

Parkcare Homes (No.2) Limited

Church View

Inspection report

Church Street
Kimberworth
Rotherham
South Yorkshire
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Tel: 01709557658

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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

Church View is a residential care home that provides accommodation and personal care support for up to 25 adults with a primary diagnosis of mental health and/or mild learning disabilities. At the time of our inspection there were 23 people living at Church View.

The service has been developed and designed 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 mental health, 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.

People's experience of using this service and what we found

Systems were in place to safeguard people from abuse. People told us they felt safe. Safe recruitment practices were followed. Staff were suitably trained and supported to enable them to meet people's needs. Medicines were given safely to people by trained and knowledgeable staff, who had been assessed as competent. Infection control was well managed and the home was maintained and free from hazards.

People's needs were assessed before they moved into service to ensure the home would be able to meet their needs. Staff received regular training, supervision and appraisal to develop their skills and knowledge. People were supported to eat and drink enough to maintain their health and wellbeing. 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.

People were complimentary about staff and living at the home. People we spoke with told us staff were caring and supportive. People appeared relaxed and comfortable in each others company and that of staff. We observed positive staff interactions during the inspection. People's independence, privacy and dignity was promoted, and their views and opinions were regularly requested. People were treated with dignity and compassion. Independence was promoted as much as possible. People were encouraged express their views and be fully involved in their care and support.

Each person had a care and support plan which detailed people's choices and preferences. The plans were regularly updated and reviewed to ensure staff had accurate and clear guidance about how to support people. People were encouraged follow their interests, and take part in social activities. People knew how to make a complaint and were confident their concerns would be dealt with effectively. Where appropriate, people's end of life wishes were recorded.

The management team demonstrated an open and transparent management style and were fully engaged

with people and staff at the service. The registered manager had a visible presence within the home and operated an open-door policy. Effective governance systems were in place, ensuring people received consistent care.

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

Rating at last inspection. The last rating for this service was good (published 20 July 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 reinspection 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Church View

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was completed by one inspector.

Service and service type

Church View 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 CQC. 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 looked at all the information we had received from and about the home since the last inspection. We sought feedback from professionals who commission the service on behalf of people. 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.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager and members of the care and support team. We

reviewed a range of records. This included five people's care records. We looked at a 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.

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

- The provider had effective systems in place to safeguard people from abuse. All staff we spoke with had a good understanding of what to do to safeguard people from harm.
- People told us they felt safe at Church View. Comments included; "I'm not worried about my safety here," and "I really like the CCTV, it helps me feel safe and gives me confidence."
- The registered manager was knowledgeable of their responsibility to liaise with the local authority if safeguarding concerns were raised and documents demonstrated this occurred.
- Staff had confidence their concerns would be listened and responded to. One staff member told us, "I am 100% positive that any concerns raised to the manager would be appropriately dealt with and referred." Staff told us, and records confirmed they received safeguarding training, which was updated annually.

Assessing risk, safety monitoring and management

- Risk assessments were in place for people. When risks were identified, care plans provided guidance for staff on how to manage the risk and reduce the risk of harm to people. For example, where people were at risk whilst in the community, the risk assessments provided clear guidance to staff on how to manage the risk and promote people's safety.
- Staff we spoke with were knowledgeable about the guidelines provided and could explain how they would support people in a safe manner. Staff had an excellent understanding of people's behaviour support plans and could confidently explain how they would support people to manage any distressing behaviours.

Staffing and recruitment

- There were enough skilled and competent staff on duty to meet people's needs in the home, on trips out and activities in the community.
- Staff told us the staffing levels were good and meant they could always provide personalised care and support to ensure people lived full and active lives.
- The registered manager regularly reviewed staffing levels and adapted them to meet people's changing needs.
- Staff were safely recruited to ensure they were suitable to work with people who use care services.

Using medicines safely

- People received their medicines regularly from staff who had been trained in the safe administration of medicines. Medicine administration records were completed and audited regularly.
- Staff received updates and had competency checks undertaken to make sure they remained competent and followed good practice.

- Medicines were stored correctly, temperatures were regularly checked and medicines that were no longer required were destroyed safely.

Preventing and controlling infection

- Staff had undertaken training and were aware of their responsibilities to protect people from the spread of infection. There was an up to date infection control policy in place.
- The home was clean, tidy and fresh throughout. Staff followed daily and nightly cleaning schedules.
- Staff were provided with personal protective equipment including disposable gloves and aprons and were observed using them where necessary throughout the inspection.

Learning lessons when things go wrong

- The registered manager had a system in place to check incidents and understood how to use them as a learning opportunity to prevent future occurrences. Risk assessments and care plans were reviewed following incidents to prevent reoccurrence.
- Incidents, accidents and near misses were clearly recorded, analysed and acted upon.
- The registered manager told us, "Lessons learnt at any of the provider's sites are talked about at team meetings, we share any procedural changes and improvements with the staff team."

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 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 were thoroughly assessed before coming to the home to ensure staff could meet their needs. Staff liaised with the person, relatives, and health and social care professionals to get a full picture of the support the person required.
- Care and support was delivered in a non-discriminatory way that respected people's individual needs. Staff regularly reviewed people's needs, and updated risk assessments and care plans as necessary.
- People's care plans were reviewed regularly and if there were any changes to people's needs, this would also trigger a review which helped to ensure that the care and support provided remained current and up to date.

Staff support: induction, training, skills and experience

- Staff received regular individual supervision. This provided an opportunity for the registered manager to meet with staff, discuss their training needs, identify any concerns, and offer support. Staff told us they felt supported by the management team and felt able to gain support from them at any time. One staff member told us, "There is always support available from the manager."
- Staff received a variety of regular training including, health and safety, whistleblowing and safeguarding.
- Staff had completed a comprehensive induction which included the completion of the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of staff working in the care sector.
- A staff member told us, "The training we have available is regular and always appropriate. I believe I have benefited and developed as a result."

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

- People were supported at meal times to access food and drink of their choice. One person told us, "I think the food is great." Another person said, "The dinners are very good, I can choose what I want. I really like the food here."
- Special diets were catered for which included people with food allergies.
- People's care plans contained health, nutrition, diet information and health action plans. There were nutritional assessments and fluid charts that were completed and regularly updated.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- People were supported to access ongoing healthcare. Staff did this by arranging appointments and, if appropriate, attending them with people.

- Staff cultivated solid working relationships with external health care professionals and agencies such as, GPs and social workers.
- The home maintained a record of contact made with health care professionals and organisations.

Adapting service, design, decoration to meet people's needs

- The home was appropriately adapted, and equipment provided was regularly checked and serviced to meet people's needs.
- The home was warm and welcoming. One person told us, "I really like it here. I can be with people in the lounge and watch TV or I can be on my own in my room."
- People were involved in the planning of the decoration of their room. One person said, "I chose the paint colour and helped to paint as well."

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.

- Staff were aware of the principles of the MCA and gave people choices to make decisions for themselves when they had capacity to do so.
- People had consented to the care they received. People had signed and consented in their care and support plans.
- The provider demonstrated an understanding of the need to consider people's mental capacity when making specific decisions and that any decisions made on their behalf should be made in their best interests. They had made applications for people to have a DoLS assessment where needed.

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

- People told us staff were kind and caring towards them. When asked if staff were kind and caring, people commented, "Yes, very", "I really like all of the staff, they are very nice", "I have nothing but praise for the manager and staff", and "I think the staff are all wonderful."
- We observed staff interacting with people and found they were supportive, kind and caring. It was evident staff knew people's communication needs well and were able to engage effectively with them. We observed a light and friendly atmosphere in the home.
- People's needs in respect of their religious beliefs were recorded, known and understood.
- The service had an Equality and Diversity policy in place to ensure reasonable adjustments were made so all the people using the service and staff were treated equally.

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

- The registered manager told us, and records confirmed that people were involved in developing their care plans and ongoing reviews. People told us they were involved in decisions about their care. One person told us, "I have signed every bit of my care plan because I helped to create it with staff." Another person said, "I sit down with staff regularly to talk about my care and support. If anything changes we put it in the care plan."
- We observed people being given choices throughout the inspection. We observed staff interacting with people and responding to their requests in a timely way.

Respecting and promoting people's privacy, dignity and independence

- People were treated as individuals and staff respected their preferences and needs. These were identified in personalised care plans and updated monthly to ensure they were being met.
- Staff were respectful and ensured people's dignity and privacy was maintained. For example, staff ensured doors and curtains were closed when carrying out personal care. Staff also requested permission from people before showing us their rooms.
- When people chose to speak with us, staff respected people's right to speak with us privately. Where people indicated they would like staff to be present when they spoke with us, they were supported by their preferred staff member.

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's needs, and wishes were met in a timely fashion and in a way people approved and were comfortable with.
- There were individualised care plans which recorded people's interests, hobbies, health, communication and life skill needs. Care plans also captured people's wishes, aspirations and the support they may require to achieve them.
- People's care and support needs were regularly reviewed. They were re-assessed with the person, appropriate professionals, relatives and updated to reflect changing needs. People were encouraged to take ownership of their care plans and contribute to them, as much or as little as they wished.

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.

- The registered manager had good knowledge about the AIS and we saw information was provided in an accessible way for people. For example, meal choices were available as pictures, some information was available in large print and photographs were used in the service.
- Staff were knowledgeable about people's communication needs this included specific information on how the person communicated, and any aids they might use, such as glasses and hearing aids.
- Notice boards had plenty of information such as; up and coming events, advice and guidance services and pictures of staff. There was some pictorial signage around the home to help orientate people.

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 lead full and active lifestyles, follow their interests, and take part in social activities. Care plans included information about people's known interests and staff supported people daily to take part in things they liked to do.
- People enjoyed the activities at the home. One person said, "I have lots to do. I go to the pub, go to the country park and shopping in town. I also enjoyed the Christmas markets we went to."
- People were supported to keep relationships with family and friends. One person told us about going to spend time with their family for Christmas. Another person's care plan documented the regular contact the person had with their relative.

Improving care quality in response to complaints or concerns

- There had been no complaints received in recent months. People told us they did not have cause to complain but felt confident that the registered manager would deal with any complaints received quickly and efficiently.
- There was a robust complaints policy in place. Staff we spoke with knew their responsibilities when receiving complaints or concerns. They were aware of the provider's complaints policy and procedures and where to find them.
- The registered manager could detail the complaints process and there was a file in place for documenting, monitoring and learning from complaints.

End of life care and support

- People were supported to make decisions about their preferences for end of life care. Care records demonstrated discussions had taken place where possible with people and their relatives and their wishes were clearly recorded. Some people had chosen not to have this conversation at this time and this was documented in their care plans.
- Staff understood people's needs and were aware of good practice and guidance around how to deliver safe and compassionate end of life care. There was an end of life policy in place.

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The registered manager provided strong leadership and staff understood their roles and responsibilities.
- There was a robust governance framework in place. The registered manager and provider had oversight and knowledge of the day to day management of the service.
- Regular quality assurance checks were undertaken by the registered manager. These included checks on people's medicines, care plans, finances and monitoring the care being delivered. Any issues identified were cascaded to the team and action was taken to address these.

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

- There was a strong, positive person centred culture in the service. Each person was treated as an individual with their own unique needs.
- People were involved in decisions about their care and support. Where appropriate, families and healthcare professionals also had input.
- Feedback from people was positive and reflected strong and trusting relationships with staff had been formed.

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

- People had opportunities to be involved in and influence the running of the service. People were invited to attend regular 'Your voice' meetings. One person said, "I have been to them. At the last one we discussed our plans and ideas for Christmas. We also discussed safety and where people could smoke."
- Staff confirmed they were fully involved in the development of people's care and support and the overall running of the service. They had regular team meetings, one to one supervisions and detailed handover meetings.
- Appropriate and up to date policies were in place to ensure peoples diverse needs were considered and supported. We observed people and staff were treated fairly and individually respected. People and staff confirmed this.

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

- The provider continually communicated with relatives about incidents and things which happened in the

service. The registered manager told us, "It's important to have transparent conversations."

- Following serious incidents, the management team notified the relevant agencies and worked together with individuals and their families. In line with duty of candour, outcomes and lessons learned were shared appropriately.
- The previous CQC rating was displayed along with registration certificates. The registered provider had also informed CQC of incidents which had taken place in the service, such as; serious injuries, DoLS outcomes and safeguarding concerns.

Continuous learning and improving care.

- The registered manager saw continuous learning as key to ensuring the best possible care and support was provided by a staff team who understood people's complex needs.
- Staff confirmed learning was a key part of their role. Debriefing sessions and lessons learnt from incidents throughout the organisation took place. This ensured staff learnt from each other and worked in a consistent way with each person.

Working in partnership with others

- The service worked in partnership with a number of organisations such as the local authority, mental health teams and other health and social care professionals. This ensured staff had the skills and support to deliver good quality care to people.