

Parkcare Homes (No.2) Limited

Peacock House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

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

Peacock House provides accommodation and personal care for up to 18 younger adults and older people who are autistic and/or have learning difficulties. At the time of the inspection six people were living at Peacock House.

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

Right Support

Peoples medicines had not always been well managed. Guidance was not always in place for 'as required' medicines. Immediately after the inspection the manager put protocols in place. People who suffered with specific health conditions did not always have guidance in place to inform staff how to support them. This was put in place immediately after the inspection. The service worked with people to plan for when they experience periods of distress so that their freedoms were restricted only if there was no alternative. For example, one person had a traffic light system to inform staff which intervention would be necessary and least restrictive depending how distressed the person was. Staff did everything they could to avoid restraining people. The service recorded when staff restrained people, and staff learned from those incidents and how they might be avoided or reduced.

Right Care

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 promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. For example, one person liked spicy foods so the kitchen ensured they could provide this and had several spicy condiments to choose from. People who had individual way of communicating, using body language, sounds, Makaton a form of sign language, pictures and symbols could interact comfortably with staff and others involved in their care and support because staff knew them well. For example, one person uses gestures and the staff understand what they are trying to communicate.

Right culture

Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. For example, staff supported a person to regularly go to their local shop as part of their routine they wanted to maintain.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 9 November 2021) and there was a breach of regulation 17 (Good Governance). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection there had not been enough improvement and there was still a breach of regulation 17.

Why we inspected

We undertook this focused inspection to due to concerns regarding staffing and staff training but also to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. During inspection we also assess that the service is applying the principles of right support right care right culture.

Follow up

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed. We have identified breaches in relation to good governance such as, daily record keeping and the documentation of medicine management at this inspection.

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 work alongside the provider and local authority to monitor progress. 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 well-led?

The service was exceptionally not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Peacock 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.

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

Two Inspectors carried out the inspection.

Service and service type

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

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. The service was being managed by a temporary home manager.

Notice of inspection

This inspection was unannounced

What we did before inspection

We reviewed information we had received about the service since the last inspection. The provider was not

asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with one person who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including the manager and care support staff.

We reviewed a range of records. This included two people's care records and three medication records. We looked at three staff files including agency staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.



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 requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk people could be harmed.

Using medicines safely

- The provider needed to improve the management around 'as required' medicines. These are medicines that do not have a schedule and are taken as needed.
- One person was at risk of taking out of date medicine. We found two out of three boxes were out of date for an 'as required' medicine used to support a person when they were anxious. Taking out of date medicine can reduce the efficacy and lead to potential health implications. The out of date medicine was removed by the manager when they were informed.
- One person did not have a protocol in place for a regularly used 'as required' medicine. The medicine was used for a specific health condition. Regular staff knew what the medicine was for and when it was needed, however if a new member of staff or agency staff where to support that person, they would not have the guidance to follow. The manager put a protocol in place after the inspection.
- One person did not have a protocol in place for 'as required' medicines which were not used regularly. Two medicines did not have guidance for staff and staff told us they didn't know if the person needed them. There was no information in the care plan as to when and why the person may need them. The manager removed the medicines until it was established if the person needed them.
- People received support from staff to make their own decisions about medicines wherever possible. When people expressed, they were in pain, they were supported to have pain relief.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stop over medicating people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles. One person had a medicine to help when they were anxious, this was rarely used, and staff told us they can verbally de-escalate the situation without the need for medicine intervention.

Assessing risk, safety monitoring and management

- One person that suffered with a specific health risk did not have a risk assessment or care plan in place. Information was not available in the care plan to guide staff how on how to support that person. The regular staff knew the person well and what signs to look out for if the person became unwell relating to their health condition. However, if new or agency staff were supporting the person they would not be aware of the signs to identify the person was unwell. After the inspection, a care plan was put into place to give staff guidance regarding what support the person needed.
- Other risks had been managed effectively, including epilepsy and people that had anxious behaviours. For example, staff knew how to support someone with epilepsy. One staff member told us, "If the person has a seizure for a certain period of time we have to administer a rescue medicine, which we have been trained to

do".

- Staff could recognise signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe. For example, staff knew what to say to one person if they were getting upset to support them.
- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk. People had PEEPs in place (personal emergency evacuation plans) to inform staff how to support people in an emergency. For example, one staff member told us, "If we go out of the home or if there is an emergency, we have to take the epilepsy medicine with us, just in case". This was detailed in the PEEP.

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Preventing and controlling infection

- We observed other areas within the home to be clean and hygienic.
- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them.
- The service prevented visitors from catching and spreading infections.
- The service followed shielding and social distancing rules.
- Staff used personal protective equipment (PPE) effectively and safely.
- The service tested for infection in people using the service and staff.
- The service promoted safety through the layout of the premises and staff's hygiene practices.
- The service made sure infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and wellbeing.
- Staff had completed food hygiene training and followed correct procedures for preparing and storing food.

Systems and processes to safeguard people from the risk of abuse

- Staff had training on how to recognise and report abuse and they knew how to apply it. One staff member told us, "If I have any concerns, I raise it with [manager] or I know the process to raise concerns externally."
- People's relatives felt they were safe. One person told us, "We have never had any issues."
- The manager had worked with the local authority and CQC to raise safeguarding incidents where appropriate.

Staffing and recruitment

- The service previously did not have enough staff to meet peoples' needs on a regular basis. However, the service has supported several residents to move into new homes and therefore there was now enough staff to meet peoples' needs. Staff provided one-to-one support for people to take part in activities and visits how and when they wanted. One person was supported by staff regularly to go to the local shop as part of their routine.
- When gaps were identified in the rota the provider sought support from agency staff. Where possible,

regular agency staff were used to support with consistency for people.

- Staff recruitment and induction training process promoted safety, including those for agency staff. Staff knew how to take into account people's individual needs and wishes. For example, staff had received specific training called PROACT SCIP to support people who had behaviours that challenged. PROACT SCIP training supports staff to minimise the use of physical interventions as a de-escalation technique.

Learning lessons when things go wrong

- The staff monitored and reported the use of restrictive practices. For example, one person required an unplanned intervention. This meant staff needed to use an approved technique to support the person that was not in their care plan in order to keep the person and the staff safe from harm. The incident was reviewed by management and a debrief took place with staff to share learning.
- Staff raised concerns and recorded incidents and near misses and this helped keep people 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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

At our last inspection the provider had failed to identify shortfalls in recording and reporting. They also failed to mitigate the risk to people due to unsafe staffing numbers. This was a breach of Regulation 17 (Good Governance) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

Part of the breach had been met regarding unsafe staffing numbers, however not enough improvement had been made in others areas at this inspection and the provider was still in breach of Regulation 17 (Good Governance) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

- On our last inspection we identified issues regarding gaps in people's daily notes. On this inspection, there was still issues with gaps in recording daily notes. For examples, across a ten-day period, six days had not been completed in one person's daily records. Where daily notes had not been completed the manager could not be sure what care and support the person had received. The systems and processes in the service had not identified this and the manager was unaware there were still gaps in records.
- Governance processes were not always robust enough to identify shortfalls regarding medicine audits. The audits had failed to highlight the shortfalls we found on the day of inspection regarding people's medicines. This included 'as required' medicines without a protocol for staff to follow and out of date medicines.

Systems had not been established to ensure efficient record keeping and robust audits were in place. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

- On the last inspection people had been put at risk due to unsafe staffing numbers. On this inspection there was enough staff to support people. This was due to people moving out and therefore the service needed less staff support.
- The provider responded immediately during and after the inspection. The manager put protocols in place for people's 'as required medicines' and formulated a risk assessment for a person that suffered with constipation.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Relatives had mixed views regarding communication with the service. One relative told us, "We haven't had an issue since [relative] has been there." We observed another relative attending a meeting with their loved one. However, another relative told us, "No we are not kept up to date with anything."
- Staff felt the manager supported them when they needed it. One staff member told us, "I couldn't speak highly enough of (the manager), he steps in when you need help". Another staff member told us, "If you ask to speak to [manager] he will always find time".
- Staff told us there had been team meetings and they had received their supervisions. One staff member told us, "[manager] does our supervisions, [manager] is approachable".
- The service encouraged people to voice their opinions. For example, Staff supported people to create their own menu and then support them to go and buy the groceries they needed.
- The service worked well in partnership with advocacy organisations and other health and social care organisations, this gave people a voice and improved their wellbeing. The manager told us they felt they had a good working relationship with the safeguarding team.
- The service worked well with the district nurses. The manager told us they have a good working relationship and had a lot of input from the district nurses. The service had been able to communicate with them quickly and efficiently to ensure people receive the support they need.

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

- Staff felt able to raise concerns with the registered manager without fear of what might happen as a result. Staff told us they had read the whistleblowing policy. The manager told us, "We are very transparent and do not brush things under the carpet". A staff member told us, "If I have concerns, I will go to [manager] or I know the process to whistle-blow."
- The manager promoted equality and diversity in all aspects of the running of the service. For example, one person preferred a certain type of diet which reflected their culture. This included hot and spicy foods, the manager ensured the kitchen staff were aware and were able to support this person's preference.
- The provider kept up to date with national policy to inform improvements to the service.
- The manager was visible in the service, approachable and took a genuine interest in what staff, people and professionals had to say. One staff member told us, "[manager] is about when you need them".
- The manager understood duty of candour. Staff gave honest and suitable support, and applied duty of candour where appropriate.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to establish a system to ensure accurate record keeping and robust audits were in place.</p>