

Parkcare Homes (No.2) Limited

95 Bromyard Road

Inspection report

95 Bromyard Road
St Johns
Worcester
Worcestershire
WR2 5BZ

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01 December 2017

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Website: www.craegmoor.co.uk

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

95 Bromyard Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. 95 Bromyard Road accommodates up to six women in one adapted building, with areas for people to spend time together or more privately as they choose.

Care and accommodation is provided for women with mental health needs. Some people living at the home may also live with learning disabilities.

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. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

People told us staff talked to them about their safety and that they received care from staff that understood their safety needs. Staff took action to help people to remain as safe as possible. This included when people were developing their independence and trying new things which were important to them. Staff knew what action to take if they had any concerns for people's physical or emotional well-being and were confident senior staff would put plans in place to protect people if this was required.

There was enough staff available to care for people and to spend time with them doing things people enjoyed, so the risk of people feel anxious or isolated was reduced. People were supported to have the medicines they needed to remain well and free from pain. Action was taken to ensure the risk of people becoming ill through infection was reduced and systems were in place to manage people's safety.

People had the opportunity to meet staff and visit the home before they decided to move to 95 Bromyard Road. Staff assessed people's care needs and involved people who knew them, so they could put initial plans in place to meet people's needs. These processes had recently been further developed, to enhance people's experience of living at the home.

People and their relatives told us staff knew how to look after them. Staff had undertaken training to develop the skills they needed to care for people living at the home and to meet their needs. People enjoyed preparing their own drinks, snacks and meals and were supported by staff to do this safely, where they wanted this. Staff supported people to access the health services they needed to remain well. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and their relatives were complementary about staff's caring approach. People had built trusting relationships with the staff that supported them, and wanted to involve staff in their day to day lives. People showed us they enjoyed spending time with staff. Staff recognised people's right to independence and varied how they communicated with people so they were able to make informed decisions about the care they wanted. People's rights to dignity and privacy were understood by staff and their rights were respected.

People's care had been planned by taking their individual histories, wishes and needs into account. Staff communicated information regularly with other staff, so people's care would be adapted to meet their changing needs. People and their relatives knew how to raise any concerns or complaints they may have and were confident these would be addressed.

The registered manager encouraged people and staff to make suggestions to develop the home and people's care further. Staff had been supported to understand how they were to care for people so they there independence and confidence would grow and they would enjoy a good quality of life. People benefited from living in a home where links had been made with other organisations so their needs would be met.

The provider and the registered manager checked on the safety and quality of the care provided to people, and put plans in place to develop the home further. This included refurbishment of the communal areas of the home and gardens.

Further information is in the detailed findings below.

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.

95 Bromyard Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive, unannounced inspection which took place on 1 December 2017. The inspection was undertaken by one inspector.

As part of the inspection we reviewed the information we held about the service and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We requested information about the home from the Healthwatch and the local authority. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care. The local authority has responsibility for funding people who used the service and monitoring its safety and quality. We also requested information from other organisations which had supported people living at the home, so we could gain their views on how well people were cared for.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spent time with people in the communal areas of the home and saw how staff supported the people they cared for. We spoke with four people who lived at the home. We have therefore not used quotes within this report and the examples we have given are brief because we respect people's right to confidentiality. We also spoke with two relatives as part of the inspection.

The registered manager was not available on the days of the inspection so we talked with the deputy manager of the home and the provider's representative. We contacted the registered manager after the inspection visit to discuss plans for developing the care people received further. We talked with three care staff members, and the provider's representative. We also received feedback from one health care

professional, who supported people who lived at the home.

We checked a range of documents and written records. These included three people's care records, which showed us how staff monitored and promoted peoples safety. We saw three people's care records and checked how people were supported to have the medicines they needed to remain well. We checked staff recruitment and training records, so we could be sure people were being cared for by suitable staff who knew how to support them.

We also looked at information which showed us how the provider and registered manager monitored the quality of the care provided and the actions they took to develop the service further. This included questionnaires completed by, minutes of meetings with people living at the home and minutes of staff meetings. We saw the checks the registered manager undertook so they could be assured people were receiving care which met their needs, safely.

We saw key policies and procedures were in place, such as how people's rights were promoted, how the staff would respond to any complaints made and how staff were encouraged to raise any concerns they had for people's well-being.

Is the service safe?

Our findings

People told us staff regularly discussed their safety with them. One person highlighted staff were careful to support them to manage their safety when they went out of the home independently to do things they enjoyed doing. People's relatives were confident their family member's safety needs were met. One relative explained their family member was anxious when they attended health appointments. The relative said, "There's always two staff who go, so [person's name] gets plenty of reassurance." We saw people were comfortable and relaxed with the staff that supported them.

Staff understood how to support people if they were at risk of harm or abuse. This included raising any concerns they may have with the registered manager, senior staff or external organisations with responsibility for promoting people's safety. Staff were confident if they raised any concerns the registered manager and senior staff would take action to help to protect people.

People told us staff took action to support them to stay as safe as possible. One person told us staff understood risks to their safety and well-being, such as if specific environments made them anxious. The person told us staff always made sure they were in a place where they felt at ease. People's relatives told us staff knew their family member's safety needs well, and responded to their needs. One relative highlighted the support their family member had received with their safety needs. The relative told us as a result of this, their family member was now far less isolated, and enjoying new experiences safely.

We found staff had a good understanding of people's individual risks. Two staff members told us how they supported people so their risks were reduced. One staff member told us this included risks to people's physical safety when crossing roads. Another staff member explained how they supported one person so the risk of them becoming ill was reduced, through support to manage their food storage. The staff member also highlighted how people were supported to manage risks arising from the use of information technology.

We saw staff supported people so risks to their safety and well-being were reduced. For example, staff encouraged people to consider their safety needs when planning to go out of the home to do things they enjoyed doing. We also saw staff took time to provide reassurance to people when they were anxious.

People told us there was enough staff to care for them and meet their needs. Three people told us they liked to have support from staff when they went out of the home. People told us because there was enough staff available to support them, this was done regularly. Staff told us there was enough staff available to meet people's needs and care for them safely. One staff member told us extra staff were made available to support people, if anyone living at the home was particularly anxious and needed more time and support from staff. We saw staff were available to care for people in the ways they preferred and to spend time chatting with them. The registered manager had made checks on the suitability of staff employed so risks to people's safety were further reduced.

People told us staff helped them to have the medicines they needed. One person told us this included extra

medicines, if they needed any additional pain relief. One relative we spoke with explained how well their family member was supported to have the medicines they needed. The relative said because staff had explained the benefits of taking their medicines, and gently encouraged them, they were now having all the medicines they needed to remain well. Staff were not allowed to administer people's medicines until they had received training and their competency had been checked. We saw staff kept clear records of the medicines people had received and regular checks were made to ensure people had the medicines they required.

People were supported by staff who took action to reduce the chance of infections. One person told us staff always used aprons and gloves when caring for them. One staff member explained how they supported people to ensure the food they stored and prepared was suitable for use. We saw the registered manager undertook checks so they could be assured the likelihood of infections were reduced.

People told us they were encouraged to raise any concerns they had for their safety both within the home and when out in the local community. One person told us how changes were being introduced in response to suggestions they had made, so risks to their safety were reduced further. We saw the registered manager and provider had systems in place to manage and promote people's safety.

Is the service effective?

Our findings

Relatives told us their views on their family members care needs and preferences were sought before their family members moved into the home. One relative said as result of this their family member had been supported to settle into life at the home in the best way for them.

Staff gave us examples of how they assisted people to feel comfortable moving into 95 Bromyard Road. One staff member explained one person had met with staff and had the opportunity to visit the home on seven occasions, before deciding if they wished to move to the home. A senior staff member outlined how staff from 95 Bromyard Road worked with people, their families and other organisations in order to decide if the home could meet people's needs. Records we saw showed us staff had considered what support people needed and how people liked their care to be given.

People told us staff knew how to help them. One person explained staff were very good at supporting them to become more independent. The person told us this included being supported to develop the skills they needed to prepare their own meals. One relative we spoke with said they knew staff had received good training as their family member's physical and mental health needs were met. One staff member gave us an example of additional training which had been arranged at staff's request. The staff member told us this had helped them to care for people so their mental health needs were met. Senior staff showed us staff had undertaken a wide range of training so they would be able to provide safe and effective care to people. This included specific training when staff first came to work at the home, so people's needs would be met.

Some people liked to do their own shopping and prepare their own meal, snacks and drinks. Other people enjoyed support from staff to do this, safely. One person told us staff knew they really enjoyed baking, and they had regular opportunities to do this. We saw that staff encouraged people to make their own food and drink choices and supported them to store and prepare their food, so people would have enough to eat and drink and remain well.

People and their relatives gave us examples of the actions staff took to work with other organisations so people's health needs were met. One person told us staff always helped them to see their GP if they were unwell. One relative told us about the work staff had done with their family, so they would feel less anxious when visiting health professionals. As a result of this, their family member now received the care they needed to remain healthy. Records we saw showed people had regular access to health care, so their physical and mental health needs would be met. We saw staff had developed health plans to provide extra support where people wanted this, so they would enjoy the best health possible.

People told us they decided how they wanted their rooms furnished and equipped. One relative explained how staff had supported their family member so their room met their needs, and they were able to keep items which were important to them, safely. Staff knew if people liked to spend time quietly and areas had been made available to for this, so people's anxiety was reduced.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be

deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff had received training so they would know how to promote people's rights and had followed the processes necessary when depriving people of their liberty. We also saw where people needed support to make some decisions these had been made in their best interests. Staff we spoke with understood who had the legal rights and responsibilities to support people to make decisions, when they could not do this themselves.

Is the service caring?

Our findings

People told us they liked the staff who cared for them. Relatives were positive about the relationships developed between staff and their family members. One relative told us, "Staff are so loving, extremely patient and professional." The relative told us because of the kindness shown by staff their family member now had the confidence to show empathy and affection to others. The relative told us this had been, "A massive change" for the person, and they were very happy living at the home. We saw people sought out staff to chat with them about their day; people wanted to involve staff in their lives, and staff were interested in their achievements and keen to support them in the ways people preferred. We also saw a number of people currently living at the home had sent compliment cards to staff, thanking them for their support and staff's kindness.

Staff spoke respectfully about the people they cared for, knew how they liked to be reassured and comforted and understood what interested them. One staff member told us one person liked to spend time on their own with staff, so they could enjoy a game of scrabble. The person told us staff often spent time doing this with them, which they really enjoyed. Another person told us staff always tried their best to support them, so they liked the staff and enjoyed living at the home.

People told us they were encouraged to make their own decisions about the day to day care they wanted. One person told us they chose how they wanted to spend their time and what support they wanted from staff. Another person told us they now enjoyed making their own decisions about things they liked to buy.

We saw staff took time and care to communicate with people in the ways people preferred. One staff member told us how they had used social stories, so one person would be able to make their own decisions about the health care they wanted. We saw information was available to people in a range of formats to meet their needs. This included pictorially based information, so people would have the best opportunity to understand the care available to them and to make their views and known.

People said staff treated them with respect and understood their right to independence and privacy. One person told us after an initial period of support from staff they were now able to spend time doing things they enjoyed on their own in the community, safely. The person told us they really valued this. Another person highlighted they had their own key to their room, and this helped them to feel respected and safe. We saw people's personal information was securely stored, so people's right to privacy was promoted.

Is the service responsive?

Our findings

People told us they decided what care they wanted and how they wanted to be supported. One person said plans had been put in place so they would be supported to gain more independence. The person told us these plans were working, and they were now ready to move out of 95 Bromyard Road, so they would be able to live more independently. Another person told us they had planned with staff how they would look after their own medicines when the time was right for them.

Relatives told us their suggestion for planning their family member's care had been listened to. One relative told us as a result of this, their family member enjoyed a better quality of sleep, and was now less isolated. The relative also said, "They [staff] understand [person's name] likes physical contact, and they make sure they care for them in this way."

Staff said any suggestions they made for planning people's care was acted on. One staff member explained they had made a suggestion about interesting things one person might like to do. The staff member told us their suggestions had been adopted and the person was very enthusiastic about their new hobby.

Before the inspection the registered manager had sent us some information about the way people's care was planned. In this, the registered manager told us "Everyone has a person centred planning file (PCP) to help people that support them understand them and their relevant history." We saw people's care plans and risk assessments reflected their unique needs, risks, preferences and goals. People's care plans carefully recorded their histories, celebrated people's achievements and let staff know what was important to them. Advice from other health and social care professionals had also been incorporated into people's care plans. By doing this people's care was planned in ways which would promote their quality of life and their needs would be met.

People told us staff supported them to keep in touch with friends and family who were important to them and to do enjoyable things. One relative told us staff had offered to support their family member to see them. The relative told us, "Staff go above and beyond, they really go the extra mile." We saw staff offered people choices of trips out and things to do, based on their known preferences, during our inspection. Staff took action based on the decisions people made.

Staff gave us examples of the different ways they supported people so they would have the care they needed and enjoy living at the home. One staff member told us about the work they did so one person's anxiety was reduced when receiving some elements of care. The staff member explained how important it was for the person to have as much control of the care provided as possible, so their anxiety was reduced. Another staff member highlighted the need to be flexible in the way another person was cared for. The staff member said, "It has to be their choice, it has to be about what they want." A further staff explained how one person's cultural needs had been considered when planning their care, so they had the support they needed to celebrate their culture. Staff told us, and we saw, systems were in place for staff to communicate people's needs, so the care they received would be adapted as the support they required changed.

People told us they were encouraged by senior staff to raise any concerns or complaints they had. One person gave us an example of a concern they had raised and told us the registered manager took immediate action to address this. We saw when planning people's care staff had considered people's individual communication needs and how they would let staff know if they had any complaints. We saw information had been made available in pictures to help people to raise any concerns or complaints they may have.

None of the relatives we spoke with had needed to raise any complaints about the care provided. One relative highlighted their family member would make any complaints if they felt this was appropriate. The relative said, "[Person's name] has not raised any here. It's because she is so much happier than she has ever been." We saw processes were in place to manage any complaints received, so any lessons would be learnt.

Is the service well-led?

Our findings

A registered manager was in post at the time of our inspection. 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.

The registered manager was not available on the days of our inspection, so we spoke with the registered manager after the inspection. The provider's representative, the registered manager and senior staff told us they wanted people to receive care tailored to their needs, so they would have the best quality of life possible, and to be safe. In the information returned to us before the inspection, the registered manager told us, "The women who use this service are key to the running of it and every month a key worker meeting is held between the key worker and the service user to ensure that their needs, dreams and aspirations are being met."

People and their relatives were complimentary about how the home was run. People told us they felt their views were listened to and their views on how the home was run were taken into account by senior staff. One person told us all the people living at the home were encouraged to make suggestions for improving both their own care and how the home was managed. The person said this included planned improvements to the kitchen and other areas of the home. One relative told us because of the way the home was managed, "I can't praise them enough, it's the best place [person's name] has lived. It's wonderful what they [staff] have done to support them."

Staff told us they were supported to understand how they were to care for people, through one to one meetings with their managers, staff meetings and a staff newspaper. We saw regular meetings were held with people living at the home and with staff, so their views could be obtained, and action taken. Staff we spoke with highlighted the registered manager wanted people to develop the skills and confidence they needed to live fulfilled lives. One senior staff member gave us an example of the actions the registered manager took to promote people's confidence, by holding events to celebrate their achievements.

People confirmed they often saw the registered manager and senior staff and found them approachable. The provider's representative, registered manager and senior staff spoke warmly about the people they cared for. One senior staff member told us people who had previously lived at 95 Bromyard Road often kept in touch after they had left the home. The senior staff member said how pleased they had been when one person had called them to let them know they were now successfully studying for a degree. People's relatives told us senior staff always contacted them if they had any concerns for their family members' well-being.

Senior staff gave us examples of how they worked with other organisations so people's needs would be met. One senior staff member highlighted how one person had been supported to contact another organisation so their rights and freedoms would be promoted. We received positive feedback from a health professional regarding the way people's healthcare needs were met. We also saw compliments had been received from

social care professionals, who had recognised that support provided allowed people to thrive and develop.

Senior staff and the registered manager said they were supported to provide good care to people through regular contact with the provider and sharing best practice and lessons learned from provider's other locations. This helped to ensure people benefited from living at a home where improvements were driven through.

There were processes in place for the provider and registered manager to check people were receiving the care they wanted in the ways they preferred and that this was done safely. This included gaining the views of people using the service and staff through surveys, and reviews after any incidents. The provider's representative and a senior staff member gave us an example of changes which had been introduced in how people's initial assessments were done, as a result of learning from one incident.

We saw the provider regularly monitored any complaints and actions taken to promote people's safety. This included checking how staff managed people's medicines, so they could be assured people were receiving the care they needed. We saw action and learning was taken from the checks made, so people's care would be developed further.

The provider and senior staff told us they had plans to further develop the garden and communal areas of the home, so people would continue to enjoy living there.