

Parkcare Homes (No.2) Limited

Manor Field

Inspection report

Bridge Street
Weldon
Corby
Northamptonshire
NN17 3HR

Tel: 01536262805
Website: www.craegmoor.co.uk

Date of inspection visit:
22 October 2018

Date of publication:
03 December 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 22 October 2018 and was unannounced.

Manor Field is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. Manor Field is registered to accommodate six people with learning disabilities and autism. At the time of our inspection there were two people living in the home.

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.

At the last inspection in October 2017 this service was rated requires improvement. At this inspection, the service remains rated as requires improvement. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of safe, effective, responsive, and well led to at least good. They submitted this action plan with information about the improvements to be made, however, at this inspection on 22 October 2018, although some areas had improved there continued to be aspects of the service that required improving.

There was not sufficient oversight or record keeping for staff training. The systems in place did not accurately monitor and record what training staff had completed, when they had completed it, and when it was due for renewal. This resulted in several staff not being trained appropriately to meet people's needs. When the management had recognised that one staff member had not completed a particular training course, prompt action was not taken to ensure they completed the required training.

People were not always supported by staff who were trained to meet their needs. We saw that staff were supporting individuals who may display challenging behaviour, and who required support from staff that were adequately trained to manage these risks. Staff members were not always trained in this area.

There was not a registered manager in post, but a manager was in place that would be going through the registration process with CQC. 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.

Staff had an understanding of abuse and the safeguarding procedures that should be followed to report abuse. People had risk assessments in place to cover any risks that were present within their lives, and actions were taken to reduce risk where possible. All the staff we spoke with were confident that any

concerns they raised would be followed up appropriately by the manager.

Staffing levels were adequate to meet people's current needs, and rotas showed that staffing was consistent.

The staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service. References and security checks were carried out as required.

Staff supported people with the administration of medicines, and were trained to do so.

People were protected by the prevention and control of infection. The service was clean and tidy, and had a maintenance staff member regularly carry out any works required.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 were met. Consent forms were signed and within people's files.

People were able to choose the food and drink they wanted and staff supported people with this, and people could be supported to access health professionals when required. All aspects of people's health was documented within their files and updated regularly.

Care planning and risk assessments were personalised and mentioned the specific care each person required, including their likes and dislikes. Staff were aware of people's preferences, and supported people in a person-centred manner.

People were involved in their own care planning as much as they could be, and were able to contribute to the way in which they were supported. People were listened to by staff.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. People told us they were happy with the way that staff spoke to them, and provided their care in a respectful and dignified manner.

The service had a complaints procedure in place to ensure that people and their families were able to provide feedback about their care and to help the service make improvements where required.

The service worked in partnership with other agencies to ensure quality of care across all levels. Communication was open and honest, and improvements were highlighted and worked upon

At this inspection, we found the service to be in continued breach of regulation of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. The action we have taken are detailed at the end of this report.

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 not always safe.

People were sometimes supported by staff were not always sufficiently trained to manage potential risks that were identified.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been safely recruited within the service.

Medicines were managed safely.

People were protected from the spread of infection

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff did not always have the skills, knowledge and experience to deliver effective care for people.

People could make choices about their food and drink and were provided with the support they required.

People had access to health care professionals to ensure they received effective care or treatment.

Consent was gained before carrying out any care.

Requires Improvement ●

Is the service caring?

The service remains good.

Good ●

Is the service responsive?

The service was responsive.

Staff had developed good relationships with people and were

Good ●

responsive to their needs.

People were supported to be as independent as they could be.

A complaints system was in place and was effective.

Is the service well-led?

The service was not always well led.

There was a failure to implement systems to monitor staff training.

There was a lack of prompt action to rectify shortfalls that arose.

People knew the management team and were able to see them when required.

People were asked for, and gave, feedback which was acted on.

The service worked positively with outside agencies.

Requires Improvement ●

Manor Field

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 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.

The inspection team consisted of one inspector and an inspection manager.

Before the inspection, the provider completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR in October 2018 and we took this into account when we made judgements in this report. We also reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

We met two people who used the service, and spoke with two staff members, the manager, the deputy manager and peripatetic manager. We reviewed two people's care records to ensure they were reflective of their needs, three staff files, and other documents relating to the management of the service such as quality audits, training records and complaints systems.

Is the service safe?

Our findings

The service was not always safe. People had detailed risk assessments in place, including behaviour management plans which informed staff how to manage any potential challenging behaviours. This included how to minimise the use of physical interventions and emphasise behaviour support strategies which were based upon an individual's needs, characteristics and preferences. However, people were not always supported by staff who had been sufficiently trained to manage these behaviours, nor who understood the methodology that these support plans should deliver. We saw that some staff had been trained in this area, but other staff who had not, were sometimes working on a one to one basis with people living in the home. This meant that both people and staff were not always safe, and placed at potential risk due to this lack of training.

At the last inspection in October 2017, we found that the provider was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to take action to ensure that all staff understood safeguarding procedures, and that all safeguarding incidents were documented and reported appropriately. The provider sent us an action plan outlining what they were going to do to improve in this area. At this inspection in October 2018, we found this action has been completed. Staff received training in safeguarding and demonstrated a good understanding of how to keep people safe. Staff could describe the action they would take if they thought people were at risk of abuse, or being abused. One staff member told us, "I have never had to report any safeguarding concerns, but I would speak to the manager if I needed to, or go to the local authority safeguarding team." The provider's safeguarding policy and procedure provided staff with information and guidance to follow if they suspected a person was at risk of abuse or harm. We saw that this was displayed prominently within the service, to enable all staff to access the information when required.

There were enough staff to meet people's needs. On the day of our inspection there were enough staff on shift to support people in the way they required, which included taking part in activities inside and outside of the service. People required 1:1 and sometimes 2:1 staffing levels, and this was always adhered to. We saw rotas in place which confirmed that staffing levels were consistent. Staff we spoke with confirmed there were always enough team members to make sure people got the support they required.

Safe recruitment processes were in place to protect people from the risks associated with the appointment of new staff. We saw that references had been obtained for staff prior to them working in the service as well as checks with the Disclosure Barring Service (DBS). Not all the staff files we looked at contained photographic identification. We spoke with the manager about this who told us they would obtain photos of all staff immediately.

The service safely supported people with the administration of medicines. The staff completed medication administration records (MAR). We checked the MAR and saw that they were filled out accurately, and signed for every time. Appropriate storage and disposal methods were being used. This included separate storage and stock checks for controlled medication. We looked at stock levels of several medicines, and saw they were accurate.

The service was clean and tidy. Staff were trained in infection control procedures and had sufficient access to the personal protective equipment they required such as gloves and aprons. The environment was regularly cleaned, and any issues were acted upon promptly to make sure that levels of cleanliness remained high.

All staff understood their responsibilities to record any accidents and incidents that may occur, and lessons were learned from any mistakes that were made. Staff we spoke with confirmed that any issues were discussed with the team, usually at team meetings. For example, we saw that discussions were recorded about the improvements required to how staff managed the laundry within the service. Staff confirmed that these improvements had taken place.

Is the service effective?

Our findings

The service was not always effective. Some staff had received their training to support people with challenging behaviours, whilst others had either not completed this training at all, or had completed it in the past and it had now become out of date. The management staff did not have clear records or certificates to show that all staff had completed this training. This meant that staff did not always have the skills, knowledge and experience to deliver effective care for people.

Formal supervision was not always carried out with staff on a regular basis. Staff told us they had one to one discussions with their supervisor, but these did not always consistently take place. We saw that the new manager for the service had created a plan to ensure that all staff received regular formal supervision on a consistent basis moving forward. All the staff we spoke with felt they could get support from management whenever they needed it.

Staff confirmed they had been through an induction training package before starting work which consisted of basic training such as safeguarding and health and safety, as well as shadowing more experienced staff on shift for at least three days. One staff member told us, "The shadowing was very important to get to know the people that live here. It takes a while to fully understand how people communicate."

People received assessments of their needs before moving in to the service, to make sure that the staff were able to provide the correct care and fully understand their needs. We saw that the management staff had recently been out to assess people who were considering moving in to the service. We saw that the assessments involved multiple people's views on the support required, and that an ongoing review of each person's needs would take place if they moved in. This ensured that it was the right placement for them and the other people already living within the service.

People were supported to eat and drink and maintain a healthy and balanced diet. We saw that care plans detailed the support that people required, for example, to have their food cut up for them if required. We saw that one person's plan included support details to enable a person to get involved with preparing food, in a way they were able to manage safely. Staff we spoke with were knowledgeable about any dietary requirements or preferences people had and monitoring of people's food and fluid intake was recorded when required.

Health and medical information was recorded for each person. People were able to see health professionals as and when they needed to. Staff were vigilant to any changes in people's health and took action to enable people to access relevant healthcare professionals. We saw staff had been engaging one person with exercise routines to support their general fitness and weight, and they had progressed with this and learnt new exercises. Care planning documented any health conditions that people had, and kept an up to date log of recent appointments and medical input.

The service had several communal areas including a dining room and lounges, that people were able to access and use. We saw that people had personalised their own rooms, and felt free to use any of the

communal spaces as they wished. There was a large garden area for people to use which included a trampoline. One person also had their own courtyard garden accessed via their bedroom, which was decorated to their own taste and preferences.

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's capacity to make decisions was assessed and best interest decisions were made with the involvement of appropriate people such as relatives and staff. The MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way and correctly recorded. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Staff gained consent from people for decisions they were able to make. We saw that staff understood each person's communication, and knew how to support them with decisions. This included support with pictorial information to help people understand what choices were on offer.

Is the service caring?

Our findings

People were supported in a caring and kind manner. Staff we spoke with knew about people's preferences and how to get the best out of people. One staff member we spoke with said, "People are well cared for. I enjoy the job and want to make sure that people have a good time." Another staff member said, "It's important to me that people here are treated like and spoken to like adults." Staff showed concern about people's wellbeing and responded to their needs. They knew about the things that people found upsetting or may trigger distress. We observed interactions between staff and people, and saw that staff encouraged people positively in the activities they were doing, and gave people the time they required to respond to them. We saw a written compliment from a relative of a person saying 'Everything at the home goes beyond our expectations. I could not be happier leaving [name] at Manor Field.'

People were supported to be involved in their care as much as they were able to. Staff explained that they regularly checked and reviewed people's care plans, and they could inform management staff when they noticed changes in people's choices or preferences. One staff member said, "We spend time getting to know people, and family members are regularly involved in what goes on. We update them regularly." We saw that people's family members had input in to their care, and could visit people freely.

Staff respected people's wishes in accordance with the protected characteristics of the Equality Act. People were supported to maintain relationships with friends and family. All the staff we spoke with told us that people were encouraged to express themselves and have a voice.

People's privacy and dignity was respected. We saw that personal care routines were documented in people's care plans, and they prompted staff to make sure people were happy and comfortable throughout the process. Staff knocked on doors before entering people's rooms, and were interacting with people in a respectful manner. Information about people was protected and kept securely, and the service complied with the data protection act.

Is the service responsive?

Our findings

At our previous inspection, we found that improvements were required to care plans to ensure they were clear and easy to follow. At this inspection, we found improvements had been made in this area. Care planning and risk assessments were personalised and mentioned the specific care each person required, including their preferences, likes and dislikes. For example, sections on 'what is important to me', and 'what people admire about me', were documented to support staff knowledge on how best to support people. Descriptions of a 'good day, and a 'bad day, were also recorded to show staff the routines and preferences that were important to people and helped them to avoid anxieties. People's plans of care were regularly updated to reflect any changes in their preferences or care needs. Preferences, likes, dislikes and skills were listed for each person.

Care was personalised to ensure people could express their wishes, and work towards achieving what was important to them. Short, medium, and long-term goals were recorded in people's files. These included small daily achievements around completing daily tasks, communication, and routines, as well as larger achievements. For example, we saw that one person had recently been supported to attend a family wedding. Aspects of this event, including the need to wear certain clothing, were identified as potential causes of anxiety for the person. We saw that with planning, the staff successfully supported the person to attend the event and enjoy the experience. People were supported to prepare for events and routines with pictorial information to enable them to understand processes and potential outcomes better. We saw that various forms of pictorial information were being successfully used to support people.

People were able to take part in meaningful activities of their choice. This included craft activities, trips out, music and games. During our inspection, we saw that the service had been decorated with Halloween decorations for people to enjoy.

The manager was aware of the Accessible Information Standard (AIS) and its requirements. AIS is a framework put in place from August 2016 making a legal requirement for all providers of NHS and publically funded services to ensure people with a disability or sensory loss can access and understand information. We saw that the service had multiple forms of accessible information for people to use and understand information better, including care plans, complaints forms, and menu planning.

The service had a complaints procedure which was accessible by people, their relatives and others interested in the service. We saw that any complaints had been followed up appropriately. For example, complaints about excessive noise had been made. We saw the manager had followed the complaints policy and responded formally to the person making the complaint and investigated the matter.

The service was not currently supporting anyone with end of life care. We saw that care plans allowed for people's decisions around end of life care to be documented, and could record the care they wanted to receive. These were recorded in a format that was accessible for people to understand.

Is the service well-led?

Our findings

At our last inspection in October 2017 we found that the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because procedures to review the quality of the service were insufficient and required improvement. Improvements were also required to ensure timely action was taken for outstanding actions. During this inspection, although some improvements had been made, there continued to be areas of the service which required improving.

Following the last inspection in October 2017, we asked the provider to complete an action plan to show what they would do and by when to improve. They submitted an action plan to us stating that training would be reviewed and a training matrix would be in place to ensure that all staff received the appropriate training to undertake their roles and be kept up to date. The action plan stated these improvements should have taken place by 5 August 2018. During our inspection on 22 October 2018, we found the service had failed to implement a robust system to identify staff training.

There was no sufficient oversight or record keeping for staff training. There were several systems in place to monitor staff training, but they did not accurately record what staff had completed, when they had completed it, and when it was due for renewal. An electronic training log had been used for some training records, and a training matrix had been created to show some other training records, but the management were not able to evidence a clear picture on which staff were fully trained. Certificates for some staff had been kept, but others had not.

When the management had recognised that one staff member had not completed a particular training course, prompt action was not taken to ensure they completed the required training. The staff member had been reminded by management to complete the course, but they had failed to do so for over a year. No action was taken to ensure this training was completed. This resulted in several staff not being trained appropriately to meet people's needs.

Quality assurance systems in place were mostly effective, and these included audits for infection control, health and safety, and the environment. However, when shortfalls in training were identified, prompt action was not always taken to rectify this.

These failures to effectively establish systems to ensure compliance with regulations, lack of prompt action to rectify shortfalls that arose, and failure to implement improvements identified on actions plans sent to us, constituted a continued breach of Regulation 17 (1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - Good governance.

There was not a registered manager in post, but a manager was in place that would be going through the registration process with CQC. 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.

There was a clear vision and culture that was shared by managers and staff. The culture was person centred and staff knew how to empower people to achieve the best outcomes. A new manager had very recently been employed. The manager outlined many of the improvements they had already begun working on which included, after our feedback, a matrix to accurately record all staff training going forward. We saw the deputy manager interact with people and staff, and saw that they were approachable and involved in people's care. Staff told us they felt well supported and could get assistance or advice from the deputy manager at any time. One staff member said, "The deputy manager has been fantastic. They have had a lot to do, and have always remained supportive." Another staff member said, "We are happy to have the new manager on board, I am confident improvements will be made." Staff meetings were held, and staff were asked for their feedback which was acted upon.

People using the service and their relatives were encouraged to feedback and be involved with the development of the service. People's views had been sought via a questionnaire that looked at all aspects of the care at the service. We saw that results were reviewed and analysed, and actions taken up when required.

The latest CQC inspection report rating was on display at the service. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

The service worked positively with outside agencies. This included liaising with the local authority and safeguarding teams when required to inform them of any incidents. The service had a good working relationship with other professionals including doctors, and community learning disability nurses, which meant that the people living at the service received the support they required from a range of people within their own community. Staff we spoke with spoke positively about the relationships formed with outside agencies and professionals, in supporting the people who used the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance there were failures to effectively establish systems to ensure compliance with regulations, lack of prompt action to rectify shortfalls that arose, and failures to implement improvements identified on actions plans sent to us.