Care Quality Commission

Parkcare Homes (No.2) Limited

Woodthorpe Lodge

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

This unannounced inspection was carried out on the 11June 2015.

Woodthorpe Lodge provides accommodation and personal care for up to seven people with mental health problems. At the time of the inspection there were seven people living in the home.

The service did not have 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 and Social Care Act 2008 and associated Regulations about how the service is run. A manager had been appointed and they were in the process of registering with CQC.

People were not always protected from avoidable risks. Risk assessments had not always completed. In some cases where there was a risk assessment it was not always followed. However, staff were aware of their duty

Summary of findings

of care to keep people safe and staff were trained to recognise and respond to signs of abuse. Information on whistleblowing was available to staff and they knew how to use it.

Medication was administered, recorded and managed appropriately.

The staff had appropriate training, supervision and support, and they understood their roles in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People had their nutritional needs supported. There was a variety of food available and people were included in shopping and menu planning.

People were supported to access health and social care professionals on a regular basis. People were supported to pursue their hobbies and to continue their relationships with their family members and friends.

Where possible people were involved in the decisions about their care and their care plans provided information on how to assist and support them in meeting their needs. The care plans were reviewed and updated regularly.

Staff were knowledgeable about the people needs and were caring, kind and compassionate in their interactions. People were cared for in a manner that promoted their privacy and dignity. People felt listened to and had their views and choices respected.

The service was managed in an inclusive manner that invited people, their relatives and staff.to have an input to how the home was run and managed.

The service had systems in place to assess, review and evaluate the quality of service provision. The majority of these were effective but they had not recognised the issues we identified in the management of risk.

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 not always safe.

Risk to people's safety was not always managed in a manner that protected the people from avoidable harm.

People told us that the home was safe. Staff were recruited safely. People's medicines were managed safely.

Staff were trained to meet people's needs. There were enough staff to provide the support people needed.

The provider's arrangements enabled the staff to raise concerns and for these to be acted on when people were at risk of abuse.

Requires improvement

Is the service effective?
The service was effective.

Where people lacked capacity, records showed that decisions had been made in their best interests.

People were supported to eat sufficient and nutritious food and drink and

had timely access to appropriate health care support.

The staff had received regular training and supervision to enable them to meet the needs of the people they supported.

Good

Is the service caring?
The service was caring

Staff were caring and respectful towards people. They promoted people's privacy and dignity and respected their wishes and choices for their care. promoted their privacy and dignity.

We observed positive and respectful interactions between the staff and people who used the service.

Staff we spoke with demonstrated that they knew the people they supported and that they understood their needs.

Relatives were encouraged to visit whenever they wanted.

Good

Is the service responsive?
The service was responsive.

People's needs were assessed and reviewed in a timely manner, and they were supported to follow their interests or hobbies.

Good

Summary of findings

Care plans were up to date and contained clear information to assist staff to care for people. This allowed care to be delivered in an individualised manner.

There was a complaints process in place for people to use.

Is the service well-led?

Requires improvement

The service was not always well led.

The quality systems in place did not always recognise and respond to shortfalls in the management of risk.

There was no registered manager in place but the new manager had submitted an application to become registered with CQC.

People were enabled to routinely share their experiences of the service and the provider used this information to improve the service.

Staff were well motivated and supported. They felt that their views were listened to and respected. They understood their roles and responsibilities.

Woodthorpe Lodge

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.

The inspection took place on 11 June 2015, and was unannounced. The inspection team consisted of two inspectors.

We reviewed information we held about the service. This included a review of the previous inspection and a review of the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We spoke with four people who used the service. We also spoke with one relative, four care staff, two visiting health care professionals and the acting manager. We also observed how care was being provided to people in communal areas of the home.

We looked at the care records for three people who used the service and reviewed the provider's recruitment processes. We also looked at the training information for all the staff employed by the service, and information on how the service was managed.

Requires improvement

Is the service safe?

Our findings

People who used the service told us that they felt safe. One person said "It's fine here." Another said, "Yeah I feel safe here." However we identified that people who lived in the home were not always kept safe from risk to themselves and to others. For example, personal risk assessments had not always been completed in a manner that contained enough information for staff to keep the person themselves safe, others who lived in the home and the staff team. By not completing the risk assessment staff did not have the necessary information to manage the risks associated with the delivery of people's car and support.

Where risk assessments had been completed these were not always followed. For example, a risk assessment identified that night staff should include one male member of staff. A review of staff rotas for the past seven weeks showed that this had not always been followed as two female staff members had been on duty at night Staff were unable to give us clear information on how they would keep people safe should an incident occur. People were not always protected from risk because risk assessments had either not been completed or were not being followed.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager had carried out assessments to identify and address any risks posed to people's safety from the home environment. These had included fire risk assessments and the checking of portable electrical equipment. There was an emergency information noticeboard that provided information to people and staff as to the actions they should take in the event of an emergency and the relevant contact numbers. The provider also had a business continuity plan in case of an emergency, which included information of the arrangements that had been made for major incidents such as the loss of all power or water supply. This meant that people were protected in the event of a foreseeable emergency.

We saw that there was a current safeguarding policy, and information about keeping people safe from the risk of harm or abuse was displayed on a noticeboard in entrance hall. The staff we spoke with told us that they had received training on safeguarding procedures and were able to explain these to us, as well as describe the types of abuse that people might suffer. One member of staff said, "I would go to the manager straight away and if I was unhappy with their response I would contact the [council] or the police." Records showed that the staff had made relevant safeguarding referrals to the local authority and had appropriately notified CQC of these when required.

There were sufficient staff on duty to meet the identified needs and wishes of people. The provider had started to address the issue in relation to the gender mix of the staff. This was important in protecting some people from identified risk. Staffing was calculated on the needs of the people for example some of the people needed more than one staff member with them to ensure they or the community were not at risk. A review of staff rotas showed that the staffing numbers were maintained which was important in maintaining the safety of people and staff.

People were protected by the provider having thorough procedures in place to recruit staff. Discussions with staff and a review of records showed that staff identity and security checks had been carried out before they stared working in the home. This included checks of their previous work and employment history. Disclosure and Barring Service (DBS) certificates had been obtained for all staff prior to starting to work in the home. This helped to ensure that only staff who were safe to work with vulnerable people were appointed. Staff confirmed that they did not take up their employment at the home until the appropriate checks such as, proof of identity, references and satisfactory Disclosure and Barring Service (DBS) certificates had been obtained.

People's medicines were safely managed. Two people were assessed as able to manage their own medicines. We saw lockable cabinets were provided in people's own rooms for the safe storage of their medicines to enable them to do this. Most people's medicines were administered to them by senior care staff, who were trained to do so. Their competency to administer medicine was checked on a regular basis. We also saw that people's medicines were appropriately ordered, stored and recorded. We observed staff administering medicines and saw that when people were offered their medicines, staff explained what it was for and gave the person time to take it at their own pace. A review of records showed that when medicines were refused, clear and detailed records were kept on the

Requires improvement

Is the service safe?

medication administration record (MAR). If a person continued to refuse their medicines, their GP was contacted so the person's health could be assessed and monitored.

When variable doses of medicines were given to people, the instructions for these were accurately recorded on their MAR. The reverse side of the MAR was used to record additional information about people's medicines that were prescribed to be given to them at the times they needed them. For example, relating to pain relief. This meant that people had received their medicines as prescribed by their GP.

Good

Is the service effective?

Our findings

Staff told us that where people were not able to consent to their care, the Mental Capacity Act 2005 (MCA) was followed. The MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves to their care, or make specific decisions about this. This meant that people had an assessment of their capacity to make decisions and, where necessary, a best interest decision was made for the care they needed. The mental capacity assessments were not always decision or time specific. However, the acting manager said that staff would review these. We saw that one person had the support of an independent mental capacity advocate to ensure a best interest decision was made. This meant that people's legal rights were protected.

The acting manager was aware of the procedure to follow in the event that staff needed to restrict a person's freedom in a way that was necessary to keep them safe. We were told that one person was subject to such a restriction, which had been formally authorised by the appropriate authority. This is known as a Deprivation of Liberty Safeguard (DoLS) authorisation. This showed that staff followed the DoLS as required for people's care.

Staff told us that there was a 'mandatory training' programme in place and that they had the training they required for their roles. One staff member told us that their training was, "Brilliant absolutely brilliant." They told us this was provided in a number of ways, by e-learning, distance learning books and face to face training and this was supported by records we checked. One member of staff told us they were completing additional training about how to care for people who were living with mental health problems. They explained to us how this had changed the way in which they delivered care and communicated with the people who used the service. We saw that they used the techniques they had learned as they interacted with people. Training included a five day induction period where new staff shadow experienced staff to gain knowledge. They were given time to read care plans prior to working alone with people. A review of training records showed that staff had the appropriate training to meet the needs of the people. This meant that staff, were equipped to care for people and to understand their mental health needs.

Staff told us they received regular supervision and felt supported in their roles. One member of staff told us, "I have supervision monthly and discuss how I am getting on and any training I want to do." Records showed that supervision meetings with staff were held with a designated senior staff member. A senior staff member maintained a schedule to enable them to quickly follow up on any training sessions that staff missed. Staff also had annual appraisal meetings at which developmental opportunities were discussed. This meant that staff were supervised and supported. This helped them to provide care that met with recognised practice. .

People told us that when there were changes to their care they were consulted and their consent gained. One person said, "Every time they do a care plan update I come in and sign it off." People told us that staff always asked for their consent before delivering their care. One person said, "They leave it up to you. They don't push but they do encourage us to occupy our time." Staff told us of ways in which they gained consent from people before providing care. One told us, "I talk it through with them. I say what I am planning to do and ask them if it is alright to go ahead." We saw people come and go throughout the inspection and where necessary people were accompanied by staff in line with their care plan. This approach to care was inclusive and showed care was provided in partnership with people.

People said they had plenty of choice of good, nutritious food that they liked. One person told us, "The food is very good. There is a choice and you just choose the one you want." "We can go shopping with the staff when they go." Another person said, "The food is very nice, it's what we want." We were told that people made their own lunches and snacks and that staff assisted them to cook a communal evening meal. The people we spoke with confirmed this. We saw people had access to snacks and drinks of their choice throughout the day. There was a selection of healthy food available. This ensured that the people had access to nutritious food and were in control of how and when they ate.

People told us they were assisted to access external health and social care professionals when they needed to maintain their health and well-being. During the inspection we saw that health care professionals called to the home. They assured us they had access to the people they needed to see and that their directions to ensure the person's health and welfare were followed. Records confirmed that

Good

Is the service effective?

people had been assisted to see a variety of health and social care professionals to promote their well-being. This included their GP, district nurse, social worker, optician and chiropodist. Visits by healthcare professionals, the reason for these and the actions taken had been recorded. This enabled staff to monitor people's health more closely.

A visiting health care professional told us that the person they were attending was well supported by staff and that staff were competent and understood the person's complex mental and physical health care needs. Another visiting health care professional told us that the staff always reported any concerns they had in a timely manner. This ensured the people had appropriate access to health and social care professionals to ensure the mental and physical health was promoted.

Good

Is the service caring?

Our findings

People using the service told us that staff were caring. We were told, “They listen to me,” “It’s like a family home, the staff team are brilliant.” and “The support I get is ok.” One person said “It’s really good here, I can come and go as I please and when I come back the staff check if I am ok; staff really care about me.”

Staff knew people’s preferences and care needs. They were able to tell us how they would support people with a range of different needs who lived at the home. We observed staff interacting with people throughout the day in a friendly and polite manner. People were included in decisions about their care. One person told us that, “I have a best interest meeting, but that’s ok, I get to say what I want and where I want to live”. Another person told us, “I can talk to any of the staff about my support. They are easy to talk to.” This meant that people’s autonomy and independence was promoted.

People were involved in how they spent their day. They had choice about when to get up and go to bed, what to wear, what to eat and what activities they wanted to do. There were arrangements in place to ensure that people had access to their families and friends and that they had access local community. For example, people were supported to visit family and friends and to go on holiday. This showed that the people were not isolated in the home and were able to continue friendships that were important to them.

Staff told us that all the bedroom doors had locks on the inside to give people privacy. We saw that staff knocked on people’s bedroom doors and waited to be invited in. People said that the staff were caring and that they felt respected by them.

People told us that their relatives were free to visit them at any time. One relative told us that the home had, “open door visiting.” This approach to care helped to ensure people were respected and their dignity promoted.

Good

Is the service responsive?

Our findings

People told us that their care needs were assessed and regularly reviewed. Discussions with staff and a review of records showed that this was done through continuous assessment of people's needs and wishes. This enabled staff to recognise and to respond quickly to people's changing needs. People had a plan of care and these were easy to read and contained good detail on people's needs and wishes. People told us that their preferences, wishes and choices had been taken into account in the planning of their care and treatment. The care plans we looked at confirmed this. Care had been taken to ensure staff were aware of people's life history before they came to live in the home. This helped staff to understand what was important to people and understand their individual care and support needs.

Throughout our inspection we noted the staff we spoke with demonstrated an awareness of the likes, dislikes and care needs of the people who used the service. Each person had a specific staff member, known as a key worker that they could go to if they had a problem. They had a one to one meeting with their key worker on a monthly basis. This meeting was used to reflect on the person's care and if there were areas that needed to be addressed. This meeting was to assist staff to be aware of people's changing needs and ensure that people were fully involved in the care and support being provided.

Where possible people were assisted to pursue their hobbies and interests. For example, one person liked to garden and the staff assisted them to pursue this. Another person liked to spend time away from the home with friends and family they were supported to do this. Another person liked to attend music 'concerts' and staff supported them to attend as many as possible. This showed that the home was proactive in assisting people to pursue their hobbies.

People were encouraged to share their experiences and the provider had many ways of consulting people on how the service was run. These included residents and relatives meetings where issues were raised and addressed. For example, staff had been rolling people's cigarettes and people said they did not like this and wanted to buy their own cigarettes. We saw people now had access to their own cigarettes which showed that people were listened to and their opinions respected.

People told us they knew how and who to raise any concerns or complaints to. Most people told us that they felt able and were happy to raise concerns and to speak about issues that bothered them. They said staff listened to what they had to say. Appropriate steps had been taken by the provider to ensure that people who used the service and those acting on their behalf could be confident that their complaints had been acted upon and investigated. There were effective systems in place to record, investigate and respond to people's complaints.

People using the service had complex needs and required their care to be reviewed from other visiting health professionals. Health professionals we spoke with confirmed that the home was proactive in identifying and meeting people's individual needs. They told us that the service had made 'remarkable' progress with one person and that the quality of their life had improved. Staff told us that they were very proud of the progress people had made and that they got great job satisfaction from seeing people get better and have a better quality of life. This showed that staff had been proactive in supporting and developing people's well-being and quality of life.

Requires improvement

Is the service well-led?

Our findings

The service did not have a registered manager in post. A manager had been appointed and at the time of inspection an application had been submitted to CQC for them to become the registered manager.

There were systems and checks in place, these included audits of care plans, risk assessments and checks of how people were assisted to be independent. We saw that care plans provided staff with clear information to enable them to support people in the manner they wanted. These care plans were reviewed monthly or sooner if the person's conditions changed so that they were offered the care they needed. However, these checks had not identified the shortfalls we found in relation to the identification and management of the potential risks to people in the provision of their care and support.

There was a management structure in place to support staff. Staff said this worked well and that they knew their role and responsibilities within it. One member of staff told us, "We have a good team here and we work well together". Another staff member said that they were well supported. They told us, "We have a confidential help line to support staff, which is great".

The acting manager knew people's care needs and operated an 'open door' policy for people. Throughout the inspection people had access to the senior team and we saw that they were welcomed by the staff.

The provider had systems in place to capture and act on people's views in order to provide and improve individualised care. These included regular meetings with people and staff and included regular reviews of care and welfare of people.

The provider had a quality monitoring system in place. This was used to help drive improvements in people's care. For example, staff training was regularly reviewed in light of the needs and wishes of people they cared for.

Incidents and accidents were recorded and investigated to enable the home to learn from them and to minimise the risks to people. This ensured they were as safe as possible while still promoting their independence.

Staff told us that they felt empowered to raise issues. The provider had a whistleblowing policy and how to use this had been covered in training. Information on who to call was available throughout the home should staff need to use it. Staff felt that there would be no need to use it as the had confidence the management team would respond to their concerns; however should this change, they would have no hesitation in using it. This meant that staff understood their duty of care to people their responsibility to report any issues that could put people at risk.

People told us that any issues they raised were taken seriously and investigated. Because the acting manager was available and listened to concerns, these were resolved straight away. This showed that the home had an open culture and was open to listen to and act on people's concerns.

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	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 CQC (Registration) Regulations 2009 Statement of purpose People who used services and others were not protected because the risk assessment s had not been completed in a timely manner and existing risk assessments had not always been followed. Regulation 12 (2) (a).