

# Parkcare Homes (No.2) Limited

# Wells Road

## Inspection report

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Date of inspection visit:  
31 January 2018

Date of publication:  
08 March 2018

## 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

The inspection took place on 31 January 2018 and was unannounced. At our last inspection in November 2015, the service was meeting the regulations inspected.

Wells Road Care Home is registered with us to support up to six people with complex learning disabilities and or mental health needs. At the time of our visit there were six people living there.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. This means people with learning disabilities and autism using the service can live life to their full potential.

There was a registered manager for the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe and staff knew how to protect people from the risk of harm and abuse in the home and when they were in the community. Risks that people may face were identified and then managed safely. Medicines were managed safely. People were able to look after their own medicines. This was with assistance from staff when needed.

People were involved in planning menus and their wishes in relation to meal choices were included in the options available. People were supported to eat and drink enough to stay healthy. People were supported to build up confidence in self budgeting and preparing and cooking their own meals.

Staff were properly supported to do their job effectively. This was because they were well supervised in their work. Staff were also being trained and updated. This meant they knew how to provide people with effective care.

People we met were positive in their views of the staff team and how they supported them. People felt well supported with their particular and often complex needs. People were treated with warmth and attentiveness from the staff that supported them at the home. We saw how staff spent plenty of time speaking with people they were supporting. There were also many positive and warm interactions between them. People looked relaxed with the staff when they wanted to speak with them.

People's range of needs were assessed and their care was properly planned with their involvement if this was what they wanted. Care plans supported and set out for staff the care to be delivered. This was explained in detail in a way that properly met the needs of the person that the care plan was about. The staff team conveyed to us they had an up to date understanding and insight into the complex needs of the

people they supported.

There were systems in place to protect people's rights in the home. The staff followed the Mental Capacity Act 2005 if people lacked capacity to make informed decisions in their daily lives. The provider had completed an application under the Mental Capacity Act Deprivation of Liberty Safeguards for one person. This had been accepted and DoLS safeguards were in place for the person concerned.

The registered manager investigated and responded to people's complaints, promptly and openly. They did this by ensuring they followed the provider's complaints procedure.

People were supported to take part in activities and events that were meaningful to them in the home and the local community. Staff supported people to gain independence with a wide range of activities in the home and the community.

People who lived at the home felt supported by the registered manager. People also said they could approach and see the registered manager at any time if they wanted to speak with them.

The registered manager worked hard to learn from any mistakes and to make sure people were safe. The registered manager was open and transparent in their approach to running the home. They understood the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way when running social care or health service.

There were a number of quality monitoring systems and checks being carried out of the service. These were to monitor the care and service people received. Recent health and safety checks had identified the need for actions to be taken to keep the environment free from safety hazards. Health and safety audits showed that risks to people were identified and the actions needed to keep people safe were set out.

## 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 remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service remains Good

# Wells Road

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

Before the inspection, we reviewed the information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

This inspection took place on 31 January 2018 and was unannounced. The inspection team consisted of two Inspectors.

Because some people were not able to tell us their views of the service we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with five people who lived at the home. We interviewed four members of staff and the registered manager. We also met two relatives.

We pathway tracked the care of two people. We saw care and support in communal areas, spoke with people in private. We also looked at records that related to how the home was being run as well as the quality monitoring systems in place.

## Is the service safe?

### Our findings

The provider ensured people's medicines were managed and given to them safely. We saw that staff who had undertaken medicine management training were responsible for the administration of medicines in the home. The majority of medicines were supplied by a national pharmacy using a monitored dosage system. This is a method of dispensing medicines that help keep track of what has been given and when. The medicines are in a special sealed tray.

Each person had a medicines folder which contained an information sheet recording their name, date of birth, a recent photograph and a record of any allergies. Medication Administration Records or MAR sheets were pre-printed by the pharmacy. Where handwritten amendments were added to MAR sheets, two signatures were seen. There were no gaps seen on MAR sheets reviewed. Appropriate codes were added where medicines had not been administered and the reason for non-administration was recorded. Detailed PRN protocols were in place for all 'as required' medicines in order to inform staff about their safe use. Further information about other medicines that had been prescribed was also available, as were topical medicine application 'body maps.' Daily stock checks, of all medicines were recorded, and expiry dates were checked. The temperature of the storage area was recorded daily and records seen indicated that medicines were kept within safe limits.

People were protected from the risk of unsuitable staff being employed because there was a robust selection procedure in place. Staff recruitment records confirmed that the service operated a safe and effective recruitment system. An enhanced Disclosure and Barring Service (DBS) check had been completed for all staff. The DBS check ensured that people barred from working with certain groups such as vulnerable adults would be identified. Part of the recruitment process also included completion of an application form, and an interview. Previous employer references were sought to check the candidate's suitability for the role. People at the home were always given the option to be involved and have a full say in the recruitment process.

To make sure people were supported by a safe number of staff on duty at any time the staffing levels were reviewed daily. This was done to take into account the number of people being looked after and their care and support needs and what level of dependency needs they had. We saw that people were supported by enough staff to provide them with prompt and attentive care. For example, when a person became angry in mood there were staff always available. This was to provide one to one support to them to help them to feel less upset.

Risks to people were assessed and their safety managed so they were supported to stay safe while their freedom was still respected. We saw that people's support plans included individual risk assessments and risk management plans. These included behaviours that may challenge, moving and handling, and nutritional risks. Where risk assessments had highlighted specific support needs the care plans clearly showed what actions were needed to support the person to stay safe. The staff followed the risk assessments and supported people in ways that aimed to keep them safe. For example, in relation to certain people's mental wellbeing the staff followed guidance to support people when they became agitated and

angry in mood.

Systems were in place to minimise risks to people in the environment. The fire discovery and evacuation procedure was detailed in the fire file. A fire risk assessment and management report had been carried out in July 2017. Records in the file indicated that the significant findings from the report had been actioned. Weekly fire alarm testing, fire extinguisher and fire exit checks had been recorded, although not for the week commencing 1st January 2018. Monthly fire door and emergency light checks had yet to be completed for January, although the manager stated these would be done by the night staff that night. There was a record of a fire evacuation drill being carried out on the 6th January 2018. Personal evacuation plans for each resident were in the file. Records seen indicated that required maintenance schedules had been met for the emergency lighting, fire alarms and fire extinguishers. Staff fire safety training records indicated high compliance. First aid kits were seen in the kitchen and in the laundry. Current gas safety and fixed wiring certificates were seen. Records seen in the maintenance file indicated that the monthly vehicle, radiator; and electrical equipment checks had yet to be completed for January 2018. This was brought to the registered manager's attention and they said they would address this without delay.

People were protected from the risks from cross infection in the home. The communal areas seen were clean and free from malodours. A monthly infection control audit was carried out, although the one for January had yet to be fully completed. The kitchen was found to be clean and food safety hygiene control measures were generally in place. Fridge and freezer temperatures were recorded and refrigerated food was labelled with the date it was opened. However a half used container of lasagne, covered with foil was found on a ledge in the kitchen. It had not been labelled and staff were unaware it was there. The food was thrown out when we brought this to the attention of the staff on duty. There was a separate laundry area containing a washing machine capable of washing at high temperature. Separate containers for soiled and clean laundry were seen.

## Is the service effective?

### Our findings

People and their relatives told us they were satisfied with the way staff supported them. One person said, "The staff are very nice."

People had their range of needs met by staff who understood how to provide effective support to them. This was seen in a number of ways. Staff used a variety of responses when people became agitated in mood and anxious. Staff talked through with people how they were feeling, and sometimes they used specific distraction techniques to support the person. For example staff would go for a walk with certain people to reassure them and calm their mood. The staff also prompted some people to have a shower or a bath at different times of the day. We saw that staff helped remind some people to be sat in a safe position before they had meals and drinks so that they would not be at risk of choking.

Staff were meeting the needs of people in the ways that were explained in their care plans and were following what was written in each person's care plan. Staff also told us they read the care records on a daily basis to help keep them up to date about people and their changing needs. This was to help them know how to provide people with effective care and support. For example, staff told us about one person who sometimes became very agitated in mood and required different staff approaches. This was due to their fluctuating mental health needs and we saw staff use these approaches with the person and they becomes more settled in mood.

People's legal rights were upheld. Consent to care was sought in line with guidance and legislation. The provider had understood their responsibility in relation to the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). People's care plans recorded their mental capacity had been assessed when required, and that DoLS applications to the supervisory body had been made when necessary. Staff had received training in respect of the legislative frameworks and had a good understanding.

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 so that they can 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 saw that the staff always asked people for their consent prior to supporting them, for example before prompting them with their care needs. Staff waited until people were heard to answer in response to them. The staff offered people choices during the visit. For example, what activities they wanted to undertake during the day and what meals they might like.

People were well supported to maintain their health and well-being. The staff told us and records confirmed that people were supported to regularly use health care services. Daily records were kept so that the staff

could monitor closely people's changing health needs. The service supported people to maintain set appointments with healthcare professionals and effectively arranged emergency appointments when needed. Records in people's support plans indicated that their health needs were assessed and that they were supported to access health care professionals. Those seen include GPs, opticians, psychiatrists, behavioural support practitioner and members of the community mental health team. 'Hospital passports' were seen that contained essential information for hospital staff should a person need an urgent admission. Staff confirmed they continued to be well supported in their work. Regular one to one supervision meetings took place for all staff. These were either with the registered manager or another senior member of the team. Staff supervision meetings are aimed to address any concerns staff may have and also to discuss other matters such as performance and training. The staff team told us that managers were approachable and they were able to discuss any concerns they may have outside of formal supervisions.

All new staff completed an induction programme when they first started working at the home. The induction programme included learning about different health and safety practices and procedures, the care of people with learning disabilities and mental health needs, safeguarding people from abuse, and correct moving and handling practices. They were also trained about the needs of people who lived at the home and how to meet them. We spoke with newer staff who told us they had completed an in depth induction programme and this had included working alongside more experienced staff learning how to provide good care.

Training records confirmed there was regular training provided for staff. Recent training sessions staff had attended included responding to behaviours that may challenge, understanding mental health and medicines management. This was to make sure staff had the skills and competencies necessary to effectively meet people's needs. This also showed that people were supported by staff that were suitably qualified and experienced to meet their needs.

## Is the service caring?

### Our findings

Staff supported people in a way that demonstrated they were kind and caring. We saw this in a number of approaches. For example, staff used a calm approach with people who were anxious. The staff also engaged in gentle humour and encouragement to motivate people to do household activities. People responded warmly to staff when they used this manner with them.

We saw and heard interactions between staff and people at the home that were warm and friendly. Staff members sat beside people while talking and gently laughing with them. We also saw staff members comfort people who had become upset. The staff spoke gently with the person and helped them feel less distressed. We also saw that people were relaxed and comfortable in the company of staff. People took the chance to talk to staff about what they were doing. At lunchtime in the dining room, staff sat down with people which helped to make the meal a warm relaxed time.

Staff treated people with dignity and respect. Staff spoke in a polite way and spoke calmly with people to make sure people fully understood them. One person was angry in mood and the staff were patient, calm and positive with the person. The staff told people why the inspectors were at the home. People asked the inspectors frequently throughout the day what they were doing. People were calmer and looked more settled with our presence due to how the staff had helped them to understand the inspection process.

Staff showed they had a good insight and understanding of people's likes, dislikes and range of care needs. They clearly understood and respected people's unique individuality. This meant that conversations were meaningful and we saw that this helped to reduce some people's anxieties. For example, staff told us that some people often expressed concern if they had not seen a particular member of the team who supported them with their care. The person came to the office during our visit hoping to see the staff member. We heard the staff member reassure them in a sensitive and caring way.

Staff were able to tell us how they provided personalised care. They said this meant they cared for people in a way that respected them as unique individuals because they got to know people very well. They said that care plan information helped them to ensure they put people at the centre of all decisions made. The staff cared for people in small teams. The staff said that as a result of knowing people very well, they knew how to meet their full range of needs. The staff also said they had built up close trusting relationships with the people they supported.

People said they met their keyworkers regularly and spoke with them about what sort of care and support they felt they needed. A keyworker is a named member of staff who takes a special interest in a person at a service and aims to get to know them particularly well. Care plans showed these discussions took place often. They also showed people were involved in planning and deciding what sort of care and support they would like to receive.

Care records had a personal pen picture history that told the reader about each person's life history, family and experiences before they moved to the home. These were documented in clear detail and this

information gave staff important facts and past experiences of the people they supported. The staff used this information to form a detailed account of people's life experiences and preferences. This helped ensure people received person centred care based on their unique needs.

## Is the service responsive?

### Our findings

People receive personalised care that was flexible to their needs. People had comprehensive, personalised support plans in place that had been based on assessments of their needs. Support plans consisted of ten distinct sections held in two large files. Information recorded covered personal profiles, personal development, support needs assessments, support plans, individual risk assessments and risk management plans, behavioural support, Mental Health Act documentation, daily support and care record, personal activity plans; and health care action plans.

Records of monthly meetings with keyworkers were seen. These meetings covered any progress made with regard to action plans in place, review of support plans, the person's room, health, activities and concerns. The question 'has anything made you feel unsafe' was also asked. Personal activity plans seen were in a seven day time table format. One person's activity plan included skills sessions, swimming, shopping and lunch out of the home.

We saw records in place to support people in response to behaviours that may challenge others. The staff were able to tell us the ways in which people received support with managing certain behaviours. This included information about signs and triggers that may impact on people. The actions staff needed to follow to ensure a positive outcome for people were clearly set out in their care records.

A visiting relative of a person who had recently moved into the home confirmed that they had been consulted about their relative's needs and said that they were due to have a further discussion with the manager that day. They said that they felt the person was safe in the home and added "(Person's name) has complex needs but they are getting to know them. I have no real concerns."

People were supported to enjoy their interests and take part in social activities. There was a broad range of activities on offer at the home. Timetables had been planned with people that set out their choices of plans for the week. We saw that attention was given to making sure activities reflected people's interests and preferences. For some people this included being supported into College and with establishing a regular routine during the day. Other people's weekly activities included going out for exercise and attending social groups.

People knew how to make their views known about the service. Everyone we spoke with said if they were to have a complaint they could always discuss their concerns with the staff and the registered manager. We saw a copy of the information people were given when they arrived at the home. This included a copy of the complaints procedure about the service. This was set out in an easy to understand way. It clearly set out how people could make complaints if they had them.

People, families and relevant professionals were sent surveys at least once a year to capture their opinions of the service. People were consulted about numerous aspects of how the home was run. These included their views of the staff, their attitude and approach, did they feel involved in planning their care, what activities they were interested in, and the menus. The registered manager and a representative of the provider reviewed the answer that people gave. When people had raised matters we saw that actions were

identified to address them satisfactorily. For example menus had been reviewed and amended. We also saw that social and therapeutic activities had been reviewed.

## Is the service well-led?

### Our findings

The provider helped to ensure that staff understood the clear vision they had for the service. This was to deliver high quality care and support, and promote positive outcomes for people. The staff were up to date about what the provider's visions and values were for the service. The staff were able to tell us these values included being person centred and inclusive in their approach at all times. The staff told us that they made sure they followed these values with the people they supported.

The registered manager conveyed to us that they provided effective leadership of the home. They had a passion and enthusiasm for the home, the people who lived there and the team.

The provider ensured that the registered manager was supported in their role. A senior manager visited the home regularly and also made daily contact with them. Senior staff from the provider's quality team also visited the home on a regular basis. They carried out full audits of the service. After each audit the registered manager was provided with feedback and an action plan to make improvements where these were felt to be needed. These were then checked at the next audit to make sure appropriate action was taken and the expected outcomes from these had been put in place. Following a recent audit, it was identified that certain care records would benefit from being updated. This had been addressed and care records were up to date, detailed and informative.

The feedback from staff and our own observations showed how staff worked as a team. The registered manager told us how much they loved their role and felt it was for them a passion and the best job they had ever had. We saw that staff were also motivated in their roles and responsibilities. The registered manager also said they had been looking forward to the inspection and were ready to share with us the improvements they had made in the home. This showed an open transparent and committed approach.

Staff were supported by communication systems that were in place to support them to make their views known about how the home was run. Staff told us they were able to contribute to decision making in relation to how the home was run. Staff told us that supervision and staff meetings were supportive in discussing and resolving issues and concerns. Staff told us the registered manager was open in approach and listened to them.

Staff were encouraged to perform well at work. The provider had introduced an employee rewards scheme. This recognised outstanding care and service at the home. An acknowledgment was prominently displayed to whoever who won this award in the organisation.