Parkcare Homes (No.2) Limited

Red House

Inspection report

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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

About the service
Red House is a residential care home providing personal care to five adults with learning disabilities, autistic spectrum disorder and/or mental health needs at the time of the inspection. The service is registered to support up to eight people.

The service has been developed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. The registered manager told us up to seven people could be accommodated as the eighth room was small and used as a staff sleep room. The house is larger than current best practice guidance. However, the building design fitted into the residential area and was in keeping with other large domestic homes in the area. There were deliberately no identifying signs, intercom or cameras outside to indicate it was a care home. Staff did not wear a uniform when supporting people at home and when accessing the wider community with them.

People's experience of using this service and what we found
People felt safe and staff treated them with respect and dignity. People were comfortable and relaxed when interacting with staff and they were happy to ask them for help or support. Staff were trained to meet their needs and had been recruited safely. Risks to people were managed through person-centred support plans, referral to health professionals and regular reviews of their needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. When restrictions were needed to maintain people's safety, for example, when going out into the community, the least restrictive approach was taken. Arrangements made on people's behalf were made in line with Mental Capacity Act requirements when people could not consent to decisions about their care

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. People reviewed their wishes and support needs regularly, with the staff member they chose to work with. Staff were committed to helping people achieve their goals and to ensuring people's disabilities did not prevent them from living a fulfilled and happy life. People were supported to participate in activities they enjoyed and were interested in.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. People who wanted to work or attend college were supported to do so and staff assisted people with developing life skills, such as cooking. People enjoyed regular visits to their local shop and their favourite places to eat or have drinks out. They had formed relationships with members of their local community through this regular contact. People were supported to maintain relationships with others who were important to them.

The service was caring and person-centred. People using the service and the staff supporting them, were valued and listened to. The provider and registered manager understood their responsibilities and monitored the service to ensure any improvements needed were carried out. The registered manager worked openly and transparently with outside agencies.

For more details, please see the full report which is on the CQC website at www.cqc.co.uk

Rating at last inspection
The last rating for this service was 'Good' (published 16 February 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Red House

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
Our inspection was completed by one inspector.

Service and service type
Red House 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 service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with three people who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager, deputy manager and three support workers. We

reviewed a range of records. This included two people's care and support records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We sought feedback from the local authority and professionals who work with the service. We looked at training data and quality assurance records.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

● People told us they felt safe at the service and we saw they looked to staff for support when they felt uncertain. For example, when meeting us and for help with more complex needs. Information about keeping safe was regularly included in meetings for people who used the service. People's comments included, "I'm happy with the staff" and "Staff keep me safe".

● People were supported to keep safe as staff followed the systems and processes in place to protect them. The registered manager was acting to ensure people using the service were safe. All staff we spoke with had a good understanding of safeguarding procedures, including involvement of outside agencies. Staff knew how to identify signs of abuse and understood how to protect people from harassment and discrimination. Support plans were in place to guide staff in actively avoiding potential clashes between people living at the service. During our visits, the atmosphere in the service was peaceful and relaxed and we saw staff followed the plans in place to protect people. There had been no incidents between people who used the service in recent months.

● The registered manager worked with the provider and relevant agencies to safeguard people. For example, they reported back to one person's social worker monthly, to keep them informed of progress with managing their behaviours. Staff were working with the Community Learning Disabilities Team (CLDT) to explore ways of helping people express their emotions.

Assessing risk, safety monitoring and management

● Risk assessments were completed and reviewed regularly. This included risks people may be exposed to while out in the community or doing activities. Support plans took people's individual needs and preferences into account. We saw staff followed these, to ensure people were supported to have as much freedom as was safe for them. For example, one person regularly went out independently.

● People's health needs were managed safely. Referrals to healthcare professionals were made promptly and their advice was acted upon. Support plans were detailed and clear and included advice from professionals. Changes in people's support needs were communicated effectively within the staff team. Where people required support with health-related needs, such as epilepsy, support plans were sufficiently detailed to assist staff to respond safely to any emergencies.

● Environmental and equipment safety checks were up to date and risk assessments were in place. Repairs or replacement had been carried out when issues were identified. People's needs in the event of an emergency had been assessed. Business contingency plans and personal evacuation plans were in place to guide staff in the event of an emergency. Staff were trained in fire safety and first aid.

Staffing and recruitment

● People were protected from those who may not be suitable to work with them. Required pre-employment

checks were completed before new staff started work. We discussed ways in which the recruitment process could be made more robust with the registered manager. For example, recording follow-up calls, when insufficient information was provided on a written reference.

● Staff induction and a six-month probationary period ensured new staff understood the systems and processes to be followed to keep people safe. During probation, the suitability of new staff was monitored through feedback from people using the service and other staff members. One staff member said, "We've had a few new staff. They are progressing and getting to know people".

● There were enough staff with the right skills and experience to meet people's needs. Staffing levels were sufficient to ensure people were supported to their chosen activities and their appointments. Staffing levels were maintained through staff 'picking up extra shifts' and occasional use of agency staff. Staff comments included, "We're never understaffed here" and "We get to spend time with people and bond with them".

Using medicines safely

● People received appropriate support to take their medicines safely. When people wished to be independent with their medicines, checks were carried out to ensure their safety.

● Medicine administration records (MAR) showed people had received their medicines as prescribed and the guidelines in place for staff giving 'as required' (PRN) medicines had been followed. Protocols for PRN medicines were clear and detailed, these were reviewed regularly.

● Staff who administered medicines had received training and their competency was checked every six months. Medicines were delivered in time for people's use as prescribed. They were stored safely and securely and returned to the pharmacy if unused.

Preventing and controlling infection

● Staff understood how to manage potential infection control risks and followed the policies in place when managing laundry and body fluids. This included following the national colour coding scheme for care home cleaning materials and following a cleaning schedule.

● Personal protective equipment was available for use throughout the home and an infection control audit was carried out bi-monthly. Any improvements needed had been acted upon.

● Staff completed food hygiene and infection control training and there had been no infection outbreaks at the service in recent years.

Learning lessons when things go wrong

● Records relating to incidents and accidents were reviewed by the management team to see if a similar incident could be avoided. People's support plans were updated accordingly. Two healthcare professionals told us, further to a safeguarding incident, "Staff have been motivated with regards to physical health, weight loss, and engagement in activities, and have since improved her quality of life substantially.

● A log of accidents and incidents was kept and this was reviewed by the management team to identify any trends or patterns.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

● People's support needs were reviewed regularly. Each person had chosen a staff member as their 'keyworker' who they met with monthly to discuss their needs and wishes. This approach assisted people to access information in a way they could understand, to help promote their quality of life and manage their health needs.

● People's close relatives and a range of health and social care professionals were involved in reviews when people's needs changed. One healthcare professional told us, "If there are any changes to any assessments then the deputy manager will usually inform CLDT and send the copies through. If I visit and there are reviewed assessments, then she will send them across within a day."

● The provider ensured policies included up to date national guidelines and legislation for staff to refer to. People's individual characteristics, under the Equality Act, were recorded and consideration was given to their age, religion and disabilities when planning their care.

●Technology was used to ensure people's needs were met in timely way and risks to them were reduced. For example, one person had an alarm to alert staff to any seizures overnight.

Staff support: induction, training, skills and experience

● Staff were supported through regular one to one meetings [supervision] and received an annual appraisal. They were positive about the training and support they received. Their comments included, "It was probably one of the best inductions I've ever had. Everyone [staff] is very knowledgeable, they know the service users very well", "Like [deputy manager] has always said, if you're not sure, do extra shadowing [working alongside existing staff] until you feel ok" and "I feel quite confident."

● Staff completed the provider's basic training, for example, safeguarding, first aid, health and safety and training specific to the needs of people who used the service. Specific training included introduction to autism, mental health and positive behaviour management techniques. The provider monitored the service's compliance with training requirements.

● Staff were supported by a positive behaviour support (PBS) specialist employed by the provider. The registered manager said, "Staff are very on top of it [managing behaviours]. There have been no incidents for a very long while."

Supporting people to eat and drink enough to maintain a balanced diet

● People were supported to eat a balanced diet, prepared from fresh ingredients. People's dietary needs and choices were included in their support plans and their cultural and religious food preferences were met. People's weight was monitored to ensure they had enough to eat.

● Two people were being supported to reduce their weight through diet and exercise. Both people had lost weight and were benefitting from this. For example, one person's mobility had improved which had a positive impact on their health and well-being.
●Staff completed training in food hygiene and understood people's support needs. People were involved in food shopping and meal preparation.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People had health action plans which described their health-related support needs and listed the healthcare professionals involved in their care. People were registered with a local GP and were supported to access preventative health care including an annual health check, dental and optical care. Dates when people's health checks were due were noted in their support plans.
● People received timely support in response to them becoming unwell. For example, one person continually complained of headaches, possible medical causes for this had been investigated. Recommendations made by healthcare professionals were relayed at staff handover, through the staff communication book and in updates to people's support plans.
● One healthcare professional said, "I think they are quite proactive".

Adapting service, design, decoration to meet people's needs
● The building design was suitable for the needs of people living there. People living at the home were able bodied and no special adaptations were needed. Accommodation was provided over three floors, with the upper and lower floors accessed via stairs.
● People had access to large communal areas including a garden, a comfortable lounge and large kitchen. Two separate dining areas were provided so people could sit away from others they did not get along with.
● People told us they had been involved in choosing the décor for their rooms. One person did not like outside contractors coming into the service, which this increased their anxiety related behaviours. We saw staff followed the person's support plan and contractors visited when this person was out at a planned activity.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● People's consent was routinely sought by staff, before providing care or support to them. We observed staff offering choices, using a variety of ways to communicate options to people.
● Staff understood the principles of the MCA and the MCA Code of Practice was followed. Assessments had been carried out when people's capacity to consent was in question. Mental capacity assessments and related best interest decisions informed risk assessments and support plans, to ensure people were supported in the least restrictive way. Support plans described what decisions people could make for

themselves, for example, in managing their personal finances and their medicines.

● DoLS applications had been submitted as required, renewal dates were tracked to ensure applications were submitted in a timely manner. DoLS authorisations in place had no conditions attached to them.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff developed positive relationships with people and their relatives. For example, when the registered manager arrived, one person greeted them with a hug saying, "I missed you".
- Staff had received training in equality, diversity and inclusion. They were inclusive in their approach with people, whose support was delivered in a non-discriminatory way. The rights of people with a protected characteristic were respected. Protected characteristics are set out in law to prevent discrimination, for example, based on age, disability, race, religion and sexuality.
- Staff provided emotional support to people when this was needed. One staff member said, "Hopefully I make them [people] happy. I think it helps [with us] being there, being able to talk to someone about their day and what they have done." They described how they worked with one person to help them manage their anxiety and return to a calm mood.
- Staff described a caring working environment, where their well-being was also supported. A healthcare professional said, "I've always thought they [staff] were caring".

Supporting people to express their views and be involved in making decisions about their care

- People were supported by a named staff member [keyworker] who worked with them regularly to review their support needs and wishes. Keyworkers helped people to identify their short-term and longer-term goals and put these into action. For example, planning days out, working on different life-skills, losing weight and increasing exercise.
- People were enabled to have control for aspects of their care they could manage independently. For example, the local bus timetable changed during our inspection and one person asked a staff member to highlight the new bus times for them. One person also wrote their own daily record, describing their day and the support they received.
- People attended 'Your Voice' meetings where their views about how the house was run and any events planned were sought. 'Ground rules' were followed to encourage everyone to have a say, using words everyone would understand. Minutes were written in an easy read format and actions from the previous meeting were followed up to ensure they had been completed.

Respecting and promoting people's privacy, dignity and independence

- Staff assisted people to maintain their dignity through gentle prompts. For example, making sure one person was still well-presented after eating.
- Support plans were clear about what people could do for themselves. One person accessed the community independently. People could have a key to lock their room if they wished. Staff respected

people's personal space and knocked on bedroom doors before entering.

● People were encouraged to participate in household chores such as cleaning their room. One person showed the sense of achievement having independence gave them. They smiled with pleasure and pride saying, "I love it here because I can be independent. I do my own washing and change my bed".

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People met with their keyworker each month to talk about the support they received from staff and whether this still met their needs and wishes. Records showed these meetings were meaningful and people's support was changed in response to their feedback.
- People benefitted from staff who knew them well and planned their support in accordance with their needs. For example, one person was more anxious than normal on specific days of the week, which could result in challenging behaviours on those days. Specific activities they enjoyed were planned for these days which kept them occupied and distracted and were effective in reducing these incidents.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been explored and highlighted in their support plans. For example, it was noted one person struggled to express their emotions. Staff were working with healthcare professionals to establish how they could be helped with this.
- People's support plans and reviews were written in easy read formats with use of pictures and symbols to help them understand the content.
- Staff helped people communicate their wishes. They made sure one person's medical appointments were made with healthcare professionals they knew, as they interacted better when they knew and felt comfortable with them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships with people who were important to them. For example, one person regularly visited their close relatives at home. People were well known in their local community. One person told us they enjoyed going to the local pub to see the landlord and their cat and people were regulars at their local shop.
- People were encouraged to follow their interests and could access local facilities and visit places further away. The bus stop was within easy walking distance of the service and one person was able to use this independently. They told us, "I catch the bus to Lydney, Cinderford and to go to college. One person's activity folder was decorated with the Welsh flag and colours; They enjoyed seeing tribute acts perform and had recently been to a Tom Jones tribute.

Improving care quality in response to complaints or concerns

● Information about the complaints process was accessible to people and was displayed in easy-read format in the entrance hall. Two complaints had been received in 2018 and none in 2019. We saw the complaints received had related to matters outside of the provider's control. For example, one person was frustrated with the level of benefits they received. This person was being supported to earn additional funds through paid work.

● People told us they would be happy to speak with the registered manager if they had any complaints or concerns.

End of life care and support

● The service had not supported anyone with end of life care for some time. However, people's preferences and choices in relation to end of life care had been explored and recorded. Records included people's preferences relating to protected characteristics, culture and spiritual needs.

● The provider had policies in place to guide staff in relation to end of life care. Managers told us end of life care would be provided to people in partnership with health care professionals.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had signed up to the provider's 'positive culture pledge' which outlined nine values staff should demonstrate while working. This included patience, kindness, respect, gentleness, compassion, commitment and being person-centred. These values were upheld in the feedback we received about the service and in our observations during the inspection.
- One staff member said, "Everybody [people and staff] is just like one family. The service users come first". One healthcare professional said, "They always seem to care for their patients. The home has a very nice family atmosphere and they [staff] call us appropriately."
- Staff were positive about the management team. Their comments included, "Firm but fair, really approachable" and "They are just such nice people here. [Deputy manager's] a really genuine person. She'd do anything for them [people] or staff".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood regulatory requirements and notified us promptly about any important events at the service. The provider met their regulatory requirement in relation to duty of candour. The duty of candour places legal responsibilities on organisations to be open and honest when things go wrong. For example, the registered manager informed safeguarding, commissioners and CQC about a serious incident between two people who used the service which resulted in one person being injured. They continued to work openly with commissioners, providing a monthly report of incidents, advice from healthcare professionals and techniques used to support the person.
- The registered manager said 'quality walkarounds' were carried out by a manager at the service at least three times a month. These involved observing staff while supporting people, checking staff knowledge, visual checks and talking with people who used the service. The management team completed a schedule of monthly and quarterly audits, as required by the provider. These included checks relating to the environment, finances, medicines, documentation, activities and MCA/DoLS and health and safety.
- The provider's governance systems monitored the quality and safety of the service to identify where improvements were needed. The provider monitored each service's compliance with requirements, for example, to ensure staff received the training needed. Further to these quality checks, the registered manager was working through a small action plan.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● People told us they could speak with staff or the registered manager if they were unhappy.

● People were part of their local community and had formed relationships with people they saw regularly during community-based activities. One staff member said, "They [people] absolutely love it. Even talking to strangers, they are not singled out. They are smiling, chatting. Every single day they get to go out. They can do what they like." We saw people regularly attended local events, including entertainment and fairs, alongside other members of the public.

● Staff were proud of the service they provided and were highly positive about people's quality of life. Our conversations with staff and managers demonstrated a 'can do' approach. For example, one staff member said, "We are all pretty hands on. With holidays, they're all arranged, nothing's ever a problem. We all work as a team".

Continuous learning and improving care; Working in partnership with others

● The provider shared 'lessons learned' from other services through management team meetings. For example, these had recently covered 'fraud in the workplace', which included use of 'fake' references, financial losses, bribery and corruption. Updates and changes were cascaded through staff meetings as needed to improve the service.

● The registered manager kept up-to-date through registered manager meetings and networks.

● One healthcare professional said, "The service is getting better with being organised overall. Whenever [team name] go out and complete a review, I ask for the same information. When I first started this wasn't always readily available, but the deputy manager has made progress in terms of the filing and keeping everything in order paperwork wise".