Parkcare Homes (No.2) Limited

Park Street

Inspection report

82 Park Street
Trowbridge
Wiltshire
BA14 0AT

Tel: 01225777728

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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?	Good

Summary of findings

Overall summary

Park Street is a residential care home providing care, support and accommodation for up to five adults with learning disabilities. At the time of our inspection there were four people living there.

The care service had 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.

There was a registered manager in post. 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.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People told us they felt safe. Staff understood their responsibilities to keep people safe from harm. Risk assessments were in place and these promoted people's independence when at the service and when accessing the community. Medicines were managed safely. Incidents and accidents were reported and lessons learned were shared with staff. Safe recruitment practise was followed and there was enough staff on duty to meet people's needs.

Staff were trained and supported to carry out their roles. People were supported to have enough to eat and drink. People's consent for support was sought in line with legislation and guidance.

People using the service said staff were kind and supportive and that staff respected their privacy and dignity. We saw positive interactions between staff and people.

Care and support plans were person centred and detailed people's personal goals. Staff knew people well and understood their needs. People confirmed that staff supported them as they wanted them to. Complaints were reported, investigated and resolved. Feedback from people and their relatives was sought.

There were robust quality assurance processes in place. Staff spoke highly of the registered manager. The provider's values were embedded in the day to day support of people. There were strong links with the local community.

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? The service remains safe.	Good
Is the service effective? The service remains effective.	Good
Is the service caring? The service remains caring.	Good
Is the service responsive? The service remains responsive.	Good
Is the service well-led? The service remains well-led.	Good

Park Street

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 inspection. The inspection took place on 24 September 2018 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed other information we held about the service, including previous inspection reports and notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us. We also looked at information in the 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.

During the inspection we spoke with one person living at the service, three members of staff and the registered manager. We reviewed two people's care and support records and three staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints. After the inspection we received feedback from three commissioners and health and social care professionals who had worked with the service.

Good

Is the service safe?

Our findings

The service remained safe.

At the last inspection we found that medicines were not always managed safely. This was because improvements were needed in relation to the stock records and audits of people's medicines. At this inspection, we found that satisfactory improvements had been made and medicines were managed safely. People had locked cupboards in their bedrooms where their medicines were stored. The temperature of the cupboards was monitored to ensure the medicines were kept at safe temperatures. Regular stock checks and audits were carried out. One person told us they self-administered their medicines. They said, "I'm independent with my tablets now. I never used to be, but now I am." Staff had assessed the person's ability to manage their medicines and regularly reviewed this to ensure they continued to be safe to do so. The person showed us the assessment they had completed. They said, "They [staff] come and check I've taken everything and count what's left. I do the checks with them." The provider worked with other health professionals to stop overmedication of people with learning disabilities in line with NHS England guidance (STOMP). People had regular medicine reviews; one person was supported to have a medicines review during the inspection.

When we asked one person if they felt safe, they replied, "Yes, I do."

Staff received updated training in the safeguarding of vulnerable adults. They were aware of their responsibilities to report their concerns or poor practice to the registered manager or outside agencies as appropriate. One member of staff said, "I would report anything untoward as an incident." Another said, "If I saw bruises, I'd fill in a body map and show [registered manager]. It would then be reported to the safeguarding team." Staff were also familiar with the term whistleblowing. One staff member said, "This is their home, so it's up to us to support people and report any concerns about poor care. I would report it to [registered manager] or go higher."

Care plans contained risk assessments for keeping people safe whilst also maximising their independence when at the premises and when accessing the local community. Where possible, people were involved in writing their own risk assessments with staff support. We looked at the plan for one person who had a personal goal to become more confident going out on their own. The plan informed staff the person had a good understanding of road safety and that it was therefore important for staff to always practice this when supporting the person in the community. The plan guided staff to "lead by example." One person told us, "When I go out, I let staff know where I am, just in case there's an emergency." The plan for another person stated they had no awareness of road safety and that staff should always provide one to one support, including, "[Person's name] should walk on the inside of the pavement and staff should link arms with [them]." One member of staff said, "We risk assess all activities. When one person started to go to the shops on their own we would follow at a distance, to check they were ok and paying attention to the roads etc." The registered manager said, "We would never stop someone doing something they wanted to do. We just have to find a way to make it work. One person wanted to do a bungee jump so we did an assessment to check [they] understood the risks. Two staff went with [them] and [they] did the jump."

The provider had procedures in place to ensure that only suitable staff were recruited. These included inviting them for a formal interview and carrying out pre-employment checks. Within these checks the provider asked for a full employment history, references from previous employers, proof of staff's identity and a satisfactory Disclosure and Barring Service clearance (DBS). The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults. People were involved in staff recruitment. For example, we saw that one person had written questions to be used during one applicant's interview.

During the inspection there was enough staff on duty to meet people's needs. One person said, "Yes, I think there's enough staff. They always get me to my appointments on time. I don't like being late." The majority of staff told us they felt there was always enough of them on duty, although one staff member said they felt more staff were needed. The registered manager told us they had recently recruited new staff that were due to start their employment soon. They said they moved staff across the provider's three other local services to ensure staffing levels met people's needs and that they had a bank of staff if needed.

The building was visibly clean. Annual infection control audits were carried out. Staff had access to personal protective equipment such as gloves and aprons.

The premises were well maintained and safe. Safety reviews and regular servicing of utilities such as electrical checks, regular fire alarm testing and drills were carried out.

Incidents and accidents were reported. Incidents were analysed and action taken to prevent a recurrence. Lessons from incidents were shared with staff. For example, following one incident staff had been informed to ensure that no food was left unattended in the kitchen.

Good

Is the service effective?

Our findings

The service remained effective. People's needs and choices were assessed and regularly reviewed. For example, one person told us, "I used to have [staff] support two to one. But now it's one to one."

Staff had the skills and knowledge to support people. The registered manager showed us 'training reports' which showed which training staff had completed, as well as highlighting when refresher training was due. One member of staff said, "We do a mix of online and face to face training." Another said, "I've just done my manual handling and Proact SCIP which is about positive behaviour support for people." Records showed staff had also been trained in a range of subjects including the Mental Capacity Act, first aid, fire safety, equality and diversity and epilepsy. The registered manager told us, "The company recently launched a new career pathways scheme to support continuing professional development for staff; just last week we had our first team members sign up to work towards their diplomas. The company have also funded my study at university." They also told us the provider was relaunching the care certificate. This is a course which covers an identified set of standards, which health and social care workers are expected to adhere to. One professional told us, "It is evident to me that the staff have the skills to support and meet the complex needs of the people they care for."

Staff had regular supervision sessions with their line manager. This meant there was an opportunity for staff to discuss their performance and training needs, and gain support in their roles. Regular staff meetings took place and annual appraisals were also undertaken. One member of staff said, "We have supervisions every couple of months, but we can talk to the deputy manager about anything in between." Another member of staff said, "I get so much support here. I can speak to [registered manager] about anything. I can call her anytime and I know she will answer."

People were supported to have enough to eat and drink. People were involved in menu planning and their preferences for what they liked to eat and drink had been documented. We saw the menu was on display in the kitchen and that people had a choice of meals each day. People were encouraged to participate in meal preparation. For example, in one person's care plan it was documented, "Has developed more independence. Makes own breakfast daily and enjoys helping prepare other meals." In another person's plan staff had written, "Enjoys cookery. Understands safety and food hygiene" and "Needs support to ensure lots of variety and a balance of fruit and veg." There were recipe books available for people to look through and get ideas about what they might like to make. One person told us, "I get involved in making the food sometimes. If we don't want what's on the menu we can always choose something else. We go out for meals too." A member of staff said, "Two people can tell us verbally what they want to eat. Other people have picture menus, but we know them well so have a good idea of what they like." Throughout the inspection we saw people were regularly offered drinks. On one occasion we saw a member of staff ask one person, "Would you like a drink? Why don't you come through to the kitchen with me and then you can look and choose what you want."

People had access to ongoing healthcare. Care plans guided staff on the level of support people required; for example, in one person's plan it was documented, "Needs some support to make and attend

appointments." Another person's plan read, "Relies on staff to make appointments. Prefers mornings." Records showed people had access to the learning disabilities team, GP, dentist, and optician. There were hospital passports in place. These are documents which provide information to hospital staff such as people's communication needs, and their preferences.

The environment was light, bright and clean. People had decorated their rooms with staff support so that they were personalised. One person told us, "I like having my own bedroom and bathroom. I enjoy keeping it clean." Communal areas were welcoming. There was a garden which we saw people using. One person said, "I help out in the garden and in all the other [provider's] houses. I help the maintenance man. [Maintenance man] told me I did a good job. I love gardening."

Staff involved people in making decisions. For example, we saw staff say to one person, "[Person's name], your meds review appointment is today. Shall we go and get ready?" On another occasion one person had a visit from a social care professional. We heard staff knock on their door to tell them the person had arrived and the person replied, "Can you send them up?" We saw that staff knocked on each person's bedroom door before entering. One person had a sign for their door which they used to inform staff if they wanted to be left alone or if it was ok to knock.

Consent to care and treatment was sought in line with legislation and guidance. People were assessed for their capacity to consent and when people lacked capacity, best interest decisions had been made. These were documented and showed that less restrictive options had been considered. Input from other health professionals and advocates had been sought. Staff remained knowledgeable about the Mental Capacity Act and were able to explain how they applied it when supporting people to make decisions. One social care professional told us, "The staff involvement was, and continues to be important in enabling [person's name] to retain control over decisions in [their] life rather than have these made for [them]." The registered manager said, "We advocate really well. We ensure that people are given information and communicated with in ways that suit them best. I really fight for people. It's all about empowering people."

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). The provider was meeting these requirements.

Good

Is the service caring?

Our findings

The service remained caring. People were treated with kindness, respect and compassion. One person told us, "The staff are good. They do the right thing and always try to help when they can" and, "They really do an excellent job. I always appreciate what they do to support me." They also told us, "The first time I came here, I knew it was the right place for me."

Staff spoke passionately about their roles. One member of staff said, "I wanted to do a job that would have a positive impact. Something that was meaningful and would help people. I really enjoy my job." Another told us, "This is probably the best job I've ever had. Seeing people reach their goals is great."

Through conversations with staff it was clear they knew people well. They talked in detail about the people they supported, their goals and their preferences. One staff member said, "I took [person's name] for a massage today. [They] are a very sensory person and there was lots of things to touch and smell which [they] really enjoyed." One member of staff said, "The care is good here. I think the people that live here are happy here."

The atmosphere was friendly and calm. People were relaxed around staff; they were smiling and engaging with them. Some people chose to sit in the communal areas; others stayed in their bedroom or went out.

On the day of the inspection one person had attended an interview for a course and they told us they had been successful. A member of staff told this to another staff member during handover and they said, "[They] did amazingly well. We went for a celebratory meal afterwards." The other member of staff said, "I'm so glad for [them]. It's going to be amazing for [them]." A while later the person came into the room and said, "I've had the best day ever" and told the member of staff about the interview. The staff member congratulated them, said, "Wow, that's so good. Congratulations", and hugged them. It was clear to us that the staff were genuinely pleased the person had been accepted onto the course.

One social care professional told us, "I have witnessed staff interaction with people when I have visited, which has been sensitive, supportive and appropriate." Another professional said, "Staff have always been friendly and engaging." Another told us, "The staff I met interacted well with people; I observed good relationships between staff and people equally showing dignity and respect."

People were encouraged to express their views and feedback was sought. The registered manager told us a 'people survey' had been carried out during June 2018; the results and action plan following this was in the process of being written.

Good

Is the service responsive?

Our findings

The service remained responsive. Care and support plans were person centred throughout. It was clear that people had been actively involved in developing their plans and had monthly meetings with their key workers to review how things were going. We saw that people were asked what had worked well and what had not worked as well. Any actions were agreed and these were followed up each month. For example, one person had expressed concerns about the extractor fan in their bathroom. The recorded action was that the maintenance man had resolved this. One person said, "Yes, I have a meeting every month with one of my keyworkers. I've got two." A member of staff said, "We get people involved in their plans and ask them if they think the plan is working or not."

One health and social care professional told us, "[People] are consulted and participate when developing and reviewing individual support plans, their needs are clearly reflected in the plans and recorded to evidence how they have supported these needs."

Care plans contained detailed information about people's choices and preferences. These included people's preferred routines, such as the time they liked to get up and go to bed. There was also information about people's goals, both long and short term. Staff we spoke with demonstrated they knew people well and understood what people wanted to achieve. One member of staff said, "I help [person's name] with future plans, like learning to budget and gain more independence." Another member of staff said, "We try to promote independence. It might just be the smallest of things. For example, when I make coffee with [person's name] I'll ask [them] to get the milk out of the fridge and put it away. That's a big step for them."

People had differing communication needs. Some people were able to verbally communicate and others were not. Care plans described at length how staff should engage with people and how to ensure each person could be heard. For example, one person's plan described how they used a combination of sounds and a form of sign language to communicate their needs. There was clear information for staff to know when the person was in pain, agreeing to something, when they were enjoying something and when they weren't. Another person's plan explained how their condition affected their communication skills. For example, staff were guided to speak slowly, to concentrate on what the person was saying and to use simple and clear sentences.

People's care plans detailed triggers that might cause people to feel anxious. This meant that these episodes could be reduced. Additionally the guidance for staff on how to support people during episodes of anxiety was clear. Plans detailed the steps staff should take to reduce people's anxiety and these were personalised to reflect individual needs. For example, steps included keeping to planned timings and supporting people to move to a quiet space.

People's preferences for how they liked to spend their time were included within their care plans. People were also encouraged to try new things. There was a book of activity suggestions for people to look through. We saw that people had a wide and varied social life, including shopping, cinema, pubs and cafés. People were encouraged to take part, but not forced to do so. For example, in one plan staff had documented that

the person's independence was increasing and that they should be "encouraged" but also "not to feel pressurised to do so". The service had close links with the local church and one person regularly attended.. One person and a member of staff had completed the national autistic society's night walk in Bristol together to raise money for a local charity.

One health and social care professional told us, "[People] are consulted and participate when developing and reviewing individual support plans, their needs are clearly reflected in the plans and recorded to evidence how they have supported these needs."

People had been given a copy of the provider's complaints policy in a format they were able to understand. One person said, "Yes, I know how to complain. If I think they've done something wrong, I will tell staff." Complaints were reported, investigated and resolved. There had been no complaints in the past twelve months.

Advanced plans were not yet in place. These are plans that describe people's preferences about how they want to be cared for at the end of their lives. The registered manager told us, "We have actually started some work for one person. It's something very much on my agenda at the moment as something I am keen to get moving but I really want to make sure families are involved as much as possible."

Good

Is the service well-led?

Our findings

The service remained well-led. There was a registered manager in post. 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 provider's values were embedded in the day to day running of the service. Staff were familiar with the provider's purpose of making a real and lasting difference for people they supported. One member of staff said, "[The provider] is a good employer. They make you feel valued." The registered manager said, "Everyone living here has come to us through difficult situations. People have been helped by the staff to feel safe, comfortable and to build relationships."

There were robust quality assurance processes in place. Regular audits of the service were undertaken. These included audits of medication, infection control, health and safety, maintenance and mental capacity documentation. Actions arising from audits had been addressed. For example, improvements in the quality of care plan reviews and key worker meetings becoming more meaningful. Governance meetings took place quarterly.

The registered manager was well thought of by staff and people. One person said, "I can ring [registered manager] any time I need to." A member of staff said, "I find [registered manager] extremely helpful. [They've] known people who live here for a long time. If I get stuck, I can ring [them]. [They] will really listen and help with ideas." Another staff member said, "If ever I need support or advice, I can go to [registered manager] and know they will help."

Regular staff meetings took place. One member of staff said, "We tend to have monthly meetings. We're encouraged to speak up and make suggestions."

Feedback was sought from staff through staff surveys and changes were implemented. For example, staff pay had increased and supervision sessions were now more frequent and more meaningful. One member of staff said, "After staff surveys, we always get told about the results and things do get changed." The registered manager told us the provider ran a staff awards programme called 'Pride'. They said staff could be nominated by anyone.

The service had excellent links with the local community. The registered manager informed us of an annual garden party that was held in the provider's office grounds with the local community resident's association. They told us people had been involved in posting leaflets to inform others of the event and had taken part on the day if they wanted to. We saw feedback from a member of the community residents association where they thanked the registered manager, people living at the service and the staff for their continued support. The feedback stated, "It was lovely to see your residents getting involved and everyone really appreciated your hospitality. We can see that everyone is really well integrated into the [local] community and look forward to continuing our successful relationship." The service had organised an autism awareness

afternoon for members of the public and a healthy eating and lifestyle event. This event had also included health facilitators from the local council. There were links with the local learning disability group. The registered manager told us, "The group come to us and we meet up. Our people can also join in their activities if they want to." During the local elections, candidates had been invited to meet with people and to discuss their campaigns. The registered manager told us one person had voted for the first time following the candidates' visits.

The registered manager worked across four of the provider's other services, but remained accessible. They said, "Staff and people will come and speak to me if they have any problems. I'm always around or on the end of the phone." They said they felt proud of the team of staff and that the staff worked well together. The registered manager said, "I don't ask staff to do anything I haven't done. I'm doing a sleeping shift tonight. I'm happy to roll my sleeves up."