

## Parkcare Homes (No.2) Limited

# Georgina House

### Inspection report

20 Malzeard Road,  
Luton,  
Bedfordshire  
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Tel: 01582 456574

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## Ratings

### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

## Overall summary

The inspection took place on the 16 October 2015 and it was announced. We last inspected the service in April 2014 and had found them to be meeting each of the standards we assessed.

The service provides accommodation and personal care for up to three people with learning disabilities and autism. At the time of our inspection, there were three people using the service.

The home has a Registered Manager in post. 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 & Social Care Act and associated regulations about how the service is run.

People were kept safe and had detailed and personalised care plans in place to meet their needs. Risk assessments had been completed to ensure that staff were able to keep people using the service safe. The service employed enough staff to meet people's needs. Medicines were managed safely.

# Summary of findings

People enjoyed a varied and personalised menu, with food that met both their nutritional and cultural needs. People were supported to attend all relevant healthcare appointments.

Staff were knowledgeable and enthusiastic about the people they supported. People and their families were actively involved in care and support planning.

People's dignity and privacy was respected and confidential information relating to people's care was stored securely. Interactions between staff and people using the service were positive and caring.

Staff, relatives and people using the service spoke highly of the management team. The service had robust systems in place to monitor the quality of people's care, with regular audits by senior management.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Staff were trained in safeguarding and knew how to identify and report any concerns.

The service had sufficient numbers of staff to meet people's individual needs.

People's medicines were managed appropriately and stored correctly.

Staff did not begin their employment until recruitment checks had been completed.

Good



### Is the service effective?

The service was effective.

Staff had undertaken training which was relevant to their role and enabled them to support people using the service effectively.

People had choice over their food and drink and their nutritional and cultural needs were being met.

People were supported to attend regular healthcare appointments and had involvement from healthcare professionals to ensure their continued welfare.

Good



### Is the service caring?

The service was caring.

People's dignity and privacy was respected by staff.

Interactions between staff and people using the service were positive.

Staff demonstrated a good understanding of people's needs.

Good



### Is the service responsive?

The service was responsive.

People were supported to undertake a variety of activities inside and outside of the home.

People and their relatives were supported to make decisions and contribute to the planning of their care as much as possible.

The provider had an effective system to handle complaints.

Good



### Is the service well-led?

The service was well-led.

People spoke positively about the management team and felt they were approachable and supportive.

There were systems in place to monitor quality within the service through regular audits.

There was a positive culture within the service which empowered staff and supported them to feedback ideas about improvements that could be made.

Good



# Georgina House

## 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 16 October 2015 and it was announced. The provider was given 24 hours' notice because the location was a small care home for adults who are often out during the day and we needed to be sure that someone would be in.

The inspection was undertaken by one inspector.

Before our inspection we reviewed information we held about the service including notifications and other

information received from the provider. A notification is information about important events which the provider is required to send to us. We also reviewed local authority inspection records. -

During the inspection we observed staff supporting people using the service. Due to the complex needs of some of the people using the service, we were only able to speak with one person. We also spoke with two care staff, a senior care staff and the acting manager. The registered manager was on holiday during the inspection.

We reviewed care records for all three people using the service, looked at two staff files and reviewed records relating to how medicines were managed, training, quality audits, maintenance and staff meetings.

We spoke with three relatives following the inspection to obtain their feedback on the service. We also received feedback from social workers and healthcare professionals involved in the service.

# Is the service safe?

## Our findings

The person we spoke with told us that they were safe. They said, “Yes I’m safe at Georgina House.” They told us that there were enough staff working in the service. A relative we spoke with told us that they felt their family member was kept safe at all times.

Staff we spoke with showed a good level of understanding of safeguarding and whistleblowing procedures. They demonstrated awareness of how to raise and report concerns, and the home displayed clearly the relevant contact details of the local safeguarding authority and senior management team. We saw safeguarding and whistleblowing policies which detailed the steps for members of staff to take if they had any concerns about people’s safety.

Risks to individuals were detailed within their support plan and we saw behavioural management plans for each of the people using the service. These detailed triggers for each person and ways to support them and others to remain safe both inside and outside the home. Staff were able to identify risks to people and told us how these were managed. For example where a person required support with road safety, there were detailed assessments in place to instruct staff on how to keep the person safe while crossing roads in the community.

Staff files we reviewed demonstrated that robust recruitment checks had been undertaken before staff commenced employment. References had been sought from previous employers and Disclosure and Barring Service (DBS) checks were in place to ensure that staff were safe to work with people using the service. We saw an induction programme for new staff that included identified training needs and a period of working alongside experienced staff before commencing work in the service. This showed that people were supported by staff who were trained and competent. The service operated an ‘on-call’ system that ensured that additional staffing was available in case of an emergency. At the time of our inspection the service did not use any agency staff.

We reviewed staffing rotas for August, September and October this year and found that there were enough staff on duty to meet the needs of people using the service. Staffing was based around the day-to-day activities of people living in the service. For example on the day of our inspection, there was extra staffing to allow people using the service to attend horse-riding. The service usually deployed a minimum of two staff during the day and one member of staff in the evening and during the night, but this varied depending on people’s individual activity schedules.

The service undertook regular internal health and safety audits and had environmental risk assessments in place to ensure the safety of people who lived there. We saw personal emergency evacuation plans in place for each of the people using the service. These were personalised to enable staff to support each person in the case of unforeseen circumstances. There were also regular checks undertaken on equipment used within the home, including fire equipment and gas appliances. The records had been fully completed and up to date.

Accidents and incidents were recorded and appropriate action taken to ensure that any risks were minimised. The service reported incidents monthly and kept an internal audit of any actions taken as a result.

Medicines were kept securely locked in a cabinet in the staff office and there was a separate lockable cabinet for spoiled or unused medicines to be returned to the pharmacy. Daily handovers included a count of the medicines each day and both cabinets were regularly audited to ensure that any medicines kept within the service were in date. Staff training records showed that all staff had received training in medicines administration and had undertaken a competency assessment with a member of the management team. Medicines Administration Record (MAR) sheets were complete and up to date. This demonstrated to us that people were given medicines safely.

# Is the service effective?

## Our findings

One person using the service told us, “I like living here, I get on with all the staff and they look after me.” One relative we spoke with felt that the staff knew how to support their relative well.

Staff were able to demonstrate that they had a good level of understanding of the needs of people using the service. Some of the people using the service were not able to communicate verbally and we observed that staff understood their individual communication methods. The only person who could speak enjoyed coming to join in with conversations in the office. Staff explained to them our role and involved them in the discussion.

Staff files showed that they had been receiving regular supervision and annual performance reviews from the management team. Each member of staff had received an induction program and training that was specific to their role. For example, we saw evidence that staff had attended training in autism awareness, intensive interaction, person-centred planning and had also been given the opportunity to undertake Level 2 and 3 National Vocational Qualifications (NVQ) in health and social care. A member of staff told us; “The training here is very good. We are given opportunities for specialist training and I enjoyed attending the sessions.”

Staff also demonstrated good knowledge of the Mental Capacity Act 2005 and understood the principles behind consent to care. We saw support plans that included

detailed information about how people were supported to make decisions and this included ways to communicate these. We saw mental capacity assessments in support plans and appropriate Deprivation of Liberty Safeguards (DoLs) applications had been authorised by the local authority. These demonstrated to us that staff had considered the rights of people who were under supervision and taken appropriate action to ensure this was in their best interest. People were also asked for their permission before we looked in their bedrooms and we observed staff knocking on the doors to ensure that people gave consent before entering.

We spoke with a person using the service who told us they enjoy the food. They said, “I like the food, especially fish and chips.” The service used a communication board in the hallway which displayed a detailed menu for the week ahead and included a range of nutritional and varied foods. Staff told us that people had choice over the food they ate and were involved in the preparation of the menu each week. All three people using the service had varying dietary needs in line with their cultural needs and this was catered for by the service. Support plans detailed lists of food preferences for each person to ensure that they ate food they enjoyed.

We saw healthcare records that demonstrated that people were being supported to attend healthcare appointments regularly. These included healthcare appointments at local clinics and dentists and showed us that people were being supported to maintain good health.

# Is the service caring?

## Our findings

The person we spoke with was positive about living at Georgina House. They said, “I really like it here, I like the staff.” One relative we spoke with said that the staff were very caring. We observed that staff were always kind and considerate to people being supported and the home had a pleasant atmosphere. Staff told us about the progress that people had made since moving to the home and demonstrated a commitment to improving their independence and quality of life.

We saw support plans which detailed people’s choices and preferences and saw that these were regularly reviewed and updated with the input of the people using the service and their families. Staff were able to tell us about people’s personalities and activities they enjoyed and appeared knowledgeable and person-centred in their approach.

The service held a “Your Voice, Your Life” meeting every month which gave the people using the service an opportunity to air their views. For example, one person had expressed a desire to go to church and the service demonstrated how they had met this need through activity records. These meetings took place with the individual’s

key worker and people’s communication needs were met through the use of pictures and objects of reference. We saw evidence that annual reviews took place with the person being supported by their family members and that people had the opportunity to contribute to these. Team meeting minutes showed us that family input was valued and sought, and that where possible, people had the opportunity to participate.

We saw scrapbooks that had been put together by the staff working in the service with photographs and sensory objects that people could touch. These included details of activities that people had taken part in, which staff could read through with them. This showed us that staff took a caring approach to helping people to celebrate achievements and significant moments in their lives.

Staff demonstrated good knowledge of confidentiality and we observed them closing doors and talking quietly and respectfully when discussing issues relating to people being supported. Information stored within the service, relating to people’s support and health was kept securely. We observed people being spoken to in a way that was respectful and promoted their dignity.

# Is the service responsive?

## Our findings

Relatives we spoke with were enthusiastic about the service and told us they were involved in support planning and reviews for their family member. One relative told us, "He gets to do what he likes and he's making real progress there. We had a review yesterday and he's doing well."

People using the service were encouraged to participate in household tasks as part of a weekly schedule to develop their independent living skills. A staff member told us, "We always try and get their views wherever possible."

People's care plans were reflective of their needs and were detailed and personalised to ensure that each person was receiving support that was individually tailored. For example, one person was described as being tactile and enjoying touch and we saw clear protocols to manage this in a positive and appropriate way for the person. Each person using the service had an assigned key worker who took responsibility for ensuring that their care records were up to date and regularly reviewed.

Each care plan included a section that detailed the person's social history, assessments of needs and preferences. Each person had a weekly schedule of activities that included domestic tasks in and around the home and a good mix of home and community based leisure activities. On the day of our inspection, all three people were going out together for horse riding. This was a regular scheduled activity each week, and daily records showed us that people often went out to activities in the community that were relevant to their interests. The service had good connections with another home nearby and regularly held activities which involved both sets of people living in each home. Staff told us that one of the people using the service was going on holiday to America for the first time without support.

Daily records showed us that people had the opportunity to go in the community most days and participated in tasks such as shopping and walking. We observed people going out multiple times during our inspection and they appeared to lead busy and fulfilling lifestyles. One person spoke to us about the things they enjoyed during the week and how they were supported.

The service had been tailored to meet people's individual needs. The environment was personalised and included pictures, decorations and design that was specific to the individuals using the service. The front hallway displayed the service user handbook on a screen so it was accessible for people to read and understand. One person's room had been adapted to include a walk-in shower which met their individual preferences. We observed people spending time together in the home and enjoying each other's company.

One person using the service and a relative of another person told us they would feel confident raising concerns or complaints with staff or management. One relative we spoke with told us that they had never had a reason to complain. They said, "I've never had any complaints, the staff are all good with my [relative]." We saw a complaints policy that detailed the procedure to raise a complaint and how people using the service could be supported to do so. This was also displayed in the office and on the screen downstairs.

We looked the records of complaints received and found two complaints from a person using the service. These had been raised through a member of staff and there was evidence that appropriate action had been taken to address the complaints on their behalf. There were contact numbers visible in the service for the local safeguarding authority and the Care Quality Commission.

# Is the service well-led?

## Our findings

The person we spoke with was positive about the management of the home. Staff were complimentary about the manager, the deputy and senior care staff. One member of staff told us, “The manager is very approachable, we have a great relationship.” People and staff we spoke with knew who the registered manager was and were complimentary about their approach. A person told us, “Yes, he is very fair.”

Staff said that the home had a positive culture and that people maintained good relationships within the service. They felt that they had opportunities to feedback ideas and suggestions and one member of staff told us, “I want to provide the best for the people here, we’re all like a family and they listen to my ideas.”

The management team appeared to be experienced, knowledgeable and demonstrated a good level of understanding of the requirements of the service. They were able to tell us extensively about people’s needs, preferences and activities they enjoyed. They took a ‘hands-on approach’ as we observed the manager supporting people during our inspection.

Staff were clear on their roles and responsibilities and had been delegated tasks individually within the service. For example, one member of the care staff had been given the task of ensuring all maintenance files were up to date and another had assumed responsibility for menu planning. This demonstrated that staff were valued and given opportunities in the service to develop their skills.

We looked at training records which showed us that staff had been on a variety of training to help them to develop a better understanding of people’s conditions and complex needs. Staff felt that their opinion was valued and that the home had a culture of developing internally. Staff turnover was low and three of the members of staff we spoke with had been with the provider for many years.

Team meetings took place regularly and we saw evidence that actions discussed in these meetings had been implanted in the service. For example, there had been a discussion about people changing rooms to allow for one person to have better access to personal care facilities. This had been explored with the person and their family and a risk assessment had been completed. The “Your Voice, Your Life” meetings that took place monthly included reviews of daily activities and gave people the opportunity to contribute to their care planning.

There were regular audits completed within the service by senior management. Administration processes, people’s health and welfare, care plans and medication were all routinely checked, and we saw evidence that actions recommended as a result of these audits had been completed. A recent local authority inspection had been completed and the service had been rated as “good”. The service used the Care Quality Commission’s own key lines of enquiry as a tool to ensure they were up to date with current regulatory standards.