Parkcare Homes (No.2) Limited

95 Bromyard Road

Inspection report

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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 26 October 2015 and was unannounced. 95 Bromyard Road offers accommodation for up to six people with mental health needs. There were four people living at the home at the time of our inspection. We had the opportunity to talk with three people who lived at the home on the day of the inspection. We have therefore not used quotes within this report and the examples we have given are brief because we respect people's right to confidentiality. People had their own rooms and the use of a number of communal areas, including a kitchen, lounge, conservatory and garden areas.

A new manager had recently been appointed for the home and was seeking advice on becoming the home's registered manager. 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.

We saw that people were comfortable with the staff supporting them, and staff offered encouragement and reassurance to people when they wanted it. Staff knew

Summary of findings

how to support people so they were as independent as possible. Staff supported people to do the things they enjoyed and to keep in touch with friends and family in a safe way.

People's health needs were understood by staff, and staff arranged for extra support for people when they needed it. Some people liked the independence that looking after their own medicines gave them. Some other people preferred staff to help them with their medicines. We saw that these choices were respected by staff.

People received care and support from staff that knew their individual needs, and recognised when these changed. Staff were supported through regular supervision, and told us if they had any concerns for people's well-being they were able to get advice from senior staff or the manager. Staff had undertaken a wide range of training so they could support individual people well. People's consent was appropriately obtained by staff. Staff understood people had the right to make their own decisions and explained how they chatted to people so they were supported to make the best decision for them. Staff worked with other organisations to make sure they were protecting people's freedom and rights to make decisions themselves.

People were encouraged by staff to choose what they wanted to eat. Some people enjoyed preparing their food independently, and some people liked the company and reassurance of staff when making their meals. Staff knew how to support people if they had any particular dietary needs. Staff made sure people had the opportunity to obtain specialist help with their health. People saw a variety of health professionals so their health needs were met and they remained well.

People liked the staff who supported them and people enjoyed including staff in their daily lives. People's privacy and dignity were respected and people were supported to make their own choices and increase their independence. People were supported by staff to do the things they enjoyed. Staff acknowledged people's achievements. People liked the manager. Staff told us they were supported well by the manager and senior staff, so they were able to provide safe and compassionate care.

People's care was regularly reviewed and checked by the manager and the provider and changes had been made based on suggestions made by people living at the home.

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.

People were cared for by staff who had the knowledge and skills to protect people from harm. There was enough staff to keep people safe and meet their care and safety needs. People received medicines in safe way, and there were checks in place to ensure that people received their medicines when they needed it.

Good

Is the service effective?
The service was effective.

People were supported by staff who knew their individual risks and how to look after them. People were encouraged to be involved in making their own food choices and preparing their own meals. People received care they had agreed to. Staff supported people to make the best decision for them, and respected their right to make their own decisions.

Good

Is the service caring?
The service was caring.

People's privacy was respected, their dignity maintained and people were treated with respect. People's preferences about how care was delivered was listened to and followed.

Good

Is the service responsive?
The service was responsive.

People received care which met their individual needs. People and their relatives were encouraged to develop care plans which met people's needs.

Concerns were listened to and the provider took action when any concerns had been identified.

Good

Is the service well-led?
The service was well-led.

People had benefited from a consistent approach to care. Although the manager of the service had changed the values displayed by senior staff and care workers meant that people were listened to. Changes were introduced to further improve the service, so people benefited from living in a well-led service.

Good

95 Bromyard Road

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 26 October 2015 and was unannounced. The inspection team consisted of one inspector.

As part of the inspection we looked at information we held about the service provided at the home. This included statutory notifications. Statutory notifications include important events and occurrences which the provider is required to send us by law.

We used a variety of methods to see how well care was delivered. As part of the inspection we talked with three people who lived at the home, so we could find out about their experience of living at 95 Bromyard Road. We also spoke with one relative to gather their views about how well the staff cared for their family member. We spoke with four care staff and the manager so that we could find out how the home was run. We also spoke with Healthwatch and Worcestershire County Council's Quality and Contract Team.

We looked at two records about people's care and medicine administration records. We also looked at records and minutes of meetings with staff and people who lived at the home, and one staff recruitment file. We looked at quality assurance audits that were completed by the registered manager.

Good

Is the service safe?

Our findings

All the people who used the service told us they felt safe. One person described how staff helped them to stay safe when they were out of the home doing the things they enjoyed doing. For example, staff kept in contact with people at pre-arranged times to make sure they were safe and well. We saw people were relaxed when around staff and the atmosphere in the home was calm. One relative we spoke with told us they felt their family member was kept safe as a result of the care staff gave them, when they needed support to make decisions on staying safe. Staff told us about the way they helped people to make sure they were safe. For example, what they would do if they were concerned for people's safety when they were out doing the things they enjoyed. All the staff we spoke with told us it was important they knew what risks may affect people living at the home. This was so they could provide the right support to help people stay safe when they did the things that were important to them. We saw that staff had taken into account the individual risks that affected people and checked these as people's independence grew. For example, risks relating to people's health and anxieties.

All the staff we spoke with told us about the training they received helped them keep people safe. For example, one staff member told us how they made sure they were communicating in the way people understood, so people would be able to see if a decision they made would affect their safety. The staff member explained how they would offer advice and support so people would be able to make their own decisions but still stay safe. Staff knew what to do if they had any concerns for people's safety. For example, discussing concerns for people's safety with the manager or provider, or by getting advice from other organisations such as safeguarding teams. Plans would then be put in place to keep people safe. We saw staff worked with other organisations so people would be kept safe. For example, people and staff worked with mental health specialists, so that people would be less anxious and less isolated.

There was enough staff to meet people care and support needs. People and the relative we spoke to told us staff were available when people wanted support. All the staff we spoke with told us that there was enough staff to meet people's care and support needs. The manager told us that staffing levels were based on the individual needs of the people who lived at the home, and told us how they had put this into practice recently because a new person had come to live at the home. They had increased the number of staff hours to meet the care needs of the new person.

We saw there were enough staff to spend time chatting to people and to provide reassurance to people when they needed it.

We looked at how staff were recruited and saw that checks were undertaken by the provider before new staff started. The checks included obtaining two references and DBS, (Disclosure and Barring Service), so the manager knew staff had had appropriate clearance to work with people. We saw the manager was supported by the provider to make these checks. The manager and staff we spoke with told us they were not allowed to start working at the home unless the checks had been completed.

We saw some people liked to order their own medicines and take them when they chose, so they remained independent and well. People we spoke with told us they could have their medicines when they needed them. Other people living at the home preferred staff to administer their medicines. Staff we spoke with knew what they would need to do in the event of a medication error, so people's immediate care needs would be met, and lessons learnt. We saw that the staff kept clear records of medicines they administered, and that the medicines were checked every month. Medicines were kept securely by staff so people would remain safe.

Good

Is the service effective?

Our findings

People and the relative we spoke with told us staff had the right training and skills to care for people. Staff we spoke with told us they had the opportunity to undertake training which helped them to deliver care more effectively. For example, one staff member we spoke with told us about some of the training they had received which helped them to provide better emotional care to people living at the home, so people were more settled. Another staff member told us the mental health training they had received had made them feel more confident when they supported people, and people were more reassured because of this. We saw the manager kept records of the training staff undertook, and that training was monitored by the manager and provider. The training staff had access to reflected the type of support people living at the home needed. For example, one staff member told us that staff had undertaken diabetes training, so they would be able to support a person coming to live at the home more effectively. All the people we spoke with told us staff supported them when they were anxious. Staff had received training so people would receive support at the start of them becoming anxious. Staff told us this meant they did not have to use restraint with people except in exceptional circumstances.

All the staff we spoke with had a good understanding of how the Mental Capacity Act 2005 affected the way care and support needed to be given to people. For example, staff were clear people had the right to make their own decisions if they had capacity to make decisions. The manager had assessed people's capacity to make some decisions and considered if it was in some people's best interest for staff to make some decisions for them. The manager had followed the decisions made by the supervisory body and steps were taken to make sure people's rights were respected.

People told us they were able to choose what they wanted to eat and drink, and when and where they chose to eat. Some people told us they liked the independence of choosing and preparing their own food. Other people told us they preferred staff to help them. We saw the staff encouraged people to make their own decisions about what they wanted to eat and drink. Staff respected people's right to change their minds, knew people's food preferences and if they required any particular type of diet, so their health and well-being was maintained. We saw people either helped themselves to drinks or were supported by staff to enjoy drinks throughout our inspection.

People and the relative we spoke with told us staff helped people to maintain their health. Staff told us about some of the work they did with other agencies in order to support people to remain physically and mentally healthy and well. For example, one staff member told us they had developed effective ways of working with people's individual GPs, and community practice nurses. People then had timely access to these services when their health needs changed, so they remained well. Staff we spoke with knew about health appointments people were due to attend. We saw people had health plans, and that people's health needs were regularly reviewed, so they would remain healthy and well.

Good

Is the service caring?

Our findings

People we spoke with told us the staff were caring and they got on well with them. We saw staff took time to chat to people about things that were important to them, and that people were relaxed and comfortable around staff. We saw people sought staff's company. For example, one person invited staff members to share cake with them. Another person wanted to tell staff about how much they had enjoyed their day. We saw that staff listened carefully to people and took time to respond to people in a way that made them feel valued. Staff spoke warmly about the people at the home, and what they had achieved. We saw staff celebrated people's achievements with them, and people smiled when they were around staff.

People told us staff got to know them by chatting with them. One relative we spoke with told us staff had got to know their family member well. Staff had met with their family member several times before they moved to the home, so that they could find out about the best way to support them. The relative explained this had helped their family member to gain skills and confidence. Staff we spoke with knew about people's histories, preferences and goals. One staff member told us how they had nurtured and supported one person living at the home, and that the person's confidence had grown over the last year, and they were happier. The staff member explained they had developed a good rapport with this person, who quite often thanked them for the care they gave. This person now felt ready to start to think about moving on from the home so they could live more independently.

We saw that staff knew what personal items were important to people, and that staff chatted to people about these. People looked pleased when staff showed that they cared in this way.

People we spoke with told us they were encouraged to make decisions about their daily care. For example, what they wanted to do that day, and what support they wanted from staff. We saw staff listened to people's views and gave people time to make their own decisions. For example, if people wanted to go out to do things they enjoyed either on their own or with support from staff. We saw staff supported some people by helping them make costumes for special events, or reassured other people that they could make the decision to stay at the home rather than go out, if this was what they preferred to do. People also told us they made decisions about what they wanted to buy and wear and how their rooms were decorated.

People were treated with dignity and respect. People told us staff always knocked or rang their door bell to check they were happy to see them before they entered their rooms. We saw staff respected the decisions people made about where they wanted to sit, and if they wanted doors opened or closed, so they were less anxious. People and staff told us how they supported people to maintain links with their families and people who were important to them. For example, by making sure that people had the chance to see their friends in a safe way.

Good

Is the service responsive?

Our findings

People we spoke with told us they received the support they needed from staff to do the things that were important to them. For example, we heard how one person had been supported to take up volunteering opportunities, and how another person was preparing to move on from the home in a planned way. We saw staff supported people to make their own decisions about taking part in things they enjoyed doing.

Staff knew what individual people's support needs were, and told us how they worked with people to make sure they were getting the care they needed, as people's needs changed. For example, some people liked to write their own care plans, so their care would be delivered in the way they liked. Other people told us they preferred to chat to staff about how they wanted their care delivered, rather than be too involved in their care planning records. We saw care plans were regularly reviewed, and changes in people's level of independence was celebrated with people. For example, one staff member told us how they had cared for one person living at the home, and that the person's confidence with other people and new situations had grown over the last year. This was reflected in the person's care plan, and we saw the person was now doing the things they enjoyed in a more independent way. The relative we spoke with told us they were comfortable talking to staff about their family member's changing support needs. The relative explained that they did not have to wait until care reviews to do this, but could talk to staff whenever they needed to. In this way, their family member received care that reflected their current needs.

Staff checked how people felt about the support they received, either at "Your Voice" meetings, where all the people living at the home were invited to make suggestions for improving the care, or at individual care plan reviews. People and staff told us about some of the changes that were happening at the home as a result of the feedback from people. We saw some of the suggestions made by people had been acted upon. For example, people we spoke with told us they had made suggestions about how the home was decorated. Another person we spoke with told us that when their care plan had been reviewed they had asked staff for extra help to live independently. Staff had responded to their request for assistance and they were now in being supported to move out of the service in a planned way. Staff told us that the meetings and reviews gave them the opportunity to make sure people were receiving the care that was right for them. Staff that we spoke with told us they kept up to date with people's changing daily needs through sharing information at shift handover. In this way, staff knew how to care for people and meet their needs as they changed. We saw that staff worked in a flexible way so that people received the care they needed and felt supported. For example, adjusting plans with people so that they could do the things that were important to them.

People were supported to visit friends and maintain contact with people they chose to. One person we spoke with told us staff were always welcoming to their relatives, and that they could chat privately with their relatives when they visited. The relative we spoke with confirmed their family member regularly met with them and other family members. Staff explained how they encouraged people to maintain friendships in a safe way so people enjoyed a sense of well-being.

All the people we spoke with told us that if they had any concerns or complaints they were comfortable to raise these with staff. One person we spoke with confirmed they had raised a complaint and that staff had followed this up with them. All the staff that we spoke with told knew how to support people if they wanted to make a complaint. One member of staff we spoke with told us how they would support people if their complaint was not upheld. For example, by making sure that they communicated why the complaint had not been upheld in a way that the person would understand. The relative we spoke to confirmed they had not needed to make any complaints about the care their family member received. The relative told us that this was because if there were any concerns they were discussed immediately with staff and resolved. We saw there were systems in place to investigate concerns and complaints if people were unhappy about the care they received. We checked records and saw staff followed up on any concerns promptly, and explained why certain actions had to be taken. For example, to keep people physically well. We saw there was information in the reception area of the home which let people know how they could make any complaints, either directly with staff or through the provider.

Good

Is the service well-led?

Our findings

There was not a registered manager in post when we inspected, however, the provider was taking reasonable steps to remedy this. The provider had recently taken the decision that the home would have its own registered manager. Previously, one manager had been in post covering the home and another local service. The provider had recently appointed a new manager for the home who knew the people, staff and service well. The new manager was seeking advice on how to become a registered manager with CQC.

People we spoke with had developed positive relationships with the manager. All the people spoke warmly about the manager, and we saw people smile when they saw her. We saw the manager chatting in a relaxed way with people and staff, and during discussions with a relative. The relative that we spoke to was positive about the way the home was managed and the care their family member received. Staff told us they enjoyed working at the home, and several staff told us they felt the staff team worked really well together, so people received the right care. All the staff we spoke with told us they felt supported by the manager, and had the opportunity to talk through any concerns for people either immediately or at staff team meetings. Staff we spoke with told us the manager made sure that there were effective relationships developed with other organisations. For example housing, and health professionals, so that people would be able to move on from the service in a planned way.

The relative we spoke with told us that although there had been a number of changes of manager in 2015, this had not affected the care their family member received. The relative told us this was because the values of the staff and people in charge of the home had remained the same. In this way, people had continued to receive their care in a consistent way, which supported them to move on from the home in the way that was right for them. Staff we spoke with told us the manager encouraged them to be open and honest with the people living at the home, so they could make informed decisions about their care. We saw this value was encouraged by the manager and the provider. For example, staff had been made aware of the provider's requirement to be open, particularly when people were anxious or wanted to raise a concern. We also saw the provider's approach to sharing information with people in an open way was promoted to staff through guidance which was prominently displayed in the reception area of the home.

People's care was regularly reviewed by the manager, so the manager knew how to respond to people's needs. For example, the manager arranged staff training to meet the specific needs of people about to come to live at the home.

The manager told us they felt supported by the provider. For example, the provider had listened to recent suggestions made regarding the structure of the management team at the home. People and staff told us the provider's regional manager visited the home regularly. We saw that both the manager and the provider had systems in place to check the quality of the service. These included checking actions required had been taken after "Your Voice" meetings. We also saw the provider undertook regular internal audits on the quality of the service, including checking people's care plans were up to date, so they would receive the right care. The provider also looked at incidents, complaints, safeguarding information and support given to staff. Action plans were developed, so any lessons would be learnt and the service further improved.