Parkcare Homes (No 2) Limited

St Brannocks

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?	**Requires Improvement**

Overall summary

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, and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

We inspected St Brannocks on 13 August 2014. This was an unannounced inspection which meant the staff and the provider did not know we would be visiting. Our previous inspection was on 22 April 2013, and the home was meeting the regulations assessed.

This home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the home and has the legal responsibility for meeting the requirements of the law; as does the provider.

Summary of findings

St Brannocks can provide care and support to seven people with learning disabilities. At the time of the inspection six people were living at the service. There was a low staff turnover and many staff had worked with the same people for a number of years. We saw that staff understood people's needs, and care was provided with kindness and compassion. Staff actively supported people to make everyday decisions for themselves. Some people also undertook their own administration of medicines and there were appropriate arrangements in place for the safe management of medicines. People were enabled to lead a busy lifestyle doing the things that they wanted to do.

Although systems were in place to provide staff with opportunities to express their views through staff meetings and one to one supervisions, staff said they did not particularly value these. This was due to past experiences when they did not feel they had been listened to, and for them many issues remained unresolved. As a result staff morale was low, but we found staff demonstrated a commitment towards the people they supported to provide a good level of support that was unaffected by how they were feeling. We found that whilst the provider had made progress in providing appropriate training to staff, further team and skill building was needed.

Thorough recruitment practices were in place to ensure that appropriate checks of new staff were undertaken. New staff received an induction when they started work at the home. Interviews with staff and records viewed showed that they were appropriately trained and skilled to provide care in a safe environment. Staff understood their roles and responsibilities but some felt that sometimes other staff could be inconsistent in the messages they gave to people and that the overall flow of communication in the home could be improved.

Discussions with staff and our observations showed us that there were enough staff to support people. Throughout our inspection we saw that staff treated people with kindness, patience and respect, and that staff consulted with them about all aspects of their support. We saw that the home was mindful of the need for some people to have space away from others and had re-arranged furniture in shared areas to help this.

An in-depth quality assurance process was in place that involved ongoing monitoring by the registered and area managers, with further monitoring undertaken by an internal compliance team. We saw that where issues were highlighted, action plans were drawn up and timescales for improvement set.

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?

Good

The service was safe.

People we spoke with said that they felt safe. The service had systems in place to ensure people were kept safe. Staff understood about safeguarding adults and could identify the different types of abuse and the actions they needed to take to protect people. People living in the home were all deemed to have capacity for their every day care needs, staff had received Mental Capacity Act 2005 and Deprivations of Liberty Safeguards, (DoLs) training, and more was planned. We found the home was meeting the requirements of the Deprivation of Liberty Safeguards.

The home had effective systems to manage risks to the people living there. Staff had received appropriate training to help manage people's behaviour that could challenge others, but wanted to develop their skills further.

There were enough trained staff to support people in the home. New staff underwent a thorough recruitment and selection process that ensured all appropriate checks had been made. Appropriate systems were in place for the safe management of medicines.

Is the service effective?

Good

The service was effective.

People received care from staff who had an appropriate induction to the home and the needs of the people living there. Staff were provided with a rolling programme of essential and specialist training that met people's individual needs. Our observations showed us that staff put their training to good use in their everyday practice.

Staff told us and records confirmed, that they received regular managerial supervision and annual appraisals. Relatives told us that staff had the right attitudes and skills for the job. Staff understood people's food preferences and specialist dietary needs. Staff ensured people were supported to access routine and specialist healthcare, and they took action in response to changes in people's healthcare needs. Appropriate arrangements were in place for the for the management of medicines

Is the service caring?

Good

The service was caring.

People told us they liked living at the home. They felt staff were kind, and we observed that staff helped people to try and resolve their issues with each other. People had families who were involved and were kept informed by the home about their relative's needs.

Summary of findings

Staff and the registered manager demonstrated that they worked with people in a caring, compassionate and respectful manner. Staff knew people's individual life histories and this was recorded in their care records. Staff told us that they had time to spend with people.

The manager and staff understood about advocacy services and information had been made available to people about this on their notice board. Advocates can represent the views and wishes people who are not able express their wishes.

Is the service responsive?

Good

The service was responsive.

There was a pre-admission process to assess the needs of new people and whether the home could meet these. Staff communicated with other professionals to make sure that people's needs were kept under review and there was evidence of referrals for specialist support. Care plans provided comprehensive information about people's needs and informed staff how people preferred to be supported; these plans were kept updated and reviewed. People told us they met regularly with staff to discuss their support.

The home promoted family involvement, and visiting was encouraged. Relatives told us that the home kept them informed about their relative's wellbeing.

People had a programme of activities that they wanted to do each week, but this was flexible according to how they felt on the day. We observed improvements made by the home to arrange shared spaces so that they provided smaller seating areas where people could sit on their own. People knew about the complaints process and felt able to share concerns if they had any.

Is the service well-led?

Requires Improvement

The service was not always well led.

There was a registered manager in post. Staff liked working at the home and staff turnover was low. The registered manager was able to demonstrate a good understanding of the issues within the home, but staff had unresolved issues that they felt had not been given appropriate time to address them by the management team. Systems were in place to provide staff with supervisions, appraisals, performance management, and staff meetings. However, some staff had negative views of the home and their morale was low.

Staff understood the whistleblowing process and were confident of using this correctly. Staff knew how to access policies and procedures and systems were in place for the updating of policy and procedure information to reflect changes in practice.

Systems were in place to ensure that assessment and monitoring of home quality was undertaken to drive improvement of the home.

St Brannocks

Detailed findings

Background to this inspection

This inspection took place on 13 August 2014. It was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using this type of care service and had knowledge and understanding of people with learning disabilities and autistic spectrum disorders.

Before the inspection we reviewed information we held about the home that included notifications, complaints and information from other stakeholders. We also asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make. This had not been returned at the time of the inspection but the Registered manager home was able to show that this had not been received for her to complete. We sent them another form which they have subsequently completed and returned. No concerns were highlighted from the information we held about the home.

We spoke with three care staff, an activities co-ordinator, the registered manager, and area manager. We met and spoke with all six of the people who lived at the home and observed how they interacted with each other and with staff, what they did during the day. People were able to tell us about living at the home and we spent time with them during the course of the inspection. We also looked at three people's care records, and these showed how they were supported to undertake meaningful activities and how their independence was promoted. We looked at three staff records and their associated training, supervision and appraisal information. We also viewed a range of management records, these included minutes of staff and manager meetings, The complaints, and assessment and quality monitoring information to inform us how care was given, and how the home managed.

After the inspection we spoke with three social care professionals from the funding authorities for people placed at the home and asked them for their views. We spoke with four out of five relatives. No issues of concern were raised from any of these discussions.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Good

Is the service safe?

Our findings

People said they felt safe and were happy living at the home. They told us, "They do keep us safe. I'm going out for a burger and chips with a staff member. My key worker also takes me out". Another told us "Yes, I'm safe. I don't like the clients, though". A third said "Yes I do (feel safe)".

Staff demonstrated an awareness of their roles and responsibilities in regards to safeguarding, they knew who to report concerns to and some had experience of raising alerts with their manager following incidents between people in the home Training records showed that 100% of the staff team had completed updated safeguarding training. Policy and procedure information was accessible for staff, and the registered manager had recently developed an easy read flow chart for staff to use and this was displayed on the staff notice board.

Some people at the house expressed behaviour that may be challenging to others. Staff had been trained in techniques that were the least restrictive, or which involved minimal physical interventions. Staff used a range of distraction and diversion strategies to de-escalate situations. We witnessed several incidents of verbal aggression between people in the home, where staff reacted in a calm and professional manner. This had involved talking to people and encouraging each person to give others space to calm down. We saw that where people clashed with each other or had difficulties tolerating each other, staff led them away from uncomfortable situations, in a sensitive manner.

Staff told us that they had received on line training in mental capacity; further training to look at the complexities of capacity had been requested by the manager. Training records showed that all staff had received basic awareness training of the Mental Capacity Act 2005. Capacity assessments in respect of everyday living for the people in the home had been completed and everyone was assessed as having capacity to make their own decisions. We were shown an example of where the home had discussed a matter of capacity with a person and their representative; this had resulted in a best interest decision being made which the person was in agreement with. This ensured people were consulted about their care and protected from being asked to make decisions they did not understand.

Staff told us that some people's capacity to make decisions around their everyday support and activities could fluctuate depending on their moods, and this was reflected in care support plans that we viewed.

Individualised risk information was in place to support peoples' identified care needs, these highlighted the risks for each person and the measures implemented to reduce risks in the least restrictive manner. For example, some people were assessed as being able to go into the community unsupervised and were provided with keys to the door and the gate to come and go from the home. Everyone had keys to their own bedrooms and chose to lock them or not when they went out. Staff said that people respected each other's space. Some risk information viewed was overdue for updating, and we saw that this had already been identified by the registered manager for the staff member concerned to address this.

We found the home was meeting the requirements of the Deprivation of Liberty Safeguards (DoLs). Staff demonstrated an awareness of (DoLS). A policy and procedure to inform staff had been developed. Training records indicated that all staff had completed their DoLs training but some needed this to be updated soon. Staff said that decisions to refer someone to the DoLS team were not something they currently had involvement with, and this was usually undertaken by team leaders and the registered manager. The manager was aware of recent changes to how DoLs was interpreted in some circumstances, and as a consequence had already made a referral for two people to the local DoLS team which we were shown, she told us that a further two people also needed to be referred for consideration.

On our arrival at the home, staff were experiencing difficulties due to unexpected staff sickness, the manager was not present at the time and a second staff member had become unwell. However the remaining staff ensured that people's planned activities went ahead and calls were made to find urgent cover. Staff said this was not usual and they felt that there were enough staff during the week to support people in the community.

Staff felt that staffing numbers throughout the week were sufficient to meet people's needs. A relative told us that whilst they had no concerns about the care their relative received they were aware that on occasion their relative

Good

Is the service safe?

had said they could not go out due to a staff shortage, but this had been rare. Another person at the home told us "I'm not restricted. There are enough staff Monday to Friday, Saturday and Sunday".

We discussed the recruitment process with the registered and area managers and found that much of this was undertaken at local level with direct involvement by the registered manager. We were shown documentation for a new staff member and were satisfied that the appropriate range of checks including satisfactory evidence of conduct in previous employment and a criminal record check were undertaken prior to staff commencing work at the home.

We looked at systems for managing the administration of medicines and were satisfied with these. We saw that some people were able to manage their own medicines and signed their own medicine record sheets. They kept their medicines safe in locked cabinets. We saw that others who could not manage kept their own medicines in their rooms and staff administered these in privacy there. We saw that medicine audits were undertaken and where medicine errors occurred arrangements were reviewed. Where necessary, following discussion with the person concerned staff took back the responsibility for administering their medicines. One person told us "I self-medicate. I'm more independent and I go out".

Good

Is the service effective?

Our findings

When we asked people about their healthcare needs they told us "I can go to the doctor. They ring up to arrange the appointment. If I had an accident, they would sort it". One relative told us "The staff ensure my relative sees the dentist and chiropodist, and they usually tell us if there are any health issues. They occasionally forget to phone us about more minor things but we have no concerns about their care". Another relative said that they knew the home manager had taken action to refer their relative to health professionals and were waiting to hear about an appointment. A third relative said they had no concerns; they were conscious of their relative's weight issue but knew the home was taking positive action where possible to deal with this, to help them lose weight and encouraging healthy eating.

People were supported to access both routine and specialist healthcare appointments. Records showed where the service had taken action to refer people for specialist input from health professionals due to deterioration or changes in health needs, or to help with strategies for working with people's behaviour. Transfer information in the event of admission to hospital was available.

The registered manager told us all new staff started their first week of work in a supernumerary capacity. This allowed them time to read care plans, familiarise themselves with people and their routines and to shadow more experienced staff. We were shown an induction workbook that the newest member of staff was working to which would cover a twelve week period. At the end of the induction, new staff members were given probationary reviews to discuss their progress.

We saw that a comprehensive programme of on line training was in place and staff were expected to achieve a pass rate of 80% or above. Those who failed to do so had to repeat the training and this was discussed with them in their supervision sessions with their supervisor. Some training was delivered in a classroom based setting. We found that the home was proactive in ensuring that staff completed National Vocational Qualification (NVQ) training. The registered manager advised that all the staff team had either completed or were in the process of completing this training. Staff told us they were reminded when training was due to expire and had to make time to complete the training updates.

Staff told us that as a result of increased incidents of behaviour that were perceived as challenging, they had been provided with training in managing situations better when they arose. Staff demonstrated enthusiasm for extending their practice further into developing a better understanding of what preceded behaviour that challenged, and developing preventative strategies that reduced the likelihood of these behaviours occurring.

We saw that a supervision schedule for staff was displayed in the office. Staff told us that they received regular individual supervision with their supervisor. We were told that timescales had drifted due to the long term sickness of a supervisor, but ideally they would be every six to eight weeks.

We saw that a system was in place for the routine appraisal of staff performance and all staff had received an annual appraisal for this year. The registered manager told us this was reviewed during the course of the year with each staff member. We saw evidence that processes for performance management were in place where improvements were needed. The registered manager received regular supervision from the area manager, and we saw that a personal development plan was in place for her that also took into account wider service developments.

When we spoke with people they said they enjoyed the food they received, and were actively involved in selecting and cooking some of it. From discussion with staff we found that each week every person met with the activities co-ordinator to discuss the food they would like to eat. A menu was devised that took account of everyone's favourite meals, and alternatives were provided. Staff understood people's individual preferences and were able to explain for the current menu who would be eating the planned meals, and who would require an alternative. People we spoke with knew they could have alternatives to the menu if they wanted.

People had one day each week when they had a cooking day and cooked a meal for themselves which they could provide for others as well if they chose. They were supported to plan the meal and were provided with money to purchase the ingredients. During the inspection we saw

Good

Is the service effective?

a person preparing their evening meal. Staff told us that one person had to follow a low cholesterol diet and the person was very good at ensuring they only purchased foods that were low in cholesterol or seen to be healthy. The home was actively supporting people who wanted to lose weight by helping them to enrol in slimming clubs. We saw that people had two areas where they could choose to eat their meals, and this ensured that those people who found it difficult to be together had alternative options for where they ate and who they ate with.

Good

Is the service caring?

Our findings

People living in the home were able to tell us about their experiences of care, and we were able to speak with all six of them during the course of the inspection. People said they were happy living in the home, but some of them did not always get on with each other and this sometimes impacted on how they felt about living there. Staff helped people to try and resolve issues they had with each other, and we saw that they did this in a kind and patient manner. One person told us, "I think all the staff are kind in their own way".

We asked people about how their privacy and dignity was supported. One told us "I can get privacy in my bedroom, and I can watch any programme I want. If I watch TV down here (in the lounge or conservatory), someone might get in my way". Another said "I get support when I need it. I get privacy. I do change my mind about what I do".

We asked people about the choices they made and how they were involved in making decisions for themselves. One person told us, "I chose the lighthouse visit. I get my own supper and I can have a banana if I get hungry at night. I do sandwiches myself. I don't cook, though I like the food they cook. I can make myself a cup of tea. Shaving I do myself, and other personal care".

People told us that they regularly spent time with staff to talk about their care and support and things that bothered them or interested them. Staff confirmed that key work staff met on a regular basis with the people they provided key work support to. This enabled staff to confirm that people remained satisfied with aspects of their care and support, for example, their activities, and accessing the community.

Staff treated people respectfully and listened to any concerns they had. We observed that people were encouraged to take responsibility for their actions and to make decisions. From our observations and also from discussions with staff we saw that staff had developed a good understanding of people's likes and dislikes and their preferred routines.

A staff member told us "We all recognise that it is difficult for people to live together when they don't have a choice as to who lives with them". We saw staff managed potentially difficult situations by planning separate activities, and enabling people to eat separately from each other, and at different times if they wished.

Most relatives spoke positively about St Brannocks and how their relative had benefitted from living there. They told us, "I have regular contact and have had no problems whatsoever." A second relative told us "St Brannocks is as good as my relative has ever been in". A third told us "When she comes home for visits my relative never says they don't want to go back". "You can't do that job unless you care. A fourth told us "my relative is getting on fine, honestly no problems; staff are very good and patient with him".

We observed people participating in cooking tasks and making hot drinks for themselves and others. Staff actively promoted people's independence and we heard that some people had learned to travel independently, with staff support. Others could access the local community without support, but were not yet able to use transport independently.

None of the people currently living in the home had independent advocates. All but one had an allocated care manager, although their knowledge and understanding of the people they represented and the home was limited. This was because their involvement was usually limited to taking part in care reviews. The registered manager had an understanding of advocacy and how people could access these services and information was displayed for people on a noticeboard and was accessible to people living there.

Good

Is the service responsive?

Our findings

We spoke to people about their care plan and how they were involved in planning their care. One person told us "Yes, I have a care plan. I do remember signing it. Yes, there is a balance in what I do". People told us that they sat down with their key worker every month. We asked one person about their meeting and they said "It's good". They said they could talk about anything they wanted to.

People told us about the things they did, and one told us "I go to the garden centre on Monday, then gym. I'm a member of the bowling club, I go there any time." Another told us "I like to listen to music; I like to play Snap, cards, dominoes and games with staff. I have brothers and I am an auntie. I'm going home (to visit), and on holiday, going out to buy clothes with a member of staff".

People had individualised plans of support that took into consideration what their day to day needs were and the preferred assistance and support they needed from staff. Information was routinely reviewed, and there was evidence that where people had changing needs staff obtained support from health or social care professionals to address issues. For example, additional support might be obtained to help people to manage their feelings.

The home had an activities co-ordinator who also ensured that people attended health appointments. The activities co-coordinator sat down with people each week to go through their activities plan with them for the following week. Activity boards were displayed in the office and the lounge, and described what people would be doing each day. These were individual to each person and reflected things they liked to do, they included walking, bingo, going to the pub, concert practice, having free time, bowling, carrying out extra washing, cleaning their rooms. Many activities were undertaken at a nearby day centre operated by the provider, or in the local and wider community. Staff told us that the day centre had a small staff team which was supplemented by staff who were supervising people attending the centre. This ensured there were always enough staff to support people at the centre who needed it.

Relatives we contacted spoke positively about the home, and felt that they were kept well informed about their particular relative most of the time. Relatives commented about the active lifestyles people led. One relative acknowledged that their relative was going out more, Another told us their relative was "Living the life of Riley" and they had "No problems whatsoever", with the care and support their relative received. Another relative told us they were aware their relative was going out more and this was good because they got easily bored.

Some of the people we spoke with knew that they sometimes needed space away from others to calm down and relieve their feelings of anxiety or stress. Staff had rearranged furniture in the lounges to create more seating areas away from each other; this had helped to reduce the risk of people clashing when they were feeling anxious or angry about things. Incident monitoring indicated that this and other strategies were helping to reduce the number of incidents recorded. A staff member told us "Sometimes people take themselves to the conservatory alone, if they want to be alone or feel stressed. We suggest talking; it's all about knowing the service user".

The complaints procedure was displayed for people in the home, most of whom were able to tell staff if they were unhappy. Staff said that people complained about each other on a regular basis but these were linked more to the stresses of living together than actual complaints. Staff understood the difference and knew how to record a complaint if needed. There was a complaint record but the manager told us no formal complaints had been received since she came to work at the home.

In discussion, relatives told us they had no cause to complain and felt able to talk with staff if they needed to. They told us "If I have a problem with anything I will tell them". "I have nothing to complain about". I have no concerns, I know that if my relative is upset, they will ring me and tell me about it".

Requires Improvement

Is the service well-led?

Our findings

Some staff we spoke with thought that the flow of communication was not as good as it could be and there were barriers to this that needed to be addressed. Staff felt that they were not always kept informed of what actions the manager had taken in response to issues they had raised. For example, the manager told us that they had referred someone in the home to a health professional for help with working with their behaviour which could be challenging to others. Later, we heard staff commenting that this person needed professional input, and did not know what stage the referral was at.

Staff felt able to express their views and raise their concerns in appropriate forums such as staff meetings or individual supervision; however, they did not feel listened to and did not feel inclined to discuss matters that bothered them. Staff felt that their unresolved issues had not been dealt with by 'management' concerning this and other matters. We felt this influenced their overall view of the registered manager's effectiveness.

Some staff said there were inconsistencies in the way different staff supported people who were displaying behaviour that staff and people found challenging, and there was at times a lack of team work. Staff described their morale as low but felt that the culture within the home was improving. Records did not reflect the discussions that staff told us had taken place, and no actions were recorded to help staff. However, meeting minutes did show that staff were made aware of important changes and events in the home.

Staff told us that they liked working at the home. They said that they liked the relaxed atmosphere and they never felt rushed, and this meant they were able to spend time with people. Staff said there was a low staff turnover because it was a small and friendly place to work. The Area manager told us that exit interviews were completed with staff that left the organisation so that they could monitor people's reasons for leaving and make changes where possible.

We viewed accident and incident information. Staff were clear about their responsibilities for recording incidents and accidents, and records showed that staff took appropriate action to manage incidents and to review care plan and risk information where necessary.

There was a clear management structure in place to help ensure the home delivered the organisational aims and values, resulting in people receiving a good standard of care and support. This provided staff with clear lines of accountability and an understanding of why they were there and what their roles and responsibilities were. During the inspection we saw that the staff operated as a team to ensure that people's needs, including their choice of activities, were fully met.

The management team were available for staff to contact at any time and there was also an opportunity to raise concerns via a 24 hour contact number. Staff were aware of this system and would use it to report concerns.

When we asked people in the home and relatives they told us they thought the home was well led, comments included, "She is the best manager they have had yet". People told us, "The manager does a good job, she does."

A comprehensive quality assurance system was in place to continually assess and monitor the quality of the home and to take forward actions for improvement. The area manager conducted review visits every two months and there was also an internal compliance team which undertook monitoring visits to the home. This ensured that any shortfalls highlighted for the manager to address were monitored for completion. We saw examples of action plans and where highlighted improvements had been completed. However, the actions taken were not always made clear on the action plans viewed.

We saw that the registered manager had highlighted the need for resources to upgrade the environment and also provide additional training for staff within her own development plan. She acknowledged this needed to be recorded on a development plan for the home so that improvements could be continually recorded and monitored irrespective of whoever was manager. We saw that actions had been implemented to address the requested upgrades and improvements to the home, so that people in the service lived in an environment that met their changing needs.

The home had a whistleblowing policy in place and this was openly displayed in the staff office. Staff understood the process and knew that they could use this to raise concerns outside of the organisation if they wished to do so.