CareQuality Commission

Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

The Old Rectory

27 Stallard Street, Trowbridge, BA14 9AA

Tel: 01225777728

Date of Inspection: 17 April 2014

Date of Publication: May 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Standard	Outcome
Care and welfare of people who use services	✓ Met this standard
Cooperating with other providers	✓ Met this standard
Safety, availability and suitability of equipment	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Parkcare Homes (No 2) Limited
Registered Manager	Ms Teresa Hibbs
Overview of the service	The Old Rectory in Trowbridge, Wiltshire provides care and support for up to 8 people with a learning disability, autistic spectrum disorder.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 17 April 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information sent to us by other authorities.

What people told us and what we found

A single inspector carried out this inspection. The focus of the inspection was to answer five key questions; is the service caring, responsive, safe, effective and well-led? Below is a summary of what we found. The summary describes what people who used the service, their relatives and the staff told us, what we observed and the records we looked at.

If you want to see the evidence that supports our summary please read the full report.

This is a summary of what we found:

Is the service caring?

Staff told us they knew people well and for those people who were unable to communicate verbally, were aware of people's wishes and how they were feeling through body language, eye contact and specific routines. We observed staff interacting with people and found there were many examples of positive interactions where staff were kind and attentive. People were encouraged to do things at their own pace and staff were patient. Most staff were respectful towards people, however we found that one member of staff did not offer support when a person's dignity was compromised. We have advised the provider of this incident.

Is the service responsive?

The home provided services for people with a high level of need and records clearly demonstrated how care and support should be provided in line with people's wishes. People's weekly activity timetables had been devised around their personal preferences and activities which they enjoyed. People were able to change their minds about the daily activities they took part in and staff adapted these activities around people's wishes. Care records showed the home responded appropriately to changes in the level of people's support and personal care needs.

Is the service safe?

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards which applies to care homes. We found there were appropriate policies and procedures in place and staff had been trained to understand when an application should be made.

People were protected from unsafe or unsuitable equipment because the provider had taken steps to ensure that equipment was maintained and fit for purpose. People in the home had access to wheelchairs which were serviced regularly and monitored for wear and tear. The risk of injury to people had been reduced as items such as televisions had been encased in non-breakable plastic surrounds which did not shatter upon impact. Regular health and safety checks were carried out to maintain a safe environment for people who lived in the home.

Is the service effective?

The home worked closely with other agencies to ensure people received timely and appropriate health care when required. People received a range of health and social care services ranging from behaviour management, speech and language, chiropody, dental and community nursing. Staff demonstrated they knew people well and how they communicated their wishes and feelings. One relative told us "I am very happy with the care my family member receives".

Is the service well-led?

People and their relatives had completed a satisfaction survey and the manager told us these would be used to inform any improvements to the service which was delivered. The provider operated a planned schedule of audits including staff training and supervision which ensured staff had the appropriate skills to support people appropriately. The home had monitored the retention of care staff and had taken steps to address issues of retaining staff. There were clear structures of accountability in place and staff were confident in their role and responsibilities.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

At the time of our inspection there were eight people who lived in the home. We spoke with one person who told us "I like it here". However, most other people were not able to communicate verbally. Instead we spent time observing how staff communicated and supported people to see people's experiences of care in the home.

Care and treatment was planned and delivered in a way which was intended to ensure people's safety and welfare. Care files contained information of peoples' support plan including daily routines, preferences and likes and dislikes. In addition, there were behavioural support plans in place, information on how people were supported to make decisions, information on people's medical history and people's preferred method of communication.

Care plans documented that people had access to health care and other professionals, such as their GP, speech and language therapy and chiropody. The manager informed us care plans were reviewed on a quarterly basis or more often if care needs changed.

Risk assessments were included in each care plan and covered risks relating to epilepsy, medicines, transport, behaviour and personal care. We saw risk assessments were detailed and outlined how risks were managed. One member of care staff told that they thought the risk assessments were 'brilliant' as they gave care staff detailed guidance on how to keep people safe.

We spoke with staff who were knowledgeable about the people they cared for and how they supported them to be safe and healthy. One care worker explained that each person had a keyworker who supported people with their personal care, managing money, preparing meals and access to social activities within the home and the community.

Staff told us they knew people well and for those people who were unable to communicate verbally, were aware of people's wishes and how they were feeling through body

language, eye contact and specific routines.

The manager told us they had introduced a new system for sharing good practice. A weekly meeting was held where the main keyworker(s) for each person could share positive outcomes. This involved looking at what methods and techniques staff had found successful in communicating with people and managing behaviours which may challenge. This information would then be shared with all other care workers to ensure people received a consistent approach to their care.

Staff we spoke with told us they enjoyed their work. Staff were knowledgeable about safeguarding and in the Mental Capacity Act 2005 and in the Deprivation of Liberty Safeguards (DoLS) and how this impacted on the people they cared for.

We looked at the daily recording of four people. This gave information about the person's daily routine including nutrition, appointments and activities. However, we saw no evidence that people's emotional well-being had been recorded. The provider may wish to note that it is important to record a person's emotional well-being as an indicator of physical and mental health.

During our visit we spoke with one relative who was visiting. They told us "I am very happy with the way X is looked after, it can't be easy because they can be very difficult, but they manage X very well". Staff told us people required a high level of support. During the day we observed staff interacting with people and found there were many examples where staff were kind and attentive to people. We observed person A had partially undressed themselves. A member of care staff very patiently and respectfully spoke to them, encouraged and supported the person to do up their shirt buttons and pull up their trousers. We observed the staff member did this on many occasions and remained respectful throughout.

However, we observed not all staff were involved in maintaining the dignity of people in the home. Later that day we sat in the lounge with person A. Person A was in a state of undress with their trousers falling below their hips. Another member of care staff came into the lounge whilst talking with another person. At no time did this member of staff move towards person A and offer to help them to cover up. The member of staff left the lounge without acknowledging person A. We discussed this with the manager. The provider may wish to note that all care staff should support people to maintain their dignity and people should experience positive interactions with staff.

Cooperating with other providers ✓ Met this standard

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

We looked at the care records of four people who lived in the home. Each record evidenced that the home had requested the involvement of other agencies when required, such as, occupational health, speech and language and behavioural support.

Care staff told us health and social care professionals visited the home for appointments with people if required, such as the community nursing team and the podiatry service. People also attended for routine dental and ophthalmic check-ups and visits to the GP. Staff told us they supported people to attend these appointments.

We saw from one care plan that the person had undergone dental treatment in hospital. Before the treatment was given, staff and the dental surgeon had explained to the person what the procedure was about and what would happen. A best interest meeting was held to ensure that the person was involved and was happy for the treatment to go ahead.

We saw contact information for the different health and social care services were available to staff in the office. Within people's care records were copies of correspondence from health professionals and a record of contacts for care and treatment.

In the event that people were admitted to hospital, the home ensured the hospital received a document detailing the care and support needs of the person being admitted. People or their next of kin had signed a consent form to agree to the sharing of their information with other agencies.

Safety, availability and suitability of equipment ✓ Met this standard

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

Reasons for our judgement

People were protected from unsafe or unsuitable equipment because the provider had taken steps to ensure equipment was maintained and fit for purpose.

To promote people's safety, the home had minimised the risk of contact with glass. Items such as televisions and notice boards were encased with a Plexiglas acrylic material which did not shatter upon impact.

Trinity Hall is an activity centre set in the grounds of the Old Rectory. Part of the provision was a sensory room which people could use. A sensory room was a special room designed to develop people's senses, usually through special lighting, music, and objects.

One person had a 'peanut ball' which was an exercise ball chair aimed to improve the person's balance and core strength. This was used as part of their occupational therapy. Staff checked the wear and tear of all objects which people used and electrical items were checked by the maintenance person.

People had access to two wheelchairs which the home loaned from the wheelchair service. Repairs and maintenance were carried out by the wheelchair service and regular checks were carried out by the maintenance person for wear and tear.

The manager told us the home had a supply of specialised cutlery and lipped plates which some people used when eating. No other equipment was required for the people who currently lived in the home.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

There were systems in place to monitor and assess the service provided. The home had recently undertaken a survey to gather the views and opinions of people who lived in the home and their families/representatives. The manager told us these responses were currently being collated and where required, comments would be responded to. We looked at the responses from three families which stated 'More communication is needed from staff to relatives' and 'Staff are always kind and helpful and understand X's needs'. 'X seems very happy here, so I would not like to see any changes'. Where appropriate, the staff had supported people to complete a pictorial questionnaire and some of the responses were, 'I am happy living here' and 'I like going out in the community'.

As part of the home's quality monitoring system, regular audits took place with regards to infection control, health and safety checks, medicines, incidents, complaints and staff training, supervision and staffing levels. We spoke with care staff who told us the turnover of staff was 'quite high'. Staff thought this was due to the pay scales offered at the home. We spoke with the manager of the home who told us they did have a 'higher level of staff turnover than they would like'. The manager explained once some employee's had gained their qualification, they had found other employment with a higher rate of pay. The manager confirmed the provider had recognised this as a factor for staff turnover and the Board of Directors were actively reviewing remuneration.

We saw care plans and risk assessments were reviewed and updated. The manager explained they had recently changed the format of people's care plans and risk assessments. The new layout was more comprehensive and detailed with clearer guidance for staff on people's support needs. The new documents were nearly complete.

The manager carried out a regular review of the premises which identified where improvements were needed. This included a bath panel in one of the bedrooms which needed to be replaced. We saw this had been documented in the maintenance book. We

discussed with the manager the current standard of décor within some areas of the home, such as the faded paintwork around the entrance and stairs. The manager told us there was a redecoration plan in place.

We looked at other records to ensure people's safety was being maintained. These included the fire safety records, maintenance records and service contracts. The fire safety records were in order and there was evidence of weekly fire drills taking place, regular checks of the alarm systems and fire equipment. Each person who lived in the home had an individual evacuation plan in the event of a fire or other emergency. We saw there were contingency plans in place in the event of the loss of gas or electricity power supplies and the loss of IT systems.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

The home had an up to date complaints policy which was displayed in the communal area of the home. The manager told us they usually dealt with any issues or comments informally. However, if there was a formal complaint then this would also be passed onto the quality assurance department for investigation. All complaints were logged onto an electronic record system and monitored for outcomes.

The manager told us they had received one formal complaint this year regarding the lighting of the lane leading to the property. This had now been resolved. Staff told us they could approach the management team if they had any issues or concerns and had done so in the past.

People were made aware of the complaints system. This was provided in a format which met their needs. The complaints procedure was written in easy English with a picture format. We saw evidence of the home's complaints procedure displayed in people's care records. People also kept a copy in their bedroom.

We looked at the procedure which advised people if they had a complaint to contact the registered manager or member of staff. The procedure stated complaints could be made verbally or in writing and gave clear timescales on how the home would respond to the complaints made.

People were given support by the provider to make a comment or complaint where they needed assistance and information was available about the use of an advocate. Information was also available as to who to contact in the event that the person or their family did not think their complaint had been handled to their satisfaction.

We spoke with one relative who was visiting at the time of our inspection. They told us they had no worries or concerns and would talk to the manager if they did.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

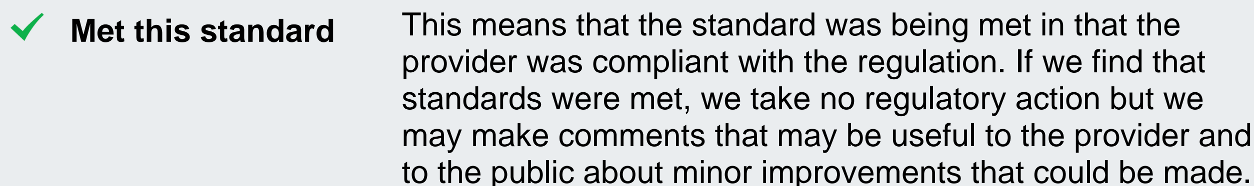
In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

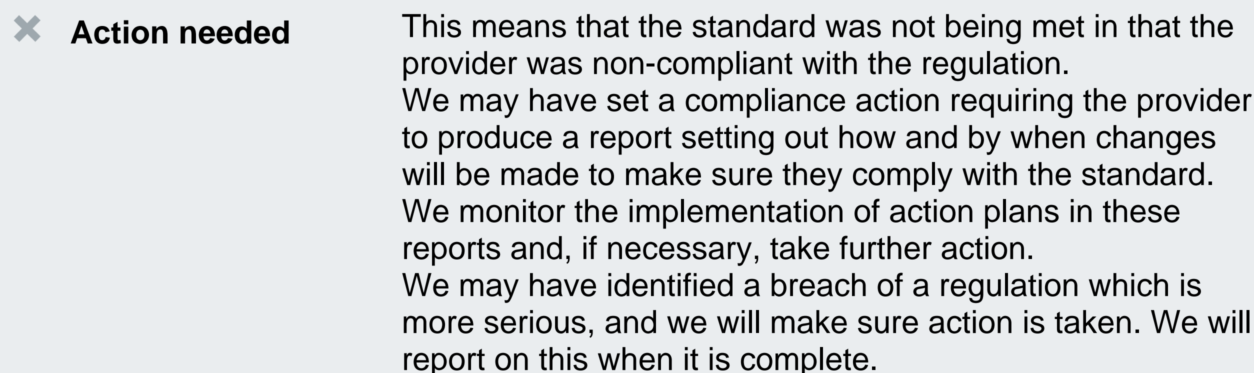
How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

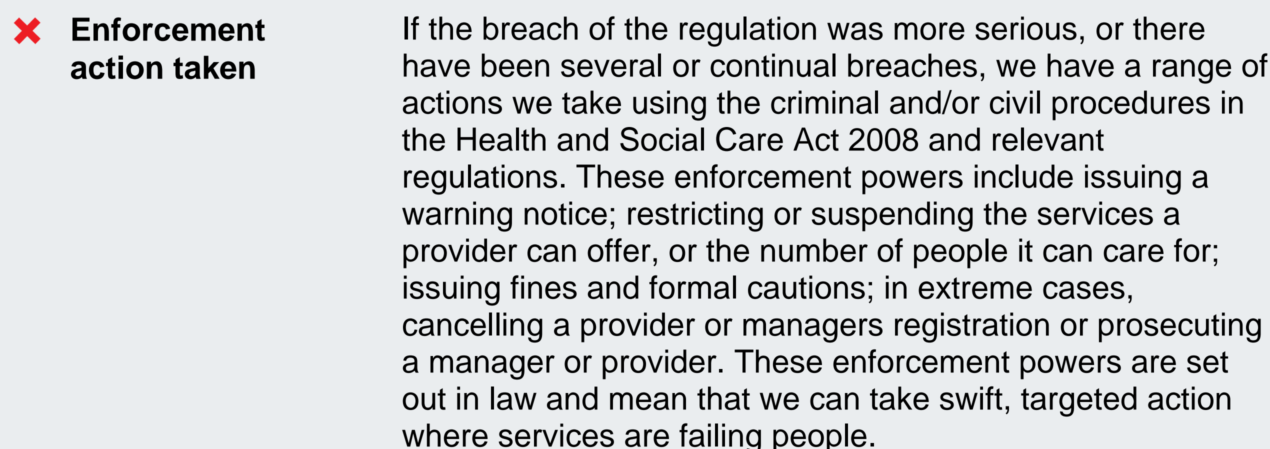
We reach one of the following judgements for each essential standard inspected.



Met this standard	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.



Action needed	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.



Enforcement action taken	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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