Parkcare Homes (No.2) Limited

Wingfield Road

Inspection report

22 Wingfield Road
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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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

At the previous inspection in November 2016 we rated Safe and Responsive as requires improvement. At this inspection we found the key question rated as requires improvement had improved their rating to good.

This inspection took place on 11 April 2018 and was unannounced.

At Wingfield Road staff can support five adults with learning disabilities that were also autistic. The home is registered to provide accommodation personal care for a maximum of five people.

It 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.

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. Registering the Right Support CQC policy.

A registered manager was 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.

Safeguarding processes were in place and ensured people at the service were safeguarded from potential abuse. Staff had attended safeguarding training on how to identify the types of abuse and the actions needed where there were concerns of abuse.

Risk management systems were effective. People were supported to take risk safely which enabled them to be independent. The staff we spoke with were knowledgeable about people's individual risks and the actions needed to minimise the risks. Where risks were identified risk assessments were developed on how to minimise the risks.

There were people who expressed their anxiety and frustration using behaviours that placed them and others at risk of harm. Staff had attended training to help them manage these situations. Positive behaviour support plans gave staff guidance on how to respond to people when they expressed feelings of frustration and anxiety.

Staff documented accidents and incidents. Debrief with staff and people took place where the incidents were significant. The registered manager then analysed the reports for patterns and trends.

Steps were taken to ensure medicine systems were safe. People administered their medicines and risk assessments and support plans were in place for this. Where staff administered people's medicines there was a profile which included their photograph and essential information such as known allergies and how the person preferred to take their medicines.

People told us there was staff on duty for them to have the attention they needed. Staff told us the team was stable and people received continuity of care from staff that knew them.

Staff attended training set as mandatory by the provider and there were opportunities for vocational qualifications. Staff told us they received basic mental health training during induction but not specific to one person's medical condition. The registered manager said a staff meeting themed on this topic was to take place.

The people at the service had capacity to make decisions and told us they made all their decisions. The staff we spoke with were knowledgeable about the day to day decisions people made.

Support plans were person centred and reflective of people's preferences. However, we found them to be repetitive and not all the action plans were related to support plan for the same area of need. We saw copies of the updated support plans which included all aspects of needs.

People told us how they kept busy. There were people that had joined groups and attended clubs. One person worked at a farm everyday and another worked on building a shed. One person was in part time employment. While we were at the home one person went on a shopping trip with staff and two people went on a trip for coffee with staff.

We saw people seeking staff attention and reassurance. We observed staff approaching people in a caring manner. For some people the staff used banter to gain their attention. We observed staff support one person to express their discontent with their current situation. We saw staff use an understanding approach and supported them with unravelling their issues.

The staff were knowledgeable about the values of the organization. They knew how these values were embedded into practice. Staff told us the team was stable and they worked well together. They told us the manager was approachable.

Quality Assurance systems were in place. Governance meetings were held with the registered manager and appropriate staff such as the deputy manager, team leader and maintenance staff. At the meeting the outcomes which included audits and events were discussed. Action plans were then devised where outcomes were not met. Copies of the minutes were then sent to senior managers. The registered manager said at the quarterly meetings the reports of unmet outcome were discussed at regional level.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People mostly self-administered their medicines. Staff followed medicine procedures. Medicine records were signed to indicate the medicines administered.

Risks were identified and where appropriate action plans were in place for people to take positive risks or to minimise the risk.

The deployment of staff ensured there was sufficient staff to meet people's support needs.

People said they felt safe and were able to describe what safe meant to them. Staff attended safeguarding training which meant they knew how to recognise the types of abuse and how to report their concerns.

Is the service effective?

Good

The service was effective.

People made their own decisions and where necessary staff helped with decision making.

The staff had the skills and knowledge needed to meet the changing needs of people.

People arranged their GP appointments and managed their dietary requirements.

Is the service caring?

Good

The service was caring.

People were treated with kindness and with compassion. We saw positive interactions between staff and people using the service. Staff knew people's needs well and how to reassure them when they became distressed.

People's rights were respected and staff explained how these were observed.

Is the service responsive?

Requires Improvement

The service was responsive

Support plans were person centred and reflected the areas of need. Where reviews had taken place the support plans were not always updated. Some care plans remained repetitive.

People had access to in-house activities and employment. People were supported to maintain contact with relatives.

People said they felt confident to approach registered manager with their complaints.

Is the service well-led?

Good

The service was well managed.

Quality assurance arrangements were applied consistently and where shortfalls were identified action plans on meeting outcomes were in place.

Staff were aware of the values of the organisation and said the team was stable and worked well together.

Wingfield 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 inspection took place on 11 April 2018 and was unannounced. At the time of the inspection there were five people living at the service.

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.

Before the inspection, we reviewed all of the information we hold 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.

This inspection was undertaken by one inspector. We spoke with three people, four staff and the registered manager. We looked at documents that related to people's care and support and the management of the service. We reviewed a range of records which included three care and support plans, staff matrix records, staff duty rosters, policies and procedures and quality monitoring documents. We looked around the premises and observed care practices for part of the day.

Good

Is the service safe?

Our findings

At the previous inspection we rated this key question as Requires Improvement because one bedroom was unclean and poorly ventilated. There were no clear guidelines for staff on the actions they must take when offers of support people with cleaning tasks were refused. This meant people were at risk from the spread of infections. At this inspection we found there had been improvements in the cleanliness and prevention from the spread of infection.

Arrangements were in place to make sure the premises were kept clean and hygienic. During the inspection we noted that in one bedroom the flooring was replaced and ventilation fans installed. A cleaning regime was introduced to support this person with maintaining their bedroom to better hygiene standards. A member of staff told us the person had agreed with the cleaning regime and for staff to support them with maintaining cleanliness.

The staff had a good understanding of their roles and responsibilities in relation to infection control and hygiene. Staff told us the measures in place to improve the cleanliness of the home and to prevent the spread of infection. For example, sluice bags were now provided. We raised with the staff that the sleeping/office was in need of cleaning and repair. A member of staff said "it's all staff's responsibility" to keep the home clean. They said the waking night staff had a cleaning schedule which we saw had the task listed which the night staff had ticked to indicate completion. The registered manager explained the room was not cleaned by waking staff because there was staff sleeping in the room. This was to be addressed for staff to clean the office during the day.

Safeguarding systems and processes were in place to protected people from abuse. The people we spoke with said they felt safe and the staff gave them a sense of safety. The staff told us from the safeguarding training attended they were able to identify the types of abuse and the reporting of suspected abuse. A member of staff said they were confident that their concerns would be taken seriously by their line manager. The registered manager, local authority and CQC would be contacted if their allegations of abuse were not taken seriously.

Individual risks to people were assessed. People's safety was monitored and managed for them to stay safe and to enable positive risk taking. One person told us they were able to leave the home without staff support, self-administered their medicines, prepared and cooked their meals and participated in cleaning their bedroom.

Another person told us, "when I am in a bad mood I need space to calm down" and that the staff didn't give them the "space" needed. A member of staff explained that when this person was in a "bad mood" they left the home and disliked the staff to accompany them. This member of staff said previously the staff followed the person at a discreet distance to ensure their safety. Another member of staff said this person has now agreed for staff to make phone contact when they leave the home in a "bad mood". If the staff's phone call was not responded within the timeframe agreed the police would be contacted and they would be reported missing.

Staff told us risks were assessed and they were knowledgeable about people's individual risks. Staff told us how they minimised risks to people placed at risk of harm when others presented with behaviours they found difficult to manage. For example, knowing the triggers and responding appropriately to reduce levels of frustration and anxiety. Where people had mental health care needs staff said they knew the signs of deteriorating mental health and how they were to support the person. Also promoting healthy eating for people assessed at risk from weight gain.

Risks were assessed and a score from low to high was given for each area of need identified. The risk assessment for one person that self-administered their medicines included details of their ability to order prescriptions, collect and store their medicines and take their medicines as prescribed. For another person with intrusive thoughts the risk assessment detailed how these thoughts were expressed. For example, self-harm and rituals. The actions from staff included to give a clear calm response, offer support and where appropriate offer where required medicines to reduce anxiety.

Risk and behaviour management plans detailed the types of behaviours one person may at times exhibit when they were experiencing anxiety or when they expressed their emotions. The risk assessments were not as detailed as the positive behaviour management plan. For example, risk assessments lacked guidance on how staff were to respond when behaviours were escalating. The risk assessment also stated that when the person became over familiar the staff were to increase the person awareness and inform them of their behaviour.

Whereas the positive behaviour plans for the same person detailed the behaviours that maybe observed. For example, repetitive behaviour, hiding others belonging and physical aggression. The triggers of these behaviours included missed medicines, staff changes and inconsistent support from staff. Proactive and Active strategies detailed the signs of when behaviours were escalating. For example, pacing and blocking people from leaving the vicinity. The response from staff included clear instructions, awareness of risk and to staying calm.

People told us there was enough staff on duty to meet their needs and to provide assistance and support when it was needed. One person told us the staff were always there for support. Staff told us the staffing was stable and there were no vacancies. Another member of staff said the ratio was three staff to five people. This was because "two people were independent and in transition to independent living environment. At night there was one sleeping and one staff awake". During the inspection we observed sufficient staff for people to visit coffee shops in groups and individually to visit shops. Where there were people left at the home staff were on duty.

Safe medicine systems were in place. Most people administered their medicines and risk assessments were in place for this. The self-administration support plan for one person detailed their ability to re-order medicines and agreements made with staff on how the administration of their medicines was to be monitored.

For one person the staff signed the medicine administration records (MAR) to indicate the medicines administered. The individual profile for this person included their photograph to ensure the staff were able to recognise the person. The way this person preferred to take their medicines and known allergies was also detailed in the profile. Protocols were devised for medicines prescribed to be taken as required (PRN). The protocols gave staff guidance, the purpose of the medicines and when to administer PRN medicines.

Good

Is the service effective?

Our findings

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 at the service had capacity to consent to their care and treatment. One person told us they made all their decisions. The staff we spoke with confirmed that people were able to make all their decisions. Records showed people were involved in decision making. The updated care records for one person included consent agreements for photographs and to share information where appropriate with social and healthcare professionals. For another person, their personal profile stated that they had consented to the financial arrangements in place..

New staff received an induction to ensure they were prepared for the responsibilities of the role. A recently employed member of staff said they were provided with an induction pack, which included the areas to be covered. For example, familiarisation of the building and mandatory training set by the provider such as managing difficult behaviours. Their induction included shadow shifts of more experienced staff to ensure they were confident to undertake their duties?. This member of staff also said that there was an organisational expectation that all new staff undertake the Care Certificate (standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors). This training covered areas such as person centred care, dignity, equality and diversity, communication, health and safety, and infection control worker,

Arrangements were in place to support staff develop their skills, knowledge and experience to deliver effective care and support. The training matrix provided showed staff had attended training including mandatory training that met the needs of people living at the service. For example, autism awareness, fire training, moving and handling. A member of staff said mandatory training was online and there was training for staff to manage difficult behaviours. This training was designed for staff to develop their skills with diverting and prevention of difficult behaviours from escalating.

One to one supervision with the registered manager was regular to discuss concerns, training needs and performance. A member of staff said an appraisal had taken place recently.

People were supported to prepare and cook their individual meals. One person told us "I shop, prepare and cook all my meals". Another person said "I don't have support from staff with cooking meals." and they had injured themselves. A member of staff contradicted this comment and said people were supervised where appropriate to prepare their meals. They said there was an expectation that people would develop skills to be independent. Staff prepared the meals for two people. Three people with occasional support were capable of preparing and cooking their own meals.

People had their own individual food storage areas. We saw people had a range of food items which included tinned and fresh food. A member of staff said people had individual food budgets and staff supported people to plan meals.

People were supported to live healthier lives and had access to healthcare services. One person said the staff helped them make health appointments and sometimes their consultations with the GP were on their own. A member of staff said that some people were able to make their own GP appointments and did not need staff to accompany them.

Health action plans detailed the ongoing healthcare support for a person to remain healthy. For one person, their health action plan detailed their medical history, medicines prescribed and other health care professionals involved in their care. For example, specialists, dentist, optician and the frequency of these visits. For another person their health action plan detailed the person's ability to arrange healthcare appointments. Also included were agreements with the person on the management regime of a permanent surgical site.

Hospital passports in place were designed to give medical staff detailed information about the person in the event of admission to hospital. The passport for one person included their medical history, medicines prescribed and communication needs. Other essential information about family and preferences were also included.

The property was adapted to increase people's skills with independent living. The property had the appearance of a domestic dwelling. Staff told us some people were working towards living independently and the property was separated into self-contained units. The people on the ground floor shared a dining and sitting area and kitchen. The people on the first floor shared a kitchen, dining and lounge area. One person had the third floor has a self-contained space.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion by the staff. One person said the staff were caring and they were being supported with moving into independent living accommodation. Another person described their previous placement and staff helped them to see the improvements with living at Wingfield Road. This person then stated "their life worth living".

Another person told us "I don't like it because of the noise. I have told them but nothing is done. I am going to tell my social worker because I want to live in a quiet place." During the inspection we saw the staff supporting this person to contact their social worker. The staff told us they had made a number of attempts to help the person contact their social worker but a response was not received.

A member of staff accepted that "the house is noisy and loud. There is conflict and [staff] work in a way for people to compromise. People have to agree they all make noise at different times. Some [people] have agreed to the times the music will be on and the level to reduce disruptions. When people are upset it goes out the window because it then becomes a [challenging] behaviour. This is because they have retreated on their agreement on the levels of music."

People were supported to express their views and be actively involved in making decisions about living together at the home. People had devised house rules which included "quiet space when housemates [people] are cooking". "Do not interrupt when other housemates were receiving support". "A staff member in the middle floor at all times." Staff told us house meetings were reinstated as before they were poorly attended. The minutes of a recent house meeting was on display and was in photographs, pictures and words. At the meeting the names of people and staff that were present was recorded with the things that were important to each person. Issues on levels of noise that related to group living was raised and an agreement was reached to "keep the noise to a minimum".

Staff told us how they built relationships and made people feel they mattered. A member of staff said "we take an interest on people's hobbies which helps with conversations". "We offer help and we actively listen and retain the information" discussed with people. Another member of staff said "we follow through with what we promise. We build trust by giving people time to come forward".

The registered manager told how they ensured staff cared for people in a compassionate manner. This registered manager said people had direct contact with them to discuss concerns. They said staff's practice was observed and received feedback where there were areas for improvement.

People were cared for by staff that knew them well and their personal histories. Staff comments about people indicated they knew people's preferences. A member of staff said that reading people's care plans ensured they delivered care specific to the individuals' preferences. People's personal profiles included their preferences on how staff were to support them. For example, for one person the communication section included how staff were to interpret phrases. For another person family and friends was important and was detailed in their personal profile. Life stories for one person included their education and qualifications,

medical conditions and how staff were to assist the person with their rituals to function with daily living.

People's rights were respected by the staff. One person told us the staff respected their rights to privacy and explained that staff knocked and waited before they entered their bedroom and bathroom. A member of staff said that they knocked on bedroom doors before entering. They said they had an awareness of people's preferences with the gender of staff to support them. Another member of staff said people were given privacy. For example, they "removed themselves" when people were having phone conversations. This staff said where documents were kept on behalf of people's these records were kept locked.

The staff worked within the principles of the Equality Act (2010). Staff ensured people's equality, diversity and human rights were reflected throughout all aspects of the care and support received. Staff gave us examples on how one person's diversity needs were met. A member of staff said one person was a naturist and staff ensured the person was aware of the designated areas to practice naturism. They said they respected this person's rights and before entering their private space they knocked before entering and waited for the person to give their permission to enter.

Staff also said the same person had expressed a wish to explore other genders which included a wish to wear clothing that crossed genders. A member of staff said "no matter what, we find the best way to help the person to do it. There are no stops. It's liberating to work here. [Person] is the boss and you [staff] are working for him".

Requires Improvement

Is the service responsive?

Our findings

At the previous inspection we rated Responsive as Requires Improvement because care plans were repetitive. On this inspection we found improvements had taken place.

People received personalised care that was responsive to their needs and reflected their physical, mental, emotional and social needs. One person confirmed they had support plans and knew their purpose. Staff said new support plan formats had improved which gave them more detailed guidance on meeting people's needs.

The overall placement aims and objectives plan for one person included the short and long term goals. Support plans were then devised on areas that supported their long term goals to move into an independent living environment. The short term objectives were then based on improving their competency with self-administration of medicines and with developing their independent living skills.

Daily routine support plans detailed people's preferences on the schedules they followed. The preferred routine for one person independent with personal care detailed the order for carrying out their personal care. For another person their hygiene routine plans detailed their ability to manage their personal care. Action plans gave guidance to staff on their preferences with the support needed.

Support plans for people with mental health care needs detailed how staff were to assist them in this area. For one person the support plan was designed to support them with repetitive behaviours including rituals. The action plans stated that staff must have a "good understanding of the medical condition." Staff told us they had received foundation training in some areas of mental health care needs but not in this specific area. The registered manager said mental health awareness modules were covered during the Care Certificate. Further mental health awareness training was to be cascaded to staff at a specifically themed staff meeting.

The review notes indicated this person had experienced increased periods of anxiety. A discussion had taken place with the person and a decision reached that input was needed from mental health care services. Staff had also documented that there were increased visits from the mental health team. However the support plan was not updated to reflect this person's changing needs.

Support plans were in place for one person that at times presented with behaviours staff found difficult to manage and placed others at risk of harm. While the staff said the support plan had been streamlined we found information had been duplicated. Some records did not make reference or include the same detail found in the positive behaviour support plan. Were the staff not to realise there was more detailed guidance available challenging situations may not be managed correctly.

Support plans and personal profiles detailed how people used language to communicate or express their emotions. The personal profile for one person gave staff guidance on how to interpret specific phrases. For another person the support plans specified the triggers of anxiety and potential challenging behaviour when

objects were used as a communications means. We saw that for another person with literacy needs the staff had supported them to access voice activated technology.

People told us they had a keyworker (staff assigned to specific people) and explained the role this covered. One person told us their keyworker accompanied them on meetings with social workers, helped them prepare menus and discussed their support plans with them. Another person said they had chosen a keyworker that worked in another location within the organisation.

Handovers to keep staff informed of people's current needs, appointments and activities took place when shift changes occurred. A member of staff said handovers and daily reports kept them informed about people when they arrived on duty. The daily handover record detailed the staff on duty, appointments and activities such as visits to café, shopping trips and shed building.

People developed and maintained relationships with people that mattered to them and avoided social isolation. One person said they had close family and that "I see them regularly." During the inspection another person went on a visit to their family members. Support plans detailed how people maintained contact with family. The registered manager told us another person had overnight and weekends away with family.

People followed their interests and participated in activities that were socially appropriate to them, and where appropriate, had access to employment opportunities. One person told us how they spent their day which included watching the television, arts and crafts such as knitting and independent living tasks. Another person said they were employed. A third person told us they were building a shed with staff support and this building was "out of control" because the size was increasing.

The "Making a Complaint" procedure on display in the office was in pictures and words. People told us they approached the registered manager with complaints. The log of complaints showed one person had made two complaints that related to group living. The registered manager took action to resolve the issues raised and devised a rota to give people better access to washing facilities.

Good

Is the service well-led?

Our findings

A registered manager was in post. The registered manager told us their role included enabling staff to "think outside box which helped people to develop skills" through "finding solutions and building opportunities". Staff said the team worked well together. A member of staff said "we support each other and we have grown together as a team" since having a core team of staff .

The staff were aware of the organisational values, the expected behaviours and were positive about working for the organisation. A member of staff told us, "I love working at the house. I feel supported. Hopefully residents feel supported too." Another member of staff said the values of the organisation included "treat people like I would like. Whatever we do is person centred. For example, not supporting two people at the same time." This member of staff also said when people presented difficult behaviours towards them they "were not taken personal".

The staff received feedback in a constructive and motivating way which created opportunities for staff to know the action to take. Joint team meetings were organised by the registered manager for staff working at the four locations they had a leadership role for. An additional team meeting for staff at Wingfield Road took place in January 2018. The minutes showed this meeting was arranged to discuss with staff their roles and responsibilities, team working and infection control.

Links with the local community were being strengthened. The registered manager told us they had arranged health facilitator events which had a positive outcome. For example, one person had requested a referral to control their weight. The national autism day was celebrated and funds were raised for the society. One person helped Health and Social Care college students to understand what living in a care environment meant to them.

Systems were developed to continuously learn, improve and to ensure sustainability. The registered manager said their role was to "empower people to make decisions. For example about their health". They said that "everyday the company offer continuous learning developmental opportunities. If you see it and like it try it". There was learning from significant events and stated that "staff get together to talk about it. Staff discussed "What they did well and what we can do differently".

The registered manager had considered staffing as essential to the sustainability of the home. They said talking to staff about developing the team was important and "if staff feel passionate about specific areas they should be assigned the lead role".

Systems were in place for assessing and monitoring the service. The registered manager explained the governance arrangements for assessing the delivery of care. This registered manager said they received feedback from the quality manager on governance meetings they organised with other appropriate staff. Copies of meetings showed the outcomes discussed included audits and events . Action plans were then devised where outcomes were not met. The registered manager said unmet actions known as "reports by exception" were then discussed at the regional level.

Incidents and accidents were analysed for patterns and trends. The reports showed that since January 2018 three episodes of behaviours which placed the person and others at risk occurred. The incident reports detailed a description of the incident and where there were significant incidents a debriefing took place with the person and staff. The outcomes of the discussion were recorded.