

# Parkcare Homes (No.2) Limited

# Mather Fold 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

Mather Fold House is a residential home providing accommodation for up to six people with autism, learning disabilities and complex needs. At the time of our visit six people lived at the home. There was one house for four people and two single person units attached to the house.

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/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

People were protected from the risk of abuse and avoidable harm. Relatives told us they were confident people were safe in the home and staff understood how to support people manage risks. Staff were well supported to understand and manage risks and felt safe when supporting people. People's medicines were managed safely.

People's needs had been thoroughly assessed and plans of care developed which helped ensure their needs were met effectively. Staff had received training and support to ensure they had the appropriate skills and knowledge to support people achieve good outcomes. People were supported to meet their health needs. People were supported to have maximum choice and control in their lives and staff supported them in the least restrictive way possible and in their best interests.

People were supported by kind and compassionate staff who were committed to understanding and supporting people. People were supported respectfully in ways which upheld their dignity. People's communication needs were assessed in detail which helped ensure they were able to express their views.

People received person-centred care which reflected their needs and preferences. The provider had made a marked effort to understand how people experienced the world around them and used this information to update plans of care and develop activities. Relatives told us they had seen significant improvements in people's quality of life. People's concerns had been responded to and relatives told us they were content with any issues they had raised.

The service was well-led. The manager demonstrated good leadership which had helped staff to develop their skills and confidence. The manager followed good governance systems which helped ensure the quality of both care practice and record keeping was maintained. Relatives commented on the improvements achieved and told us they were confident this had been sustained.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at the last inspection

The last rating for this service was Requires Improvement, published (07 February 2019) with a breach of regulations in relation to the safe management of medicines. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on our 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 

# Mather Fold 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

The inspection was completed by one inspector.

#### Service and service type

Mather Fold House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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.

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. At the time of inspection the registered manager had transferred to another home and the service was being managed by the service manager who had applied to register with the CQC.

#### Notice of inspection

The inspection was unannounced.

#### What we did before the inspection

Our planning considered the information we received from the registered manager since the last inspection which included; safeguarding incidents and serious incidents. We also received information from local authority commissioners. 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 met with four people living in the home. Spoke with the service manager, deputy manager, operations manager, one senior care worker, a night care worker and two care staff. We spoke with the relatives of four people. We reviewed the care records of three people including medicines records. We reviewed training and supervision records, rotas and a variety of audits of care practice and records. We toured the buildings and looked at four people's accommodation.

# 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 requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection the provider had failed to ensure the safe management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of the regulation.

- The provider had robust systems in place which helped ensure people's medicines were stored and administered safely. Staff had received training to administer medicines and the manager regularly checked their competency.
- The manager ensured protocols were in place in relation to any 'as required' medicines. Records we reviewed showed staff had followed these.
- The provider had included information about any allergies a person may have on the medicine records to alert staff to any potential risks.

### Systems and processes to safeguard people from the risk of abuse

- The provider had robust policies in place which helped safeguard people from abuse. Staff understood how to recognise any concerns and knew who to report them to. Staff said they were confident the management team would respond to any concerns.
- Relatives said they were confident that the staff team kept their family members safe from avoidable harm.
- Safeguarding records showed the provider had followed their own policies and reported concerns to the local authority and CQC as required.

### Assessing risk, safety monitoring and management

- The provider had thoroughly assessed the risks people needed support to manage. Risk management plans helped to reduce the risks people faced. Relatives were confident their family members were safe. Comments included; "I feel (name) is safe, staff definitely understand the risks." and "Staff understand what to do to keep (name) safe."
- Staff we spoke with felt the risk assessments provided a good quality of information and guidance which they were able to follow.
- The manager regularly reviewed and updated risk management plans which helped ensure people's safety was maintained.

### Learning lessons when things go wrong

- The manager followed the provider's robust procedures for investigating and responding to incidents and accidents.
- Records we reviewed explored the potential causes of incidents and how staff had responded. The outcomes had been reviewed and lessons learned communicated with the staff team at handovers.

### Staffing and recruitment

- The provider continued to recruit staff safely. All necessary pre-employment checks had been completed prior to staff starting work. This helped ensure they were suitable to work with vulnerable people.
- The provider had a system to calculate the number of staff needed to support people safely. Rotas we reviewed showed staffing levels had been maintained. In addition the rota provided information about the skills and training staff had which helped ensure people were supported by suitably trained staff.
- Staff we spoke with felt there were enough staff on duty to maintain the safety of the person and themselves.

### Preventing and controlling infection

- Staff continued to follow the provider's infection control policies. Hand cleaning facilities, gloves and aprons were available where required. Staff were observed to use them when supporting people.
- The management team ensured the home was cleaned to a good standard and completed regular walk rounds to check the condition of the property.

# 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 requires improvement. At this inspection this key question has improved to good. 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

- The provider had robust assessment processes. The management team had assessed people's needs thoroughly and developed care plans to meet people's assessed needs and reflected good practice.
- Relatives we spoke with felt the care provided had achieved positive outcomes for their family members. Relatives said; "(name) is really happy and appears settled. This has really improved over the last year." and "Staff are working really well with (name), they have come a long way."
- Staff followed the care plans and reported finding them useful. One staff said, "I know what people need from their care plans, staff here understand them."

Staff support: induction, training, skills and experience

- The provider ensured staff completed all necessary training. We reviewed the training records and found staff were up to date. New staff had received a thorough induction which included shadowing on some shifts.
- The provider had ensured staff received training to support people when they were distressed, including physical interventions. Incident reports we reviewed showed staff had followed the procedures as described in the positive behaviour support plans.
- Staff received regular supervision from a member of the management team. Supervision is a one to one meeting where staff are able to discuss their achievements and development needs.

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

- Staff supported people to eat and drink enough.
- The provider had developed a menu to ensure people received a balanced diet, this was flexible depending on what the person chose. Records of food eaten had been completed in daily records. We noted there were some gaps on some days. This was addressed during the inspection.

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

- Care records included input from a wide range of professionals. We could see how advice from community learning disability nurses, speech and language therapists and occupational therapists had been incorporated into care plans.
- The management team promoted effective team working within the home. Staff reported feeling part of a consistent and supportive team. Consistent care had significantly improved the quality of life for people.
- The provider ensured people's health needs had been holistically assessed. The support people needed to

maintain their health was detailed in their care plans.

- The manager had developed detailed person-centred plans which supported people to tolerate health appointments.

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

- The home had been adapted to meet the specific sensory and physical needs of the people living there.
- The home was well maintained but showing some signs of wear and tear. There was a programme of refurbishment in progress.

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.

- The provider had applied for all necessary authorisations to deprive people of their liberty. DoLS were monitored and renewed in good time. Conditions attached to DoLS authorisations were accessible and adhered to.
- People had been supported to make decisions following the principles of the MCA. The management team had made extensive efforts to ensure people's views had been represented. These included the use of pictorial aids to describe decisions. A visiting professional from the local authority had complimented the quality of the assessments completed by the management team.
- Staff had received training in the MCA and understood the importance of achieving consent from people. Staff had good knowledge of people's communication and could understand gestures and facial expressions which helped them understand the persons' views. We observed staff politely asking people before providing support.

# 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 requires improvement. At this inspection this key question has improved to good. 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

- The provider assessed people's equality and diversity needs and included details in their care records. Staff understood the principles of the Equality Act and the support people needed in relation to their protected characteristics.
- People were supported by kind and respectful staff. We observed caring interactions between staff and people living in the home. Staff were equally respectful towards each other. A relative told us, "Staff are respectful to my child and I feel confident they treat them well."
- The management team ensured the culture of the home remained positive and respectful by addressing any concerns as they arose and leading by example.

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

- The provider had thoroughly assessed people's communication needs, communication guides included information from relatives, speech and language therapists (SALT) and observations from the staff team.
- The assessments provided detailed descriptions of what a person might say or what a gesture might mean. Guidelines for staff helped ensure they knew how to understand and respond to people.
- Staff developed a good rapport with people which enhanced the persons' ability to express themselves and be understood.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people respectfully in ways which promoted their dignity. Entries in care records were respectful of the person.
- Some people experienced significant levels of distress which they responded to in ways which could place themselves and others at risk of harm. The management team had guided the staff to understand and support people during these highly challenging times in ways which protected people and maintained their dignity.
- Staff reported feeling they had enough support and guidance to be resilient which helped ensure they maintained high-quality professional standards of care.

# 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.

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

- The provider ensured people received highly personalised care which reflected their needs and preferences. Care records were detailed and considered all aspects of how the person experienced the world around them. This improved staffs understanding and helped facilitate person-centred care.
- Care plans were regularly reviewed and updated. People had strategies in place to support them achieve both short and long term goals. The management team had evidenced some exceptional outcomes for some people which had significantly improved their quality of life.
- Relatives we spoke with reported noticing improvements in their family members presentation and happiness. One relative said, "(name) has really improved and is happy, they love their staff to bits."

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 provider had met this standard. Information had been provided in a variety of formats including easy read versions and pictures.
- Pictorial aids had been developed to help people know what was happening during the day. Picture diaries had been produced to show what each person had done during the month, where they had been and who they had been with.

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

- The provider had recorded the contact details of those who were important to people. This helped ensure people were supported to maintain their relationships.
- The management team had assessed people's interests and activity preferences. Because people living in the home had limited or no verbal communication; the assessment process was completed gradually using a variety of different ways of understanding what people enjoyed, this included; sensory assessments, observations and pictorial aids.
- Records we reviewed showed people had been engaged in a broad range of experiences and activities which reflected their preferences.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy. Records we reviewed showed they had followed this when complaints had been received.
- Relatives we spoke with reported feeling confident their concerns were responded to and felt comfortable raising anything with the management team. One relative told us, "The manager is very good, they always get back to me and act on my concerns."

#### End of life care and support

- The provider had a policy which supported people to consider their end of life wishes. At the time of inspection no one was identified as having end of life needs.
- Some care records we reviewed included information about people's wishes. The staff had recorded where people or their relatives had not wanted to consider this aspect of their care.

# 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 requires improvement. At this inspection this key question has now improved to good. 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 management team promoted a positive culture within the home. Staff were committed to working together to achieve good outcomes for people. The management team encouraged openness and candour within the team which helped ensure people's views were understood and responded to.
- Staff told us the management of the home had improved and they found them approachable and responsive. One staff said, "It is well managed, we know what is expected. Management and organisation are good, I feel I have developed skill and confidence."
- We observed positive interactions between the management team and people who lived in the home and their staff. People appeared relaxed and at ease.

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

- The provider had robust governance systems in place which helped the management team ensure the quality of care and support was maintained. A variety of audit tools were used which included, regular walk rounds, weekly, monthly and quarterly checks. Records showed where issues had been identified these had been addressed fully.
- The provider supported the management team to understand and meet their responsibilities through regular visits and support.
- Staff were clear about what was expected of them and were committed to providing high-quality care. One staff said, "I feel clear about my responsibilities and what is expected of me."

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 management team understood their responsibilities in relation to the duty of candour. They had reported incidents to CQC or the local safeguarding team when required.
- Relatives we spoke with told us the management team informed them when anything happened.

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

- The management team regularly engaged with staff through one to one meetings and governance meetings which were held monthly. Daily handovers were completed and were an opportunity for staff to share information and ideas.

- Relatives we spoke with said the management team kept in touch with them and sought their views. However, one person would have preferred more regular updates.

#### Continuous learning and improving care

- The provider had robust systems in place to help facilitate continuous learning and improve care. The management team followed the procedures in response to incidents and made any necessary changes. Care records showed this had been effective in improving the quality of care for people.
- The management team felt well supported by the provider organisation and were encouraged to develop their management skills and knowledge.

#### Working in partnership with others

- The provider and management team worked effectively in partnership with other agencies.
- Good relationships had been developed with the local authority commissioners and quality monitoring teams. There was regular contact with community learning disability nurses, and other community-based health professionals.
- Local authority best interest assessors and advocates had complimented the management team on their cooperation with them to develop high-quality and meaningful records.