use of a weekly care hours tool.
- During our inspection visits, we saw there were enough staff on duty to safely meet people's individual needs.
- People were supported by staff who were subject to appropriate pre-employment checks before they started work at the home.

Using medicines safely

- People told us they received the level of support they needed from staff to take their medicines. People were supported to manage their own medicines where it was assessed as being safe for them to do so.
- Staff had training in the provider's medicines procedures and told us they felt confident following these. They underwent annual competency checks to confirm they understood how to handle and administer people's medicines safely.
- Staff maintained accurate and up-to-date medicines records and completed daily medicine stock checks to confirm people had received their medicines as prescribed.
- Written guidance had been produced for staff on the expected use of people's 'when required' (PRN) medicines.

Preventing and controlling infection

- Staff maintained appropriate standards of hygiene and cleanliness throughout the home, which was clean and fresh-smelling.
- Staff received infection control training to help them understand the role they played in protecting people, themselves and visitors from the risk of infections. They were supplied with personal protective equipment (disposable gloves and aprons) to reduce the risk of cross-infection and understood when to wear this.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires improvement. This meant people's care plans were not always reviewed and updated to ensure these reflected their current needs.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had been allocated key workers. A key worker is a staff member who has been given additional responsibilities to check a particular person's individual needs and requirements are being met. People's key workers evaluated their progress and reviewed their care plans on a monthly basis. However, in doing so, they did not fully review the behaviours and incidents recorded on people's ABCD charts to ensure people's care plans reflected and provided clear guidance on the management of these.
- People's care plans were individual to them and included information about what was important to them to promote a person-centred approach. We saw evidence people were involved in developing their care plans.
- Staff confirmed people's care plans were accessible to them, and that they read and followed these. One staff member told us, "They [care plans] are really easy to follow and you can get a lot from them."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans included information about their individual communication needs to help staff understand how to promote effective communication each person.
- The provider had the facility to produce information in alternative accessible formats to aid people's understanding and we saw examples of these materials in use. This included pictorial menus and easy-read guidance on safeguarding and how to raise complaints.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had support to participate in social and recreational activities, both at the service and in their local community. This included a range of activities at a local day centre, fun fitness classes, visits to the local community garden and trips to other local places of interest.
- People spoke to us about the ways they enjoyed spending their time. One person talked about a music session they were looking forward to later that day. Another person spoke with enthusiasm about their recent holiday abroad. They told us, "We have a range of activities. I like history and have just been to Normandy. It was a real eye-opener." A community professional told us, "They [staff and management] provide a good range of activities. I feel [person] has a rich life there [at the home]."

Improving care quality in response to complaints or concerns

- People told us they would speak to staff or management if they were unhappy about any aspect of the care they received. Their care files provided guidance for staff on the support the individual may need to voice concerns and complaints.
- People's relatives knew how to complain about the service provided, and told us they would feel comfortable doing so. One relative explained, "My first port of call would be [registered manager]. I would not have any problems raising concerns with her."
- The provider had a complaints procedure in place designed to ensure all complaints were recorded, investigated and responded to in a fair and consistent manner. We looked at the most recent complaint received regarding the service and found it had been responded to in line with this procedure.

End of life care and support

- At the time of our inspection, no one living at the home was receiving end-of-life care.
- The management team identified people's wishes regarding their end-of-life care through discussions with them and their relatives so they could address these at the relevant time.

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 the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Registered providers must, in accordance with their registration with CQC, notify us about certain changes, events and incidents that affect the service or the people who use it. These 'statutory notifications' play a key role in our ongoing monitoring of services. We identified the provider had failed to notify us of three safeguarding incidents involving people who used the service. The registered manager was not clear about the requirement to notify CQC of these incidents. Following our inspection visits, the provider submitted the required notifications to CQC.

The provider had not always informed us of safeguarding incidents involving people who used the service. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations.

- The registered manager took steps to keep themselves up to date with current best practice guidelines and any legislative changes. They achieved this through, for example, internal updates from the provider, attending the provider's monthly managers' meetings and participating in further training.
- Staff were clear about what was expected of them at work. They told us they were kept up to date with any changes in people's needs through daily handovers with their colleagues.

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

- Staff expressed mixed views on the management of the service. Some staff felt valued and supported by, and had confidence in, the registered manager. One staff member told us, "[Registered manager's] door is always open, even if she is busy. She is always there for staff. She makes us feel valued whether it's by taking us to one side to say thanks or buying us biscuits and sweets." However, four members of staff expressed a lack of confidence about bringing concerns, including potential safeguarding issues, to the attention of the registered manager. We discussed this issue with the registered manager who informed us they took all issues and concerns raised by staff seriously and sought to act on these.
- Three members of staff told us they did not feel valued by the provider, stating they rarely saw senior management at the service and that, when they did, those visiting did not always take the time to speak with staff.
- People spoke positively about their relationship with the registered manager and the overall management of the home. One person said, "[Registered manager] is really nice. You can go to her. She helped me when I

was feeling low." We saw people were at ease in the presence of both staff and management, and freely engaged them in conversation.

- People's relatives told us staff and management were approachable and prepared to listen and act on their views. One relative said, "I'm happy to put any questions to [registered manager] or challenge things with her. She's approachable and always contactable."

Continuous learning and improving care; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had quality assurance systems and procedures in place designed to enable them to assess, monitor and, where necessary, make improvements in the standard of care provided. These included regular 'quality walkarounds' by the registered manager focused on specific aspects of the service, such as health and safety and management of people's medicines. The provider's quality team and internal compliance inspector also completed periodic audits on the service.

- However, the provider's quality assurance processes were not as effective as they needed to be. For example, they had not ensured all incidents and unexplained injuries involving people who lived at the home were fully and accurately recorded and thoroughly investigated as part of keeping people safe.

- The provider and registered manager had not fully sought to engage effectively with people and staff and involve them in the service.

- 'Your Voice' meetings had not been organised on a consistent monthly basis, in line with the service's procedures, to enable people to have their say about their care and how the service could be improved for them. The last 'Your Voice' meeting had taken place in January 2019.

- Staff meetings had not been arranged on a regular basis to provide staff with an open forum to put forward their views and suggestions about the service. One staff member told us, "We used to have regular staff meetings, but we've only had one in the last 12 months. Without staff meetings, things get bottled up and they build up."

- Staff had not had the opportunity to attend regular formal supervision meetings with the registered manager, in line with the provider's procedures, to receive feedback on their work and raise any work-related issues. We raised this issue with the registered manager who explained they had difficulty in organising regular supervision meetings with staff due to their current workload. They explained they had not had a deputy manager in post for approximately 12 months, and that recruitment activities for this position were ongoing.

The provider's quality assurance systems and processes were not as effective as they needed to be. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection visits, the service's quality improvement lead confirmed the provider had implemented a new system for monitoring staff supervision meetings and that these meetings were now underway. They also indicated a staff meeting had been booked in the coming weeks.

Working in partnership with others

- People's care files demonstrated staff and management worked with a range of community health and social care professionals to ensure people's needs were monitored and met.

- The community health and social care professionals we spoke with talked positively about their dealing with staff and management. One community professional told us, "They [staff and management] have kept me up to date with everything through regular emails and calls. They are also always ready for my visits. I feel I have a good rapport with the registered manager."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had not always informed us of safeguarding incidents involving people who used the service.
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider had not implemented robust procedures and processes to protect people from abuse and improper treatment.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's quality assurance systems and processes were not sufficiently effective.