

Parkcare Homes (No.2) Limited

The Foam

Inspection report

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Dymchurch
Romney Marsh
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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

The Foam is a residential care home providing care to 2 people with learning disabilities and autism at the time of the inspection, the service can support up to 3 people. People received care in a bungalow with individual bedrooms, a shared bathroom and communal spaces.

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 learning disabilities and 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

People said they felt safe and care was delivered in a way that managed risks whilst enabling people to do activities they wished to. People received their medicines as planned and staff ensured people lived in a clean and safe home environment. Staff understood how to identify and respond to suspected abuse and systems were in place to ensure any incidents could be documented and learned from.

People told us they liked the food staff supported them to prepare. Staff ensured people's healthcare needs were met and people attended appointments as required. Staff were trained to carry out their roles and had regular supervision and appraisals. 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 said they liked the staff who supported them and we observed pleasant interactions between people and staff. People were involved in their care and supported in a way that helped them to develop skills and be independent. Staff provided care in a dignified way which was respectful of people's privacy.

People received personalised care and attended activities each day with staff which matched their interests. Care plans were regularly reviewed and information had been gathered about end of life care. People knew how to complain and there were systems in place to respond to issues people raised.

People got on well with the registered manager and there were systems in place to gather people's views and involve them in decisions about the service. Staff said they felt supported by management and their ideas were taken seriously. There were a variety of checks and audits in place to monitor and assure the quality of care people received.

The service applied the principles and 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.

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.

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 5 May 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?

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 ●

The Foam

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

The inspection was carried out by one inspector.

Service and service type

The Foam is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 held about the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with two people, the registered manager and two care staff. We reviewed care records for two people, including records related to medicines, risks and personalised care planning. We looked at two staff files and records related to staff training and supervision. We checked a variety of records related to the

governance of the service such as audits, checks and minutes of meetings.

After the inspection

We spoke with one relative by telephone.

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 were supported by staff who staff knew how to identify and respond to potential abuse.
- Staff received training in safeguarding and information about how to escalate any concerns was on display within the service. Staff said they felt confident any concerns would be addressed by the provider if they raised them, but they knew how to report safeguarding concerns directly to agencies such as the local authority or the police.

Assessing risk, safety monitoring and management

- Risks to people were managed safely and in a personalised way and people said they felt safe when staff supported them.
- Where people faced risks, these had been assessed and there was guidance for staff about how to support people in a personalised way. For example, one person could place themselves at risk if they became anxious and there was a detailed guide for staff about how to identify and respond to changes in behaviour. Staff showed a good understanding of this risk when we spoke with them.
- Risk plans showed involvement from people and were focused on what was important to them, such as activities and outings. Risk plans had pictures and people told us about how they kept safe. Staff were knowledgeable about risks to people and described to us how they provided safe care.
- People lived in a safe home environment. There were systems and checks in place to ensure the building and environment were safe with procedures in place to respond to emergencies, such as fire.

Staffing and recruitment

- People were supported by sufficient numbers of staff.
- Staffing numbers were based on people's needs and any activities they took part in. Records showed the staffing numbers were consistent and people went out on activities as planned, with the support they required.
- There had not been any staff recruited since our last inspection but staff files were consistent and showed recruitment checks had taken place. Staff files were organised in a way that made them easy to audit and monitor.

Using medicines safely

- People received their medicines safely.
- Medicines were stored securely and in line with best practice. Medicines records were accurate and up to

date, with clear guidance for staff about how and when to administer medicines to people.

- Staff had received training in medicines and their competency had been assessed and regularly reviewed. Staff were able to describe best practice to us and records showed staff documented when they had administered medicines to people.

Preventing and controlling infection

- People lived in a clean home.
- The home environment was clean and staff cleaned alongside people who also completed some domestic tasks with support when they wished to.
- Staff completed daily cleaning tasks which were signed off and regularly checked. The cleanliness of the service was checked frequently through walkarounds and audits.

Learning lessons when things go wrong

- Systems were in place to learn lessons if things went wrong
- There had not been any accidents or incidents in the last 12 months but there were systems to document and escalate incidents and monitor any actions taken. Staff were able to describe how they would respond to incidents and keep people safe.

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's care plans contained evidence of a thorough assessment of their needs which had been used to produce personalised care plans.
- There had been no new admissions since our last inspection but people's needs had been reassessed as part of reviews to identify changes. The examples seen involved people, with use of pictures, and explored their wishes and any goals or aspirations they had.
- People's assessments and care plans reflected best practice for people with learning disabilities. Assessments captured information about people's needs, backgrounds, preferences and outcomes they wished to achieve.

Staff support: induction, training, skills and experience

- Staff were trained to carry out their roles.
- Staff received training which suited the needs of the people they supported. For example, staff were trained in how to support people with learning disabilities and autism and had received training in how to respond to changes or risks associated with behaviour.
- Staff received regular one to one supervision and an annual appraisal which was underway at the time of the inspection. We saw evidence of staff being supported to gain further qualifications in social care. Staff training was regularly refreshed and updated and the provider had a system in place to track this.

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

- People received food they liked and their dietary needs were met. One person said they liked the meals they were supported to prepare.
- People were supported to go shopping and plan their menus and a record of foods they had eaten was kept so staff could ensure people ate a varied diet. People were given opportunities to cook with staff and staff used pictures to help people make choices about food.
- People's dietary needs were met. Where one person had guidelines from a healthcare professional to reduce risk of them choking, these were followed. Staff described to us how they prepared food for this person in line with this guidance.

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

- People's healthcare needs were met.

- Care records contained health action plans which staff had worked through with people and supported them to understand their health needs and achieve goals in a personalised way.
- People had health check ups and these were monitored. Where one person found visiting healthcare professionals difficult, we saw evidence of staff working with them and their GP to explore alternative options.
- Throughout care plans we saw evidence of staff working with health and social care professionals. Care records contained contact details of professionals such as community health teams and social workers involved in people's care.

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

- The service was adapted to meet people's needs.
- The environment was homely and accessible for the people who lived there. There were rails in place where needed and we observed a person moving around their home environment safely, using these.

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 had consented to their care and where they were unable to, the correct legal process had been followed. Documentation relating to the MCA was accurate and up to date and there were systems in place to ensure DoLS applications were tracked and renewed as required.

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 were supported by staff who treated them well and they got on well with.
- One person said they liked the staff who supported them and we observed people and staff interacting warmly during the inspection. Staff socialised with people who looked happy and comfortable with their staff team.
- Care was planned around people's diversity. Care plans documented people's culture, faith, sexuality and gender identity. One person was supported to practice their faith and they told us this was something which was important to them.

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

- People were involved in their care.
- People had keyworkers who worked closely with them to find out what was important to them and ensured their wishes and preferences were responded to.
- Monthly meetings took place and these were documented in an accessible format, with any requests documented and actioned by staff.

Respecting and promoting people's privacy, dignity and independence

- People received care which focused on their skills and abilities.
- People's care plans showed staff considered what people could do themselves and they were supported in this way. One person was able to attend to personal care tasks themselves and these were documented. Staff were knowledgeable about people's abilities and described to us how they provided care that promoted people's independence.
- Care was delivered in a dignified way. People had their own space and we observed they were given time alone where they wished. Staff described providing care in a way which was considerate of people's dignity.

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 received personalised care.
- Care plans provided staff with information about what was important to people and how to meet their needs. Where one person liked to be supported with care tasks in a certain order, there was detailed guidance for staff about how to support the person to get ready in a personalised way.
- People's needs had been reviewed each month to identify and respond to any changes. One person had started a new activity and a review identified a need to update their care plan so they would be ready in time each week.

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 were met.
- Care plans described how people wished to communicate and the care plans were presented in accessible formats, with pictures of people and their environments used so people could read their care plans and they were familiar to them.
- Staff used tools, such as picture cards, to enable people to make choices and decisions. Information about the service, such as how to complain and meeting minutes were presented in easy read formats.

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 take part in activities they enjoyed.
- People told us they enjoyed the activities staff supported them to do. One person said they enjoyed going out to a local café and trampolining and records showed they did this regularly.
- People and staff discussed activities each month and identified things they would like to try. People went out every day and had the support they needed to do so.

Improving care quality in response to complaints or concerns

- People were informed of how to complain. One person said they would tell staff if they were not happy with something. Information about how to raise a complaint was on display within the service and

keyworkers got to know people and asked them regularly if they were happy with their care or if they wished to change anything.

- There had been no complaints since our last inspection.

End of life care and support

- Care was planned in a way that ensured people would receive personalised and dignified end of life care.
- Information about people's wishes was gathered and presented in an accessible way within care plans.

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 provider encouraged a culture which involved people and their systems supported this.
- We observed people interacting pleasantly with the registered manager and the registered manager knew people's needs well. One person said they liked the registered manager when we asked about them.
- People's views were frequently gathered and represented by their keyworkers as well as monthly meetings where people were asked about their home, food and activities.
- Records showed people had been consulted on recent redecoration works at the service and were informed of upcoming plans.

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

- Systems were in place to ensure any incidents would be responded to openly. The registered manager was aware of their responsibilities to respond openly to incidents and the governance framework included checks to ensure any incidents were shared with relatives and professionals.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had systems in place to monitor and assure the quality of the care people received.
- There were a variety of checks and audits which looked at areas such as the environment, health and safety, records and cleanliness. Where these identified actions, plans were drawn up and these were signed off when completed. For example, a recent audit identified a need to replace a dining cloth and this had been actioned by the time of our visit. There had been recent redecoration works and further works had been planned to take place.
- The registered manager was aware of the responsibilities of their registration. Providers are required by law to notify us of important events, such as injuries or deaths. There had not been any recent events which required a notification but the registered manager showed a good understanding of when a notification was required and the provider's governance systems included checks that notifications had been completed when necessary.

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

characteristics

- People were involved in the running of the service through regular meetings, surveys and their keyworkers. Staff said they felt supported by management and their ideas were taken seriously.
- Staff were given opportunities to make suggestions through regular meetings and systems were in place to enable communication from staff to suggest changes. For example, staff had identified potential foods people may like and these had been included in menu planning.

Working in partnership with others

- The service had links with the local community and wider sector.
- Care plans showed evidence of work with health and social care agencies, as well as voluntary organisations and faith groups for activities for people. There was also an annual local conference for health and social care professionals which the provider had a presence at.