Parkcare Homes (No.2) Limited

Weir End House

Inspection report

Glewstone
Ross On Wye
Herefordshire
HR9 6AL

Tel: 01989567711

Date of inspection visit:
25 July 2016

Date of publication:
18 August 2016

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

Summary of findings

Overall summary

Weir End House is located in Ross-on-Wye, Herefordshire. The service provides accommodation and care for up to 13 people with learning disabilities. On the day of our inspection, there were 12 people living at the home.

The inspection took place on 25 July 2016 and was unannounced.

The registered manager had left the home in February 2016 and consequently, there was an acting manager and an acting deputy manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers 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.

People's individual needs were known by staff, and how to keep them safe. People were involved in decisions made about keeping them safe. People were supported to maintain their freedom. People received their medicines from trained and competent staff.

People's health and wellbeing were maintained and they received specialist input from a range of health professionals.

People were supported by staff who understood the importance of offering choices in the care people received. People were supported to eat and drink and enjoyed their meals.

People enjoyed positive and respectful relationships with staff. People's privacy was maintained. People were involved in decisions about their care.

People's changing health and wellbeing needs were responded to. People enjoyed group social events, leisure opportunities and outings, but could not always pursue their individual hobbies and interests. People knew how to complain as this information was provided to them in a way which was clear to them.

People took part in monthly meetings in which they were given the opportunity to make comments and suggestions about the running of the home and the service they received. People, staff and relatives benefited from an open culture in which the acting manager was approachable and inclusive.

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 is safe.

People were supported by staff who knew how to recognise signs of abuse or harm, and how to act on these. People's freedom was encouraged whilst ensuring their safety. People received their medicines as prescribed and from trained and competent staff.

Is the service effective?

Good

The service is effective.

People were supported to maintain good health. People were offered choices regarding the care they received. Staff were trained to meet people's needs effectively.

Is the service caring?

Good

The service is caring.

People were encouraged to express their opinions about the care they received, and to have short-term and long-term goals and ambitions. People's independence was promoted and respected. People were treated with dignity and respect and they had a right to privacy.

Is the service responsive?

Good

The service is responsive.

People's changing needs were recognised and responded to. People enjoyed a range of social and leisure opportunities, but could not always pursue individual hobbies and interests. People knew how to complain about the service they received.

Is the service well-led?

Good

The service is well-led.

The acting manager created an open culture by encouraging and welcoming comments and feedback from people, staff and relatives. The acting manager had established links with the local

community to benefit people. The acting manager and provider monitored the quality of care provided to people and took action where issues were identified.	

Weir End House

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.

We made an unannounced inspection on 25 July 2016. The inspection team consisted of one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. They had knowledge and experience of care for people with learning disabilities and autistic spectrum conditions.

We looked at the information we held about the service and the provider. We looked at statutory notifications that the provider had sent us. Statutory notifications are reports that the provider is required to send us by law about important incidents that have happened at the service.

We contacted the local authority before our inspection and asked them if they had any information to share with us about the care provided to people.
Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information helped us to focus our inspection.

We observed how staff supported people throughout the day. We spoke with six people who lived at the home, the acting manager, the deputy manager and four care staff. We also spoke with three relatives, a social worker, a freelance music therapist, a chiropodist and a fitness instructor who delivered "G-Fit" sessions for people living at Weir End House. We looked at three records about people's care, which included risk assessments, guidance from health professionals and capacity assessments. We also looked at the quality assurance audits that were completed by the registered manager and the provider.

Good

Is the service safe?

Our findings

We asked people what feeling safe meant to them, and whether they felt safe living at Weir End House. One person said, "I go out with people, that make me feel safe". Another person told us they felt safe because, "People are nice to each other". Relatives we spoke with told us they felt reassured by the way in which their relatives were cared for. One relative told us, "[person's name] became quite unsteady on their feet and this was a concern because they had to go upstairs to get to their bedroom. This was discussed with me and my relative and it was agreed that they would change to a bedroom on the ground floor".

Staff explained how they kept protected people from avoidable harm and abuse. Staff told us they had received training about keeping people safe from harm and abuse and that they felt confident in recognising different types of abuse. Staff and the acting manager told us that where staff had concerns about people being at risk of harm or abuse, these were reported to management and to the local authority. This was reflected in the notifications the provider submitted to the Care Quality Commission. We saw that where there had been concerns about the conduct of staff, disciplinary action had been taken to ensure the safety of people living at the home.

We looked at how specific risks to individuals living at the home were managed. We saw that there were individual risk assessments in place in relation to areas such as stranger awareness, eating and drinking, road safety and peer pressure. We saw that risk assessments were completed with people where possible, and people were involved in decisions about keeping them safe. For example, we saw that some people had agreed for their monies to be held securely in the office by the acting manager, with agreed amounts of money distributed in the week. This was due to the risks associated with some people's lack of awareness of money and their vulnerability when out in the community. One person had agreed with staff to smoke outside only, and not in their bedroom. This was to reduce a risk of a fire hazard.

We saw that consideration was given to protecting people, whilst maintaining their freedom and independence. For example, we saw that one person enjoyed going into town by themselves, but it was unsafe for them to go out alone as they were at risk of harm when crossing the busy main road. Therefore, it was agreed with this person that staff would drive them into town and collect them at an agreed time, but that the person would spend time in town without staff support. We saw this person was dropped off in town by staff on the day of our inspection. Another person told us, "I have freedom. I go off into town when I want, more or less".

We spoke with the acting manager about how they ensured there were sufficient staff to keep people safe, both when at home and when out in the community. We saw that staffing levels were determined according to the needs of the people living at the home. For example, some people needed one-to-one support when receiving personal care, and this was in place. We saw that typically, there were between five and six members of staff on at any one time. However, it was recognised that there were some staff shortages at present and as a result, some shifts were covered by three or four members of staff. Staff and the acting manager told us that when staffing levels were lower, this did not affect people's safety, but it did have an impact on their ability to go out into the community. At the time of our inspection, there was a recruitment

drive in place to increase staffing levels at the home. We saw that all shifts were covered by staff and the acting manager and deputy manager; no agency staff were used. The provider was reviewing their stance on the use of agency staff as a result of current staff vacancies. Staff members told us before they were allowed to start work, checks were completed to ensure they were safe to work with people. Staff told us references and checks with the Disclosure and Barring Service (DBS) were completed and once the provider was satisfied with the responses, they could start work. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with people.

We looked at how people received their medicines. We saw that consideration had been given to people being able to administer their own medicines, with individual assessments carried out. However, at the time of our inspection, there was no one living at the home who was able to take their own medicines safely. People told us they received their medicines when they needed them, including 'as required' medicines. One person told us, "I have paracetamol when I have a headache or a cold". We found that there was a medication trained support worker and team leader on duty on all shifts. This meant that the support worker could seek the assistance of a trained team leader if necessary. On the day of our inspection, the support worker in charge of medicines noticed a discrepancy with the medicines for someone and this was discussed with the team leader and rectified. Staff and the acting manager told us competency checks were carried out periodically on staff to ensure people receive medicines from suitably competent staff. Where concerns were identified about people's competency in this regard, they were unable to give people their medicines until the acting manager was satisfied they were able to carry out the role safely.

Good

Is the service effective?

Our findings

People told us staff had the necessary skills and knowledge to support them effectively. One person told us, "They are very good at looking after me". Another person told us, "Staff treat me really well". Staff we spoke with told us they received an induction into the role before working with people, and ongoing training which helped them support people. This included e-learning and face- to- face training, some of which was bespoke to meet the needs of people living at the home, such as specific personal care needs. On the day of our inspection, some staff members took part in a prearranged First Aid training session. The acting manager told us about the induction process, "It is only fair to the people living here that we do a thorough induction with new staff".

We spoke with relatives and health professionals about whether they felt staff were effective at meeting people's needs. A music therapist told us, "I can see that the training and areas of interest that staff have has a positive impact on their practice as carers of people with fairly complex needs". A fitness instructor told us, "The staff are fantastic. They have a real understanding of people's complex needs and how to support them".

We looked at how people were supported with eating and drinking and how a balanced diet was maintained. Where people had difficulties with eating, drinking, and swallowing, people had been referred to Speech and Language Therapy (SaLT). Staff knew the SaLT recommendations for individuals and we saw that this information was in people's care plans and was followed, such as cutting people's food into appropriately- sized pieces and offering softer foods. We sat with people and staff during the lunchtime meal and saw that people were supported to eat and drink where necessary. People told us they enjoyed the food. One person told us, "The food is really good. I like Sunday lunch, it's my favourite". Although there was only a choice of one meal at lunchtime, people told us they did get choices in the food they ate. One person told us, "If I don't like it, I can have a sandwich or something like that". Another person told us, "I can have tea, coffee, sweets and chocolate, trifles, creamy cakes, anything".

People told us they had access to healthcare professionals and were supported to maintain good health. One person told us, "I went to the hospital to have my teeth checked. A fortnight ago, I went for a glaucoma test at the hospital". We saw that people were supported to access a range of health professionals and services, including specialist nurses, the community Learning Disabilities Team and Well-Man and Well-Woman checks. People had their individual health action plans, which contained information on how to support individuals with their health appointments. Relatives told us people saw health professionals when necessary and that they were notified of this. One relative told us, "[person's name] had lost a significant amount of weight and they made sure tests were carried out and that the relevant professionals were involved". We spoke with a chiropodist who attends the home regularly. They told us that staff followed their medical guidance and recommendations and were good at communicating and asking for specialist advice and input.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA.

We looked at how the MCA was being implemented. The acting manager and staff were able to explain to us the key principles of the Act and how this was integral to their practice. For example, staff told us a person's dentist had recently told them that they had to clean the person's teeth for them. However, staff explained to us that as the person had the capacity to refuse this and subsequently did refuse to let staff clean their teeth, staff did not attempt to clean them against the person's will. Staff told us that instead, they prompted the person to clean their teeth themselves. We saw that people were offered choices in respect of the care they received. Recently, people had been asked whether they wanted to vote and were supported to do so. Staff explained to us the importance of offering choices to people, but also, not overwhelming some people with too many choices at once. We saw that where people lacked capacity to make certain decisions, meetings were held with the person, as well as relatives and health professionals where applicable, to ensure staff acted in that person's best interests.

At the time of our inspection, every person living at Weir End House had been assessed in respect of their individual care and support needs, and the provider had ensured DoLS applications had been submitted accordingly. Staff we spoke with knew why DoLS applications had been made for people and were able to explain to us the individual reasons for the applications.

Good

Is the service caring?

Our findings

People told us, and we saw that, they enjoyed positive relationships with staff. One person told us, "I love it here. The best things are the food and the staff". Another person told us, "[the staff] are very nice people. I love them". We were also told by one person, " I get on with them (staff), I like them. I like to be really open with staff". We saw that staff knew people well, including their individual communication styles. For example, staff told us that if one person mentioned two particular objects, that meant the person felt happy. Staff also knew people's individual likes, dislikes and preferences. A relative we spoke with told us, "Staff are sensitive to people's needs".

We found that a keyworking system was used to ensure people were involved in decisions about their care and support. A keyworker is a member of staff who takes a lead role in working with a person to understand their preferences, changes in health, social and emotional needs, and in communicating with relatives and health professionals. People we spoke with knew who their keyworkers were. One person told us, "My keyworker helps me with all my stuff- problems or anything". Monthly keyworker meetings were held in which people had the opportunity to discuss matters such as any concerns they had, any suggestions they wanted to make, and whether they had any short-term or long-term goals or ambitions, and these formed part of their care plans. People told us they were involved in writing their care plans. One person told us, "I wrote my care plan. I wrote pages and pages". We reviewed a sample of care plans and saw that people were involved in writing and reviewing them, and they contained information such as behaviour support, communication preferences and people's life history. One relative we spoke with told us, "[person's name] has an absolutely brilliant keyworker. The keyworker fights for [person's name] cause and knows and understands them so well".

We saw that information about local advocacy services was displayed for people and that the potential need for an independent advocate was reviewed as part of people's care plan reviews. Staff we spoke with had an understanding of when and why people may require access to an independent advocate, as well as the need for them to advocate on people's behalf. One relative told us, "The staff are positive advocates for [person's name], especially when attending medical appointments".
We saw that people's independence was encouraged and promoted. Three people helped prepare the lunchtime meal, and one person chose to do the washing-up afterwards; one person told us they did their own laundry. We also saw throughout the course of our inspection that people were supported to make themselves hot drinks.

People told us their privacy was respected. One person told us, "I like it because it's nice you can be quiet if you want to, or you can be with people". Another person told us, "I can be private. I can go to my room or I can go outside". Where appropriate, people had keys to their bedrooms and could lock it when they wanted to. A relative we spoke with told us that staff understood the need for privacy when visiting relatives and they ensured that there was a room available where visitors could spend time with their relatives in private. We observed respectful interactions between staff and people.

Good

Is the service responsive?

Our findings

We saw that staff responded to people's changing health and wellbeing needs. During the course of our inspection, one person told staff members and the acting manager that they were unhappy with the 'as required' pain relief medication most recently prescribed by their GP and that they wanted to be prescribed an alternative. The acting manager spoke with the person about their concerns to gather as much information as possible as to why the new medication was unsuitable and explained they would contact the GP, which they did that day. The person told us they were happy with this and that, "I have told them something is not right and they are sorting it out for me".

Relatives we spoke with told us that staff knew people well and were able to tell when their needs had changed. One relative told us, "They (staff) were concerned about [person's name] and were tenacious in pushing for GP and psychiatry appointments". We spoke with the music therapist who told us, "There is an effort to understand each individual, and over the time I have worked with the (people living at Weir End), many have experienced changes in their personal life and outlook, such as health events which have had an impact on their daily life. I have seen examples of good practice in terms of tailoring support to the changing needs of the individual, and at times have worked closely with staff to inform the practical choices made".

We saw that people were supported to pursue their interests, as well as developing new hobbies and interests. On the morning of our inspection, four people told us they were looking forward to going clothes shopping and we saw they were supported with this in the afternoon. People told us about their interests and hobbies and what they enjoyed doing, which included music therapy and exercise classes. We spoke with a self-employed fitness instructor who delivered various fitness sessions to people living at Weir End. They told us the provider had introduced the sessions for people to see whether they were popular and since then, between seven to twelve people attended regularly. The sessions included yoga, Tai Chi and netball, and were adapted to meet people's individual levels of fitness and ability. The fitness instructor told us, "Staff are excellent at motivating and encouraging people to try new things". A health professional who visits people at the home told us that people always had something they were looking forward to, such as holidays or a day trip.

Although people we spoke with preferred group-based activities, staff told us that due to current staff shortages, people who preferred to take part in individual hobbies and interests could not always do so. One member of staff told us they had recently taken a person to the cinema on their day off as the person wanted to go and there was not time during a shift to take them. We discussed this with the acting manager, who was aware that some staff were coming in on their days off to ensure people could take part in individual leisure opportunities. They explained that this was one of the reasons for the current staff recruitment drive and the reconsideration of the use of agency staff.

We looked at how the acting manager and provider dealt with complaints about the service, and whether people knew how to complain. People knew who the acting manager was and how to raise a complaint, if necessary. One person told us, "I wouldn't say I have a complaint, but I know how to if I had to". We saw that a pictorial complaints procedure was displayed for people on their communal notice board. We also saw

that people had monthly "Your Voice" meetings in which they could express any concerns or make suggestions. People had asked for a garden party for them and their relatives, and we saw this had taken place. Relatives we spoke with told us they would approach the acting manager if they had any concerns or complaints. One relative told us they had voiced a concern to the acting manager as they were unhappy with the level of communication and wanted to be kept more up to date with their relative's care. The relative told us that since then, the communication had improved and they felt the matter had been resolved.

Good

Is the service well-led?

Our findings

People we spoke with knew who the acting manager was. One person told us, "I see [acting manager] at breakfast and I like to say hello". We saw that one person wanted to speak with the acting manager during the course of the inspection, and they asked a member of staff for the acting manager by name. The acting manager and deputy manager spent time speaking with people throughout the course of the inspection and they were a visible presence for both people and staff. A relative we spoke with told us, "The acting manager is very approachable, very good with the (people living at Weir End House), and very competent".

However, there was concern expressed by some relatives about an acting manager, rather than a permanent registered manager, being in post, as they felt this created instability for people and staff. One relative told us, "There have been considerable changes in management". Staff we spoke with told us they were uncertain what the provider's plans were regarding a permanent manager, and were unsure how long the acting manager would be in place for. However, they told us they felt supported in their roles by the acting manager and felt the home was well-managed. A health professional told us, "They are a well-managed and happy staff team".

Staff told us the acting manager promoted an open culture by being approachable and by encouraging communication. One member of staff told us, " [acting manager] is really good because you can ask them direct questions and they always give you an honest answer and explain things". A relative we spoke with told us, "There is openness there and we can challenge things". They told us they had been concerned about how much money their relative was spending, so they arranged to meet with the acting manager to discuss their concerns. The relative told us the acting manager had listened to their concerns and the person's care plan had been updated as a result of the discussion.

Staff told us they received regular one- to- one meetings with the acting manager but whilst there were staff meetings, these were infrequent at present due to staff shortages. However, staff told us the acting manager was approachable and they could discuss any issues of concern with them at any point. Staff told us the acting manager worked alongside them to cover some shifts, which they found beneficial as it provided support to them in their roles. Staff told us they felt the current staff team knew the provider's values and that they shared these as a team. One member of staff told us, "Our core staff like being here - that shines through when you talk to the (people living at Weir End House)". Another member of staff told us, "The people who work here are here for the right reasons".

We looked at how the acting manager and provider monitored the quality of care provided to people, and how they ensured that people's safety, wellbeing and health were maintained. We saw that the acting manager and deputy manager carried out monthly audits in areas such as safeguarding, health and safety and medication. The audits were used to identify any concerns and to address these. The acting manager also had oversight of all incidents and accidents recorded by staff, and they and the provider reviewed these and looked at whether there were any patterns and emerging risks to people. For example, incident forms highlighted a change in a person's demeanour and showed a change in behaviour, so this person now received support from an appropriate mental health professional.

We saw the provider had introduced some 'road shows', where the CEO visited individual homes and spoke with staff to establish their views on how the service is run and ask them for any suggestions. As a result of staff feedback, we saw that 'Pride Awards' had been introduced, which meant that people and staff could nominate individual staff members for an award to recognise their good practice. Staff also told us following feedback, the provider had introduced long-service awards and Christmas bonuses.

The acting manager had established links with the local community, and these were used to benefit people. For example, the local police had visited the home to deliver some training and coaching about keeping safe whilst in the community and also, awareness raising of acceptable and unacceptable behaviours. People told us they enjoyed attending the local community centre, where they took part in activities such as money management and road safety.

Staff were aware of the provider's whistleblowing policy and the procedure to follow if they had any concerns, including any concerns about the registered manager or provider. Staff told us they would feel comfortable raising any concerns and felt they would be acted upon.