

Parkcare Homes (No.2) Limited

The Old Vicarage

Inspection report

250a Fishponds Road
Fishponds
Bristol
BS5 6PY

Tel: 01179512525
Website: www.craegmoor.co.uk

Date of inspection visit:
26 January 2016

Date of publication:
03 March 2016

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Requires Improvement ●
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

We carried out this inspection on 26 January 2016 and this was an unannounced inspection. When The Old Vicarage was last inspected in July 2014 no concerns were identified at the service.

The Old Vicarage provides accommodation and personal care for up to 10 people with a learning disabilities. At the time of our inspection there were nine people using the service.

A registered manager was in not post at the time of 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The previous registered manager had left in November 2015. A manager was in post at The Old Vicarage who was currently completing their registration process with the Commission.

Training in challenging behaviour had not been completed. This placed both the staff and people living at the service at risk.

The provider had not ensured that current medicines information was available for trained staff despite being previously advised. People's photographs within their medicines folders were undated which had also been previously highlighted by a pharmacist in July 2015 as requiring action. Incidents and accidents were recorded however staff had inconsistently recorded matters.

During interviews with staff, we found that staff knowledge in relation to the Mental Capacity Act 2005 was variable. The service had not consistently completed best interest decisions for people when required.

Staff received support through training and supervision. People were supported with meals and drinks when required. People were involved in choosing their meals. Where needed, the service had made referrals to healthcare professionals and health plans were in place.

The manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm.

People felt safe and told us they had a good relationship with the staff. People's identified risks were recorded and risk management guidance was available. There were sufficient numbers of staff on duty and staff knew their responsibilities in relation to safeguarding. Staff recruitment procedures were safe and the environment and equipment was tested and serviced to ensure it was safe.

People said the staff at the service were kind. People had a keyworker to provide personalised support and we observed that interactions between staff and people were positive. People had their privacy respected

and staff we spoke with understood the people they cared for well.

The service was responsive to people's needs. People, their relatives or representatives were involved in care planning and reviews. The care plans we reviewed were person centred and contained unique information about people and how to meet their needs. People were given key information about the service. There were activities people could participate in if they chose. The provider had a complaints procedure and system in operation.

People knew who the manager was and who to approach if they had any concerns. Staff told us they were happy with their employment and felt supported by the manager. There were systems in operation to communicate key messages to staff. People had the chance to express their views and opinions.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

The provider had not ensured national medicines guidance was available.

Incident and accident recording was inconsistent.

People living at the service felt safe.

Staffing levels met people's needs and recruitment was safe.

The environment and equipment was maintained appropriately.

Is the service effective?

Requires Improvement ●

The service was not fully effective.

Training in challenging behaviour had not been completed. This placed both the staff and people living at the service at risk.

Staff knowledge of the Mental Capacity Act 2005 varied.

Staff were supported through training and supervision.

People were supported with food and drink.

People's healthcare needs were met.

Is the service caring?

Good ●

The service was caring.

People said that staff at the service were kind.

People had a keyworker to provide direct support.

We observed people being treated with kindness and compassion.

People had their privacy respected.

Staff understood the people they cared for well.

Is the service responsive?

Good ●

The service was responsive.

People felt the service supported them with their needs.

People were involved in creating person centred care plans.

Key information about the service was available to people and the relatives.

People could participate in activities of the choice.

There was a complaints procedure in operation.

Is the service well-led?

Good ●

The service was well led.

People knew the management structure in the service.

Staff spoke positively about their employment.

There were systems to communicate key messages to staff.

People were involved in discussions about their care.

There were systems that monitored the environment and improvements were scheduled.

The Old Vicarage

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was carried out by two inspectors. When The Old Vicarage was last inspected in July 2014 no concerns were identified at the service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We reviewed the information in the PIR and information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

During the inspection we spoke with two people who lived at The Old Vicarage, the manager and three support staff. We also used a number of different methods to help us understand people's experiences of the service which included undertaking observations of people and staff and how they interacted together. We reviewed three people's care and support records.

We looked at records relating to the management of the service such as the staffing rota, policies, incident and accident records, recruitment and training records, meeting minutes and audit reports.

Is the service safe?

Our findings

Medicines were managed so that people received them safely, however the provider had not ensured current information was available for staff as required. Staff involved in medicines administration had received training and had been assessed as competent to do so. The competency assessment was thorough and lasted several days. One member of staff said, "The competency assessment can last a while, because you don't progress to actually administering medicines until you feel capable. It takes time, but I feel fine doing medicines now." Staff were reassessed every six months to ensure they were still competent.

There was no British National Formula (BNF) available for staff. This is a book which provides current information and advice on medicines including possible side effects. Staff administering medicines should always have access to a BNF in order to access information. The provider had identified this matter in September 2015 and December 2015 during internal audits. Staff said they had been informed one would be provided, but at the time of the inspection this had not happened. The provider's medication policy stated that each service should hold a current BNF in order that, "Any member of staff dealing with medication will from time to time need to refer to published information about drugs regarding the contraindications, side effects etc." This meant the service had not acted in accordance with the provider's policy.

When people had been prescribed PRN (as required) medicines, there were clear systems in place informing staff when they should administer the medicines. We found that medicines were stored safely administration records were completed in full with no recording omissions. There were photographs in place in order to assist staff in identifying people. However, these photographs had not been dated so it was unclear whether they were a true representation of how people currently looked. This issue was also noted during a pharmacists advice visit in July 2015 but again no action had been taken by the service to rectify this.

Incidents and accidents within the service were recorded when necessary and reviewed by a senior member of staff. This was currently done by the manager to reduce the risk or probability of the incident or accident happening again by establishing if the matter could have been prevented. Where required, we saw that service documented any learning from the incident. It was highlighted to the manager that as the service had both an accident and incident folder for staff to document incidents. This had resulted in some recording inconsistencies in where matters would be recorded. The manager informed us this would be rectified and that a single recording system would be implemented.

People we spoke with felt safe at the service and told us the staff were caring. One person who was able to communicate verbally with us said, "I'm happy here, I get on really well with the staff."

Staff understood their responsibilities in relation to safeguarding adults. The provider had safeguarding and whistleblowing policies for staff that gave guidance on the different types of abuse people may be at risk of and what action should be undertaken by staff. Staff received training in safeguarding and during conversations with staff they demonstrated awareness of how to report safeguarding concerns. This included reporting both internally and to external agencies such as the Commission or local safeguarding

team. Staff understood the term whistleblowing and how they could contact external agencies in confidence if they had any concerns. It was highlighted that some of the policies available for staff contained the contact details of previous management and had not been updated to reflect current management and contact numbers for staff.

Environmental maintenance was completed and safety risks were identified. There was a dedicated maintenance member of staff within the service. We saw that checks were done to ensure that water temperatures were operating at a safe level and water outlets that posed a legionella risk were flushed. Records were maintained that showed electrical equipment and heating systems were safe for use. Fire safety records confirmed that regular fire checks had been carried out to ensure fire safety equipment worked. The vehicle used by the service was also subject to monthly safety checks. There were systems that monitored the cleanliness of the environment, however it was highlighted the last infection control check was in April 2015 and is required to be completed every six months.

Safe recruitment processes were completed. Staff had completed an application form prior to their employment and provided information about their employment history. Previous employment or character references had been obtained by the service together with proof of the person's identity for an enhanced Disclosure and Barring Service (DBS) check to be completed. This DBS check ensures that people barred from working with certain groups such as vulnerable adults are identified.

Staffing numbers were sufficient to meet people's needs and ensured people were supported safely. There were set staffing numbers used and the manager told us that other than for unplanned sickness, the set staffing levels were achieved. The provider had another location essentially next door to the service. Should the requirement arise, staff could interchange between the two services to meet people's needs. All of the staff said that staffing levels were adequate. One told us, "There is normally enough staff. If someone goes off sick at the last minute it can impact on the residents because we might not be able to take them out, but usually it's fine."

People's care records contained risk assessments to enable staff to support people safely. For example, within people's records there were risk assessments in relation to a person's risk of choking, financial management, moving and handling and fire safety. All of these plans were clear and provided comprehensive guidance for staff on how to keep people safe. They included detail specific to the person. For example, in one person's fire risk assessment, the plan informed staff that the person understood what it meant when the fire alarm sounded. In the same plan, it stated that the person preferred a bath to a shower, but that staff should check the temperature of the water to minimise the risk of the person burning themselves from water that was too hot.

Is the service effective?

Our findings

Although staff received training in their roles, not all training to meet the needs of some of the people using the service was provided. We saw that training was provided in key areas such as first aid, moving and handling, medicines and infection control. Additional training in subjects such as Asperger's and Autism was also provided. However, we found that training in challenging behaviour had not been completed. This placed both the staff and people living at the service at risk.

We reviewed the incident and accident records at the service. They showed that in between November 2015 and December 2015 staff had recorded four separate incidents in the records and had recorded the person involved had shown aggression towards staff or had been self-harming. The absence of training meant that staff may be at risk or injury whilst trying to intervene or they may unlawfully restrain the person due to the lack of knowledge in approved or recognised restraint techniques. The staff we spoke with told us they had not received training in challenging behaviour. A senior member of staff told us they had last received training in approximately two years.

This was a breach of Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014.

The manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. The manager advised us that there were currently seven DoLS applications in process with the local authority.

Staff knowledge in relation to the Mental Capacity Act 2005 (MCA) was variable. Although staff said they had completed e-learning on the MCA, not all were able to fully explain how people's capacity related to their ability to consent to care. For example, one member of staff, when asked how they would manage a person who refused their medicines said, "I would keep trying, and when they have refused three times, I would tell them I was going to call the doctor. If I say that, they will take them." This demonstrated a limited knowledge of their responsibilities in relation to capacity and best interest decisions.

People's care plans contained mental capacity assessments for specific decisions, such as personal hygiene and nutrition. However, there was no documentation to show if and how any best interest decision making decisions had been reached. For example, some people were unable to consent to their medication being administered because they did not have capacity to do so. There was no documentation in place to demonstrate how the decision to administer the medication, and that decision being in the person's best interest was reached. This issue had also been raised during the provider's internal audit in June 2015. The auditor had recorded, 'Capacity assessments and best interest decision forms to be completed for all residents.' Despite this, no capacity assessments or best interest decision records had been completed.

Performance supervision was completed to support staff and review their work with them. The manager told us staff received supervision every four to eight weeks. The records showed that during the supervision matters such as the understanding of the staff members role, their attitude and conduct, working hours and

attendance and set objectives were discussed. Staff we spoke with told us they received regular supervision. In addition to this, staff received an annual appraisal which focused on meeting set objectives, performance indicators and development and career planning.

Staff prepared meals for people using the service and we observed lunch during our inspection. People using the service that were able to comment, said the food was, "OK." Where people had complex nutritional needs, specialist support and advice was sought. For example, in one person's plan, there was evidence of dietician involvement. The care plan reflected the dietician's advice and there were documented notes available to show when staff had liaised with them.

People had access to healthcare services. People had Health Action Plans (HAP's) in place which were used when they needed to attend hospital appointments for example. These plans were clear and provided concise information for healthcare professionals who might not be familiar with people's needs. Plans informed staff how to support people during appointments. For example, 'Explain when appointments are made and the reasons why' and 'Remind [person's name] a few hours before the appointment and say which member of staff will support.' The plans also showed what people's preferences were in relation to staff support, for example, 'I like staff to go in with me to see the doctor.'

Is the service caring?

Our findings

People that were able to communicate verbally spoke positively of the staff. Some people had complex needs and were unable to speak with us about their experiences. One person said, "I have settled well, the staff here have been really good."

People in the service had a keyworker. People were allocated key workers who supported them in all areas of their lives. Staff understood their role in relation to being a keyworker and all said this involved monthly meetings with people using the service, and helping to support people to do things such as shopping and going to appointments.

People were treated with kindness and compassion by staff. Staff knew people well and people using the service looked relaxed in their company. The atmosphere was calm and friendly. Care plans showed that people were involved in their own care. Plans showed that people were encouraged and supported to maintain their independence. One member of staff said, "I'm taking care of people like I would want my own relative cared for."

People's privacy was respected. Some people chose to sit in the communal lounge and others chose to stay in their bedrooms. People were able to move around the building freely. Bedrooms were personalised with people's own possessions. For example, people had photographs and personal mementoes. This helped to make each room look personal and homely.

Staff we spoke with had a good understanding of the people they cared for and were aware of people's care and support needs. The care and support at the service was personalised and unique to people and this was achieved through the staff team's knowledge of the people they cared for. All of the staff we spoke with were able to describe their knowledge of the people they cared for, their personalities and behaviours.

Is the service responsive?

Our findings

One person we spoke with felt the service was responsive. They explained how since moving in The Old Vicarage, the management and staff had supported them. They told us, "The staff here have been really good."

Where possible, people were involved in their care plans and had signed to indicate their agreement. Relatives had also been invited to attend care plan reviews. Plans were extensive and the manager said they were in the process of reviewing the content of all plans in order to make them more user friendly. We looked at an example of a new plan, which was easier to navigate and read than the "older" versions.

All of the plans were person centred and provided details of the kind of support that people needed and how staff should provide this. There was a clear emphasis on promoting independence. Where people required specific equipment to maintain their independence this was recorded within the plan. One person using the service used a wheelchair to move around, and there was guidance within the plan on how staff should support them.

Behaviour plans were person specific because of people's differing and sometimes complex needs. The plans detailed how staff could identify when people were anxious or distressed. When people had difficulty communicating, there was clear guidance for staff on how to understand what people were trying to convey and how to interact with them. For example, plans showed how to identify when one person was unhappy and that they might, 'Ignore people, shout, scream or punch.' The plan detailed how staff should, 'Talk calmly to me, reassure me' and 'Take time to understand when I am talking to you.' There were photographs to support the information within the plan, which showed the person's different facial and body expressions.

People had been given information about the service. There was a service user guide within the service that communicated information to people. The service user guide told people about the different personalities within the providers group, for example the regional and operations manager's names. There were photographs of these managers to show people who they were. There was information about the vision statement and core values of the service, and also information about the staff team that supported people.

People had access to activities. One member of staff said, "One person likes going to bingo. They don't really understand how to play it, but they love the atmosphere so we go together." Staff also said they took people to the local pub for lunch and to bowling. One person said they were looking forward to the evening's planned karaoke and disco. They said, "I can't wait; I'm going to sing an Abba song." Additional activities to the local community were completed and to the local shopping mall. There was a minibus in operation to help facilitate the activities.

The service had a complaints procedure. We reviewed the complaints policy and saw that guidance on how to make a complaint. In addition, information was available on who people could escalate a complaint to if required, for example the local government ombudsman. The complaints procedure was also available in an 'easy read' format for people at the service. The manager told us the service had not received any

complaints from people or their relatives for a significant period of time.

Is the service well-led?

Our findings

We spoke with one person who told us they were aware of who the management of the service were and when asked they told us they understood that person was in charge. We asked the person if the need arose, would they feel happy to approach the manager if they had any concerns or complaints to which they nodded and replied, "Yes."

Staff felt supported by the management team. All of the staff we spoke with felt supported by the new manager and told us they felt positive about the future of the service. Staff said there was an open culture and that they were supported to question practise. One member of staff said, "I have whistleblown before. I spoke to colleagues, but nothing changed so I went to the manager and the issue was resolved." They also said, "I respect the manager; they're very friendly and approachable."

The management communicated with staff about the service. The manager told us that team meetings were held approximately every four to eight weeks or more frequently should it be required. We saw from the last meeting minutes that matters general to the home were discussed. For example, in January 2016 the manager and staff discussed key working roles, individual people's needs and health action plans. Further matters discussed included activities, holidays, staff training and supervision and operational policies in use.

The registered manager and staff communicated with people about the service to continually ensure the quality of the service delivered met people's needs. There were regular meetings with people to discuss different areas of the service. We saw from a recent meeting in November 2015 that people discussed if they were happy with their keyworker, if they enjoyed activities and if they were happy with the staff in general. The manager told us that in addition to these group meetings, people were also spoken with individually to see if they wished to raise any points in private. The manager told us these meetings were also used as an opportunity to communicate with people how to make a complaint and discuss safeguarding people.

The manager had an audit system to ensure the environment was suitable for people. The last audit was conducted in January 2016 and had highlighted to the provider that refurbishment work was needed in different areas of the service. For example, it highlighted that all communal areas required painting, that some curtains needed replacing and where chairs or tables needed replacing. This audit had been returned to the provider and was awaiting action. In addition to this audit, the provider had an internal auditing system that monitored all aspects of the service and advice was given where improvements could be made.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely. Regulation 12 (2) (c).</p>