

Parkcare Homes (No.2) Limited

Stable Cottage

Inspection report

Upper Moraston
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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 ●

Summary of findings

Overall summary

The inspection took place on 19 November 2016 and was unannounced.

Stable Cottage is registered to provide accommodation and personal care for up to three people with learning disabilities and autistic spectrum disorder. There were three people using the service on the day of our inspection.

A registered manager was in post, and present at the beginning 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.

Staff had received training in how to protect people from harm and abuse. They understood how to recognise and report any potential or actual abuse. People and their relatives knew how to report any concerns they may have about people's safety and wellbeing, and felt comfortable doing so. The management team had assessed, recorded and managed the risks associated with people's care and support needs. The provider maintained appropriate staffing levels to ensure people's individual needs were met. People received their medicines safely from trained staff.

People were supported by staff who had the necessary skills and knowledge to meet their individual needs. Staff received effective induction, training and ongoing support from the management team. The provider and staff team understood how to protect people's rights under the Mental Capacity Act 2005. Staff supported people to have enough to eat and drink, promoting healthy food choices. The management team had assessed any risks associated with people eating and drinking.

Staff took a caring approach towards their work. They knew the individual needs and preferences of the people living at the home well, and treated them in a respectful and dignified manner. The provider encouraged and facilitated people's involvement in decisions that affected them.

People received care and support that was shaped around their individual needs, preferences and aspirations. People and their relatives knew how to raise a complaint about the service, should they need to. The provider actively sought feedback on the service provided from people and their relatives.

The provider promoted an open and inclusive culture within the service. People, their relatives and staff found the management team approachable and willing to take on board their comments. Staff were well supported by the management team and clear about what was expected of them. The provider made use of quality assurance systems to drive improvement at the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

The provider had trained staff in how to protect people from harm and abuse. The risks to individuals had been assessed and managed positively. Staff levels enabled the provider to meet people's individual needs. People received their medicines safely from trained staff.

Is the service effective?

Good ●

The service was effective.

Staff had the necessary skills and knowledge to meet people's individual needs. The provider protected people's rights under the Mental Capacity Act 2005. People were supported to have a balanced, healthy diet. People were able to access health services when they needed to and referrals were made quickly.

Is the service caring?

Good ●

The service was caring.

Staff took a caring and compassionate approach towards their work. People's involvement in decision-making that affected them was actively supported. Staff treated people with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that was tailored to their individual needs. People and their relatives knew how to complain about the service and felt comfortable doing so. The provider actively sought people's feedback on the care and support provided.

Is the service well-led?

Good ●

The service was well-led.

The provider promoted an open and inclusive culture within the

service. The management team provided effective leadership and direction. The provider made use of effective quality assurance systems to drive improvement at the service.

Stable Cottage

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 took place on 19 October 2016 and was unannounced. The inspection team consisted of one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give us some key information about the service, what it does well and the improvements they plan to make. We took this information into account when planning our inspection.

As part of our inspection, we reviewed the information we held about the service. We contacted representatives from the local authority and Healthwatch for their views about the service and looked at the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

During our inspection, we spoke with two people who used the service and two relatives. We also talked to five members of staff, including care staff, the activities coordinator, team manager and the registered manager. We looked at two people's care plans, staff training records and records associated with the provider's quality assurance systems.

Is the service safe?

Our findings

People told us they felt safe living at the home, because they had staff there to help them when needed. People's relatives were satisfied that the care and support staff provided was safe. One relative told us, "I feel completely happy with the safety of the people there. [Person's name] is very able to talk and tell me what's going on. They would quickly tell me about any problems." None of the people or relatives we spoke with had any concerns regarding the safety and wellbeing of anyone living at the home. However, they knew how to raise such concerns if they needed to. One person told us, "I'd go to one of the staff – whoever's on (duty). They would sort it out straightaway."

The provider had trained staff, from their induction onwards, in how to protect people from abuse. Staff were reminded of their responsibilities in this area during their regular one-to-one meetings with management. The staff we spoke with understood how to recognise and report abuse. They described the potential signs of abuse they were alert to, such as loss of appetite, changes in people's behaviour or any unexplained bruising. Staff told us that they would immediately bring any potential abuse to the attention of a manager. The provider had developed formal procedures to ensure that any such concerns were thoroughly investigated. Our records showed that the provider had previously notified the appropriate external authorities in line with these procedures.

People and their relatives told us the provider involved them in decisions about risks. Staff had recently met with one person to jointly assess the risks connected with an upcoming hot air balloon ride. People's relatives felt the provider struck the right balance between keeping people safe and protecting their right to take risks. The team manager told us, "There's going to be an element of risk to everything people do. We want them to live full and fulfilled lives." The provider had assessed, recorded and put plans in place to manage the risks associated with people's care and support. These individualised plans covered a wide range of subjects, including the support people needed to stay safe when going out and about. The provider had developed effective procedures to make sure staff had up-to-date information about the risks to people, themselves and others. These procedures included daily handovers between staff and the use of a staff "communication book". Handover is the means by which staff leaving shift pass on important information to those arriving on duty.

The provider had taken steps to make sure people, and the staff supporting them, knew what to do in an emergency. As part of this, the people living at the home and staff on duty participated in monthly fire drills. In the event that people were involved in any incidents, accidents or near misses, staff understood the need to record and report these events. The team manager described how the provider used this information to ensure lessons were learned and prevent things from happening again.

People, their relatives and staff themselves felt the staffing arrangements at the home were safe, and that they reflected people's needs. The management team assessed and planned their staffing requirements based upon people's individual care and support needs. Staff from an associated home on the same site were available to provide additional, temporary support if this was ever needed. The provider did not use agency staffing, to ensure continuity of care. During our inspection, we saw that there were enough staff

around to promptly respond to people's needs and requests. Before new staff started work at the home, the provider carried out checks to make sure they were suitable to work with people. These checks consisted of an enhanced Disclosure and Barring Service (DBS) check and employment references. The DBS helps employers to make safer recruitment decisions. Staff confirmed that they had undergone these checks before commencing their duties. The provider had also developed formal disciplinary procedures to deal with any staff misconduct.

People received their medicines safely with the support of trained staff. Staff underwent periodic refresher training and six-monthly checks to ensure they remained competent in this area. Staff understood what to do in the event of a medication error, or if someone refused their medicine. The provider had developed systems and procedures to make sure people's medicines were stored, administered and disposed of safely. These included the secure storage of medicines and maintaining of up-to-date medicine records.

Is the service effective?

Our findings

People and their relatives told us that staff had the necessary skills and knowledge to meet people's individual needs. One relative told us, "They (staff) always know what's going on with [person's name]. They (provider) tend to have staff who have been here long-term and who know people very well." Another relative said, "They (staff) understand [person's name's] care needs, including the medical and social side of things. They have handled both (aspects) very well."

All new members of staff underwent a 12-week induction to their job roles. During this period, staff had the opportunity to complete mandatory training, read people's care plans and work alongside more experienced colleagues. Staff spoke positively about how their induction had prepared them to support people with confidence. One staff member told us, "It was a very good induction. You're not put in at the deep end; you're shadowed until you feel confident."

Following induction, staff participated in an ongoing programme of training and refresher training. The training provided reflected both mandatory training requirements and people's individual care and support needs. Staff felt that the training on offer was relevant and beneficial. One staff member described the insights gained from their training on autism, which had enabled them to better support people living with the condition. The provider maintained electronic training records to help them keep on top of staff training needs.

Aside from training, staff had regular one-to-one meetings with a manager to identify any additional support or development needs. The staff we spoke with viewed these meetings positively. One staff member told us, "They talk about how we are feeling today, whether our training is up to date and whether we are doing the job as they see fit." If, at any point, staff needed any urgent guidance and advice, they were able to contact an on-call manager at any time.

We looked at how the provider sought people's consent to care, and protected their rights under the Mental Capacity Act 2005. The 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 Act 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.

The provider had given staff training to help them understand what the MCA meant for their work with people. The staff we spoke with recognised the need to seek people's consent before carrying out care tasks. Staff also understood the importance of supporting people's day-to-day decision-making and respecting their choices. We saw evidence that mental capacity assessments were being completed and recorded in the care files we looked at.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are

called the Deprivation of Liberty Safeguards (DoLS). The provider had assessed each person's individual care and support arrangements and had made DoLS applications on this basis. At the time of our inspection, no one living at the home had a DoLS authorisation in place. The provider was actively chasing up one DoLS application that the relevant funding authority had yet to process.

People told us they liked the food on offer and had enough to eat and drink. Staff supported people to have a healthy, balanced diet. One relative described how they worked collaboratively with staff to encourage their family member to make healthier food choices. People told us they chose what they wanted to eat and drink. We saw that staff met with people, on a weekly basis, to plan the menu for the coming week. The provider had assessed any risks associated with people eating and drinking, and had taken steps to minimise these. One relative praised the manner in which staff monitored their family member at mealtimes, and provided them with any assistance needed to eat and drink.

The provider worked with a range of healthcare professionals to make sure people's day-to-day health needs were met. People readily accessed health services, and had staff support at medical appointments and routine health check-ups. Two of the people living at the home arranged their own medical appointments, with staff support, as part of taking responsibility for their own health needs. Staff monitored any changes or deterioration in people's health, and sought prompt medical advice or attention as needed. One person told us that, if they felt unwell, "They (staff) just take you to the doctor." A relative said, "Staff are very, very good at monitoring [person's name's] health. They have had a low number of hospital admissions due to this."

Is the service caring?

Our findings

People and their relatives told us that staff adopted a caring approach towards their work. They used words such as "happy", "nice", "professional" and "caring" to describe the staff team. They also felt that staff had taken the time to get to know people well, as individuals. One person told us that staff knew them, "like my mum and dad know me." A relative said, "I always think the carers are lovely. They really understand [person's name] and are very welcoming."

During our inspection, we saw that staff spoke with and behaved towards people in a warm and respectful manner. They engaged people in conversation on topics of interest to them, like upcoming activities, and took interest in what people said. Staff showed concern for the people they supported. For example, one staff member was quick to offer reassurance to a person who had accidentally spilled a drink over the kitchen table.

People and their relatives told us the provider encouraged them to have their say about the care and support provided. When they expressed their views and opinions, they felt listened to by the provider. We saw the provider had taken steps to encourage people and their relatives to be involved in decision-making. For example, the management team had assessed people's individual communication needs and preferences, giving staff guidance on how to maximise their communication with each individual. The provider made use of alternative formats, such as easy-read documents, to make sure people had information in a way they could most easily understand.

Each of the people living at the home also had a key worker. A key worker is someone who acts as a focal point for the person and their relatives, ensuring their individual requirements are met. People described how their monthly meetings with their key worker enabled them to talk about the things that mattered to them. One person explained, "We do a key worker meeting – me and [staff member's name]. We just talk about anything, including my care plans sometimes."

People's relatives felt staff treated their family members living at the home with dignity and respect. They praised the manner in which staff respected and promoted each individual's independence. One relative told us, "I think [person's name] acts more independently here than at home. I can see their independence is higher here." Another relative said, "[Person's name] is still progressing and learning new things." Staff described to us how they encouraged people to complete routine activities, such as washing, dressing and household chores, as independently as possible. Staff understood the importance of protecting people's rights and treating them in a respectful manner. They gave us examples of how they put this into practice, through respecting people's choices, protecting their modesty during personal care and safeguarding their personal information.

Is the service responsive?

Our findings

People's relatives felt the provider shaped the care and support provided around the individual needs of their family members living at the home. A relative told us, "They (staff) do incredibly well. They're very respectful of people and understand the differences between each of them. They're treated as individuals and not lumped together." Another relative said, "Although they (provider) have changed staff over the years, they provide personalised care that always serves the individual."

To ensure people received personalised care and support, the provider actively encouraged people and their relatives to be involved in care planning. As part of this, people and their relatives were invited to attend annual care reviews with the registered manager and, where possible, other relevant health and social care professionals. Key workers also met with people on a monthly basis to discuss and review their care plans. A relative told us, "I've got as much involvement as I want. We've had regularly reviews with the social worker, manager and carers." This person went on to say, "[Person's name] is very much at the centre of decisions." Another relative said, "They do take me into consideration. They take my advice as I know [person's name] better than anyone."

The care plans produced reflected the input people and their relatives had had in their development. They detailed people's individual needs, preferences, personal goals and their future plans. The care plans we saw also placed an emphasis upon individuals' strengths, abilities and their achievements to date. Staff told us they were given the time to read, and made use of, people's care plans in order to know how people liked to be supported.

People spoke enthusiastically about the varied ways in which they spent their time, doing the things they liked to do. One person told us, "I like colouring, jigsaws, walking around the trim track, Triangle Club and watering the plants a bit." Another person included gardening and trips to the pub and café in their list of favourite activities. Staff supported people to take part in social activities and access educational courses of their choosing. A relative told us, "They (provider) are very keen to tailor-make activities for [person's name]. There's no temptation to push people off together to do the same things." During our inspection, one person was doing some food shopping with staff, whilst another joined in an activity run from a local smallholding. The provider employed an activities coordinator to help staff to organise activities that required additional planning.

People and their relatives were clear about how to raise any concerns or complaints with the provider. The provider had put in place a formal complaints procedure to make sure all such matters were handled fairly. One relative talked positively about the way in which the provider had handled a previous complaint, adding, "It was dealt with very quickly and properly." The provider's complaints procedure included information on how to pursue complaints outside of the home, if people were unhappy with the provider's response. People also had access to an easy-read version of the complaints procedure to support their understanding of how to complain.

Aside from complaints, the provider also actively encouraged people and their relatives to give feedback on

the care and support provided. Staff organised regular house meetings for the people living at the home. These meetings provided a forum for people to express their views, ideas and suggestions. We saw that the provider recorded and acted upon the feedback given at these meetings. The provider also distributed annual feedback surveys to people and their relatives to further capture their views on the service. The results from these surveys, and any subsequent action taken by the provider, were shared with people and their relatives.

Is the service well-led?

Our findings

The provider promoted a positive culture within the service, based upon an open, ongoing dialogue with people, their relatives and the staff team. People and their relatives felt the management team were approachable and had faith in them. They knew they could speak to the registered manager or another member of staff whenever they needed to. On the subject of the management team, a relative told us, "I've always been supported and listened to." This person added, "I have absolutely nothing negative to say. They (management) do a wonderful job." Another relative praised the hands-on approach of the team manager, and the willingness of the registered manager to listen to and address any issues.

Staff also spoke positively about the management team. They felt well supported in their job roles and were clear about their duties and responsibilities. Staff had a sense of shared purpose with the provider and felt their opinions mattered. The team manager informed us that staff had received training on the provider's whistleblowing procedure. The staff we spoke with felt confident about challenging practice and bringing any issues or concerns to the attention of the management team. One staff member told us, "You can have your say; they're really open. You feel comfortable raising things."

During our inspection, we met briefly with the registered manager, who had to leave due to having worked the previous night shift. We spoke in greater depth with the team manager who supported the registered manager in the day-to-day management of the home. The team manager spoke enthusiastically about their work, and understood the duties and responsibilities associated with their post. This included the need to tell us about important events at the service. They felt they had the resources and support they needed to develop the staff team and move the service forward. The team manager explained how the service maintained strong links with the local community through supporting people to access a wide range of community-based services and facilities.

The provider had developed a range of quality assurance systems to assess how well the service was meeting people's individual needs. These included regular audits on specific aspects of the service, such as the management of people's medicines, health and safety arrangements and infection control. The registered manager carried out their own periodic quality checks, as did the provider's internal quality team. The team manager was able to describe a range of improvements resulting from these quality checks. These included improved assessment of the risks to individuals, better standards of cleanliness and greater choice for people about what they ate and drank. During our inspection, we saw evidence of the specific areas of improvement referred to.