

# Parkcare Homes (No.2) Limited

## Roseneath Avenue

### Inspection report

15 Roseneath Avenue  
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Date of inspection visit: 26 August 2015  
Date of publication: 12/10/2015

### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Good



### Overall summary

We undertook this unannounced inspection on 26 August 2015. Roseneath Avenue a care home which is registered to provide personal care and accommodation for a maximum of six adults. People living in the home have autistic spectrum disorder. At this inspection there were five people living in the home in their own self-contained flats.

At our last inspection on 26 November 2013 the service met the regulations we looked at.

The home did not have a registered manager. A new manager had recently been recruited. Like registered

providers, registered managers are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act and associated Regulations about how the service is run.

People who used the service had complex needs and communication difficulties. They did not express their views to us regarding the services provided. However, we observed that they were appropriately dressed and well cared for by staff who were attentive and caring.

We spoke with three relatives who informed us that people who used the service had been treated with

# Summary of findings

respect and dignity. However, the relatives concerned were not fully satisfied with some aspects of the service. This included the lack of communication with them and poor response to concerns expressed.

People's needs had been assessed. Staff had prepared appropriate and detailed care plans with the involvement of people and their representatives. People's healthcare needs were monitored and arrangements had been made for them to be attended to. We however, noted that appointments had not been made with the chiroprapist and dentist for people's needs to be assessed and attended to.

Staff were caring and knowledgeable regarding the individual care needs of people. A positive behaviour therapist provided guidance to staff on how to effectively support people with behavioural difficulties. The home had arrangements for encouraging people to express their views regarding areas such as activities and meals provided. People's preferences were recorded and arrangements were in place to ensure that these were responded to. There were arrangements for people to be engaged in activities both in the home and in the community. Some relatives however, stated that people did not engage in sufficient activities outside the home.

Staff ensured that the dietary needs of people were met and special diets were catered for. Staff were aware of the importance of promoting healthy eating. People had received their medicines. There were suitable arrangements for the recording, storage, administration and disposal of medicines in the home.

There were enough staff to meet people's needs. Staff had been recruited in accordance with the required procedure and provided with essential training to enable

them to care effectively for people. Staff had the necessary support and supervision from their managers and other senior staff. They were aware of the needs of people with autism.

Staff knew how to recognise and report any concerns or allegations of abuse. A number of allegations of abuse had been notified to the CQC investigated by the local safeguarding team. Management and staff of the home had co-operated with the investigations and action had been taken in response to the safeguarding action plan.

The home had arrangements for quality assurance. Regular audits and checks had been carried out by the manager and the regional manager. These reflected the CQC standards expected of care services. Relatives of people however, complained that staff were not sufficiently responsive and communication was poor. The home did not have adequate arrangements for responding to complaints and concerns by relatives or arrangements for them to meet and express their views regarding the running of the home and its impact on the care of people.

We found the premises were clean and tidy. The home had an infection control policy and measures were in place for infection control. There was a record of essential inspections and maintenance carried out. Risk assessments had been carried out and these contained guidance to staff on protecting people.

At this inspection there were two breaches of regulation relating to regulations 9 and 16, please refer to the "Effective" and "Responsive" sections of this report for details. You can see what action we told the provider to take at the back of the full version of the report.

# 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. The home had a safeguarding procedure and staff had received training and knew how to recognise and report any concerns or allegation of abuse.

Risk assessments contained action for minimising potential risks to people. There were suitable arrangements for the management of medicines. The staffing arrangements were satisfactory and the home had sufficient numbers of staff to meet people's needs.

The home was clean and infection control arrangements were in place.

Good



### Is the service effective?

Some aspects of the service was not effective. People who used the service were supported by staff who understood their care needs. People could see their doctor when needed. We however, noted that appointments had not been made with the chiropodist and dentist for people's needs to be assessed and attended to.

The arrangements for the provision of meals was satisfactory. People's nutritional needs and preferences were met.

Staff had received essential training and there were well supported by their managers. There were arrangements to meet the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Requires improvement



### Is the service caring?

The service was caring. People were treated with respect and dignity. People's privacy were protected.

Staff supported them in a caring and friendly manner and they were able to communicate effectively with people. We noted examples of good practice where staff made effort to support people and develop positive relationships.

Arrangements were in place for people to express their views and be involved in decisions about their care and support.

Good



### Is the service responsive?

Some aspects of the service were not responsive. Staff made effort to provide personalised care and support. Care documentation were detailed and took account of people's preferences and choices.

The home had an activities programme for each person. The home had one to one sessions where people could express their views and the details were recorded in the care records. A positive behavioural therapist provided guidance to staff on how to care for people.

Requires improvement



# Summary of findings

People and their relatives knew how to make a complaint if they needed to. Relatives however, complained that staff were not sufficiently responsive to their complaints and concerns and communication was poor.

## Is the service well-led?

The service was well-led. The quality of the service was carefully monitored by the new manager and the regional manager. Staff were aware of the values and aims of the service.

The results of a recent satisfaction survey of relatives indicated that improvements were needed in some aspects of the service. Social and healthcare professionals informed us that they had concerns regarding some aspects of the service.

The managers of the service acknowledged that there had been shortcomings in the service. They had responded to most of the concerns expressed and taken appropriate action to improve the quality of care.

Good



# Roseneath Avenue

## 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 checked 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.

The inspection took place on 26 August 2015 and it was unannounced. One inspector, one inspection manager and an “expert by experience” carried out this inspection. The “expert by experience” observed the care and interaction between staff and people in four of the flats and also spoke with staff. This included notifications and reports provided

by the home and the local safeguarding team. We contacted health and social care professionals and three of them provided us with feedback regarding the care provided in the home.

We tried to speak with people living in the home to obtain feedback from them. People had complex needs and did not provide us with verbal feedback. We also spoke with three relatives, six care staff, the maintenance person, a behaviour therapist, the new manager and regional manager. We observed care and support provided to people in their own flats and also looked at the kitchen, garden and laundry.

We reviewed a range of records about people’s care and how the home was managed. These included the care records for four people living there, four recent recruitment records, staff training and induction records. We checked the policies and procedures and maintenance records of the home.

# Is the service safe?

## Our findings

The service had suitable arrangements in place to ensure that people were safe and protected from abuse. One relative said, “Yes” when we asked if they felt safe in the home.” Another relative said, “My relative is safe.” All relatives we spoke with stated that enough staff to supervise and attend to people’s needs. We saw that staff were constantly supervising and observing people to ensure that they were safe.

Staff had received training in safeguarding people. Staff gave us examples of what constituted abuse and they knew what action to take if people who used the service were being abused. They informed us that they would report their concerns to their manager. They were also aware that they could report safeguarding concerns to the local authority safeguarding department and the Care Quality Commission.

Staff were aware of the provider’s safeguarding policy. They knew the provider’s whistleblowing policy and they said that if needed they would report any concerns they may have to external agencies.

People’s care needs had been carefully assessed. Risk assessments had been prepared. These contained action for minimising potential risks such as risks associated with the use of transport, antisocial behaviour and specific medical conditions. The home kept a record of accidents and incidents. We examined a sample of these and noted that they had been monitored and where appropriate guidance to staff for preventing a re-occurrence had been documented.

We looked at the staff rota and discussed staffing levels with the manager. We noted that in addition to the manager, there were usually at least seven care staff on duty during the day. During the night shifts there were usually three staff on waking duty. Relatives indicated that the home had sufficient staff to care for the needs of people. Some staff informed us that they worked without any formal breaks during the day shift. The regional manager stated that the manager had provided cover when breaks were needed. He also stated that the current shift system was due to be changed very soon and scheduled breaks would be included for staff.

The home had an appropriate recruitment policy and procedure which had been followed. Safe recruitment processes were in place, and the required checks were undertaken prior to staff starting work. This included obtaining a criminal records disclosure, evidence of identity, and a minimum of two references to ensure that staff were suitable and barred from working with people who used the service.

There were arrangements for the recording, storage, administration and disposal of medicines. The temperature of the room where medicines were stored had been monitored to ensure that they were within the recommended range. We looked at the records of disposal and saw that there was a record that showed medicines were returned to the pharmacist for disposal. The home had a system for auditing medicines. This was carried out internally by the manager and also by the regional manager. Staff responsible for administration of medicines had received training on the administration of medicines. We noted that there were no gaps in the medicines administration charts examined.

There was a record of essential maintenance carried out. These included safety inspections of the portable appliances, gas boilers and electrical installations. The fire alarm was tested weekly to ensure it was in working condition. Fire drills had been carried out for staff and people. The home had an updated fire risk assessment.

The home had an infection control policy which included guidance on the management of infectious diseases. We visited the laundry room and discussed the laundering of soiled linen with the manager. She was aware of the arrangements that needed to be in place to deal with soiled and infected linen to reduce the risk of the spread of the infection. The guidance for laundering of soiled linen and clothes was not on display in the laundry. The manager stated that this would be displayed. An infection control audit carried out prior to the inspection indicated that the home was clean and there were suitable arrangements in place.

# Is the service effective?

## Our findings

Relatives of people who used the service informed us that people could see their doctor when they needed to. One relative stated that staff had informed them when their relative had an appointment with their doctor. They also informed us that the nutritional needs of people had been attended to. We observed that staff assisted people and ensured that they had drinks and their meals.

We observed that people were appropriately dressed and they could move about freely in the home and they had access to the garden. Staff were pleasant and regularly talked with people. Staff demonstrated an understanding of care issues and how the needs of people could be met. Triggers and warning signs which indicated that people were upset were mentioned in the care records so that staff were informed and able to support people appropriately. When we discussed issues related to the care of people with autism, staff had an understanding of how to care effectively for people. This included engaging them in therapeutic activities, encouraging independence and supporting people to express their views in a safe environment.

Following concerns expressed by social and healthcare professionals regarding the competence of staff, the home had a comprehensive training programme to ensure that staff had the skills and knowledge to meet people's needs. Emphasis was placed on teaching staff communication skills and on assisting staff in how to manage behavioural in a positive way. A training matrix was available and contained the names of staff currently working at the home together with relevant training they had completed. Care staff informed us that they had done a course called "Foundation For Growth" and this contained essential training such as Health and Safety and Infection Control.

The previous manager and new managers of the home carried out regular supervision and annual appraisals. Staff we spoke with confirmed that this took place and we saw evidence of this in the staff records. This ensured that staff received appropriate support.

People had their healthcare needs monitored. There was evidence of recent appointments with their doctor and hospital professionals. We however, noted that there was no documented evidence of appointments with the chiropodist and dentist for people's needs to be assessed

and attended to. A relative informed us that their relative who lived in the home should have been attended to by a chiropodist but this was not done. Such appointments are needed to ensure that the needs of people can be attended to.

The manager informed us after the inspection that foot care was delivered by their staff to all people who used the service. If staff noticed treatment was required they arranged for a health appointment to be made.

Arrangements need to be in place to ensure that people who used the service have access to healthcare services. Failure to do everything reasonably practicable to make sure that people who used the service receive such person centred care and treatment is a breach of Regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The CQC monitors the operation of the Mental Capacity Act 2005 (MCA) and the DoLS. Deprivation of Liberty Safeguards (DoLS) which applies to care homes. When speaking with managers of the service, they demonstrated a good understanding of the Mental Capacity Act 2005 (MCA) and issues relating to consent. Staff had received training in this area. They were aware of the importance of ensuring people were involved in decision making. Where people were unable to make decisions, they were aware of the importance of involving people's representatives. The manager had a good understanding of the legal requirements related to DoLS. We noted that one person was subject to a DoLS authorisation while DoLS applications had been made for others.

The arrangements for meals were satisfactory and people were involved in choosing their meals. Staff told us that people could choose food they wanted to eat and people went out shopping with staff. One person was on a special diet due to their intolerance of some foods. We noted that there was guidance in this person's flat regarding what food they can eat. Care staff we spoke with were knowledgeable regarding the dietary needs of this person. The weights of some people had not been weighed monthly. One person had their weight recorded four months ago. The regional manager stated that this person did not have a problem with their weight or any nutritional problems so it did not need to be weighed monthly. He stated that if there were a

## Is the service effective?

problem then it would be weighed monthly. Staff were aware of the importance of promoting healthy eating and they stated that if a person lost a significant amount of weight, they would refer them to the doctor for attention.



# Is the service caring?

## Our findings

We observed that staff showed interest in people and were constantly present to ensure that people were alright and their needs attended to. Staff showed respect for them and talked in a gentle and pleasant manner to people. We saw care staff approached people and interacted well with them.

Our “expert by experience” found staff to be approachable, kind and able to form a relationship with people who used the service. During the inspection, we noted some outstanding interactions and this included care staff speaking calmly and quietly when engaging with people. We observed that when a person became agitated regarding a particular matter, care staff were able to help this person by diverting their attention. We also noted that care staff understood non-verbal communication and responded to the needs of people.

Staff were aware that all people who used the service should be treated with respect and dignity. We observed that staff respected people’s privacy and they knocked on bedroom doors before entering. When a person was distressed, staff were understanding and checked with people if they were alright.

The home had a policy on ensuring equality and valuing diversity and staff had received training in Equality and Valuing Diversity. It included ensuring that the personal needs and preferences of all people were respected regardless of their background. Information regarding people’s past history and social life were documented in their records. Communication profiles had been completed and these contained information to assist staff communicate with people. Staff said they had to read this to help them know about people. We saw that people also had a ‘Communication Dictionary’. This was useful in helping people identify items and topics they wanted to draw attention to when communicating with staff. Staff informed us that when they went shopping they had a list of the foods that people liked or will eat. People could also pick food and put it in their shopping trolley.

Staff carried out assessments of people’s care needs with their help. These assessments contained details of people’s background, care preferences, choices and daily routines. Care plans were up to date and had been evaluated by staff and reviewed with people, their relatives and professionals involved.

Staff we spoke with informed us that they respected the choices people made regarding their daily routine and activities they wanted to engage in. Staff held regular one to one sessions where people could make suggestions regarding their care and activities they liked. We noted that care staff assisted people make choices regarding what they wanted to eat and clothes they wanted to wear. Care staff put out boxes of cereals for people to choose what they wanted for breakfast. Clothes were also laid out for people to choose from, although in one instance the selection was limited.

All flats contained a bedroom for the person who used the service. This meant that people were able to spend time in private if they wished to. Flats and bedrooms had been personalised with people’s photographs, ornaments and musical items to assist people to feel at home.

The home had aids and adaptations for people. There was a ramp leading to the front door for people who used wheelchairs. There was a walk- in shower and grab rails in bathrooms and toilets.

The bedroom of another person was quite bare and there was no bed linen covering the mattress. We were informed that this person did not want such items in their bedroom. We however, noted that staff had not explored the possibility of encouraging this person to use bed linen or fabric he liked and could use. This is needed for hygiene reasons. The regional manager stated that this would be looked at with the help of their positive behavioural therapist so that a relevant care plan could be prepared.

# Is the service responsive?

## Our findings

The feedback we received from three relatives and two professionals indicated that staff were not always responsive and some of their concerns had not been addressed. One relative said it was difficult to get information from carers regarding the progress of people and managers were not always around. A professional said people lacked activities and appeared bored. The regional manager explained that the home had noted the criticism and action had been taken to address concerns expressed.

The home had a complaints procedure and a complaints book. Staff we spoke with knew what to do if they received a complaint. They said they would inform the manager and record it. No complaints had been recorded since the last inspection. The regional manager explained that no formal complaints had been received. The three relatives we spoke with informed us that they had made complaints within the past year and also expressed concerns to staff at home regarding some aspects of the care provided. These concerns included the lack of communication with them, not been provided with update regarding activities, financial records not available for examination and poor response to concerns expressed. Some of these concerns had also been brought to the attention of senior staff of the company. We further noted that following concerns expressed, social and healthcare professionals recommended in June of this year that relatives be provided the opportunity to meet with the home's management so that they can provide feedback and improve the care provided. We were informed by the regional manager that this had not yet occurred.

The regional manager stated that the complaints may not have been formal complaints and were therefore not recorded in the complaints book. He stated that he would ensure that the new manager contacted the relatives concerned so that these concerns and complaints can be responded to. He also stated that a family day would be arranged and an audit of the finances of people had been carried out recently.

Failure to establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by relatives or representatives of

people who use the service in relation to the regulated activity is a breach of Regulation 16(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People living in the home were under the age of 25 years. They were on transitional placements and the aim of their placement in the home was for them to improve their abilities and move to supported living arrangements. Staff we spoke with were aware of the need to encourage people to be as independent as possible. They were aware of the individual needs, likes and dislikes of people.

Comprehensive assessments of people's care needs had been carried out with their help and the help of their relatives. These assessments contained information regarding people's background, behaviour, positive aspects about them, preferences, choices and daily routines. People who used the service had a care plan that was personal to them. The care plans were up to date and addressed areas such as people's personal care, nutrition and activities that people can participate in.

People's care records contained a section on how to communicate with people. Staff told us that they had received training on how to communicate with people and this included verbal and non-verbal communication. We noted an area of good practice. A positive behaviour therapist provided guidance to staff on how to effectively support people with behavioural difficulties. Incidents affecting some people were carefully recorded and analysed. These included which staff were on duty and the time of day. A strategy was then prepared and staff informed of how to support people so that disruptive behaviour could be avoided. Staff organised weekly one to one sessions with people to encourage people to express their views and review people's progress.

Various activities had been organised in response to their preferences and individual needs. We observed that one person went out to a day centre in the morning and returned in the afternoon. Two people went out for walks with staff. Our expert by experience noted that care staff made arrangements for a person to engage in painting and this person appeared to enjoy the activity. Other activities included listening to music, watching videos, walks in the park, swimming, arts and crafts, attendance at day centres and board games. Details of each person's weekly activities programme were displayed in the flats of people. We were informed by care staff that it was difficult to arrange

## Is the service responsive?

activities outside the home for some people as they sometimes did not want to use the transport provided. This therefore meant that they could not participate in some activities. Staff stated that they were awaiting guidance from the positive behavioural therapist on how to assist the person concerned.

One healthcare professional informed us that staff were caring. However, there was a lack of activities and staff were reactive rather than proactive in their approach. Another healthcare professional state that people were not encouraged to be as independent as possible. The regional manager stated that these previous concerns had been

responded to and appropriate action had been taken to improve the care provided. From her observations our expert by experience noted that effort had been made by staff to ensure that people were well cared for and this included being attentive and responsive to the needs of people. We were also informed by another social care professional that the provider had taken action to improve care and respond to concerns expressed. We noted from examination of care records and discussions with the positive behavioural therapist that the care provided to people was closely monitored to ensure that staff were providing care which met the needs of people.

# Is the service well-led?

## Our findings

The previous registered manager left her post in May 2015 and the service had recruited a new manager. The new manager was knowledgeable regarding her role and responsibilities. Senior management support was provided by the regional manager who visited the home each week and was in regular contact with the home. The regional manager was present during this inspection and provided us with updates regarding the care of people both during the inspection and prior to it. The regional manager informed us of various action which had been taken to improve the management of the home and care of people who used the service. This had included attendance at meetings with local authority officers and taking action against staff who were not carrying out their duties effectively.

The home had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, working with people who have autism, care of people with epilepsy. Staff were aware of these policies and procedures.

Audits and checks of the service had been carried out by the manager and the regional manager of the company. These included checks on cleanliness, medicines and maintenance of the home. We saw evidence of the regional manager's quarterly audits and noted that they reflected the CQC's five questions (Is it Safe, Effective, Caring, Responsive and Well Led?).

The results of a recent satisfaction survey of relatives indicated that improvements were needed in some aspects of the service. The home had taken action in response to the findings.

Regular staff meetings had been held. The minutes of meetings indicated that staff had been updated regarding management issues and the care needs of people. A few staff stated that some strategies for people who used the service had not been fully explained to them and they would like to be better informed. We met with the positive behavioural therapist who was present on the day of inspection. She informed us that she was about to meet with staff to explain these to them.

Staff were aware of the values and aims of the service. They indicated that they worked to improve the quality of life of people who used the service by encouraging them to be as independent as possible.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

The registered provider did not do everything reasonably practicable to make sure that people who used the service receive appropriate dental services.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

The registered provider failed to establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by relatives or representatives of people who used the service.