

Parkcare Homes (No.2) Limited

Bannister Farm Cottage

Inspection report

220 Longmeanygate
Midge Hall
Leyland
Lancashire
PR26 7TB

Date of inspection visit:
23 January 2020

Date of publication:
18 February 2020

Website: www.craegmoor.co.uk

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Bannister Farm Cottage is a care home providing accommodation and personal care for up to five people who are over 18 years old and require support with learning and physical disabilities. People who used service have associated conditions that may include, autism, sensory and communication difficulties. At the time of the visit there were five people staying in the home.

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

Before and after the inspection we received concerns regarding the management approach and the culture at the home from some staff. Some staff did not always feel valued by the managers and felt their concerns would not be dealt with appropriately. We made a recommendation about the culture and management style.

The provider had a governance system which helped to monitor progress and to drive improvements. The service worked in partnership with a variety of agencies to ensure people received all the support they needed. People were happy with how the service was managed.

People were protected from the risk of abuse and avoidable harm by staff who understood how to recognise, respond and report concerns. Allegations of abuse had been dealt with in a robust manner to assure people about their safety. People's relatives told us their family members were safe. Risk assessments had been developed to minimise the potential risk of avoidable harm to people during the delivery of their care. People were safely supported to receive their medicines as prescribed. The registered manager had robust and safe recruitment procedures. The provider monitored the safety of the premises.

People received person-centred care, which was responsive to their needs. Care records were well written and contained important details about people's needs. Staff supported people with meaningful day time activities inside the home and in the local community. People's individual communication needs had been assessed and staff had tools to assist their interactions with people. The registered manager dealt with people's concerns and complaints appropriately.

People's care and support had been planned in partnership with them and their relatives. Staff had received regular training and supervision to support them in their roles. Before the inspection we had received concerns about staff training in the use of restraint. This had been resolved. 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.

People's relatives were positive about the service and said staff were kind and caring. People were treated with dignity and respect and their right to privacy was upheld. The registered manager worked in partnership with people and their advocates.

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 requires improvement (published 20 February 2019).

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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Bannister Farm Cottage

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

One inspector carried out the inspection.

Service and service type

Bannister Farm Cottage 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 had received about the service since the last inspection, including information from the provider about important events that had taken place at the service, which they are required to send us. We sought feedback from the local authority. 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 were unable to speak to people who lived at the home due to the complexity of their needs and to

prevent distress. We spoke with two care staff, the deputy manager, the registered manager and the regional director about the care they delivered to people. We had a walk around the home to ensure the environment was a safe and homely place for people to live.

We reviewed a range of records. This included three people's care records, multiple medication records, two staff recruitment records and we looked at a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data and quality assurance records and read feedback from two health professionals. We contacted five relatives of people who lived in the home to seek their views about the care provided. We also contacted nine care staff via telephone interviews.

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.

Systems and processes to safeguard people from the risk of abuse

- People were safe and protected from abuse and their human rights were respected and upheld. Staff told us training was provided and regularly updated. While staff were confident to report concerns, they were not always satisfied that action would be taken to investigate the concerns.
- There had been times when physical restraint had been used to protect people from harm. The registered manager monitored this to ensure this intervention was used proportionately by staff. The registered manager had made improvements to ensure staff could reflect adequately or undertake de-briefs whenever this practice was used.
- Before our inspection we were aware of concerns about the lack of training in the use of physical restraint to safety support people and staffing the event of behaviours that can pose risk to others. We found the registered manager had recently addressed the concern. We discussed the need for staff to be provided with this training in a timely manner as some staff had been at the service for more than three months and not trained.
- Relatives we spoke with told us they thought the service was safe and felt secure. Comments included, "Staff are very caring. As a family we think [relative] is okay."

Assessing risk, safety monitoring and management

- The registered manager had assessed and managed risks to keep people safe. There were risk assessments to guide staff on safe working practices and to keep people safe from avoidable harm during care delivery and while out taking part in community activities.
- Staff knew how to support people in an emergency and had sought medical assistance where necessary. People had personal emergency evacuation plans which ensured in case of a fire staff had guidance on how to support people out of the building.
- The premises had been maintained to protect people from risks.

Staffing and recruitment

- The registered manager followed safe staff recruitment procedures. All the necessary background checks were carried out. This ensured only suitable staff were employed to support people.
- People's relatives and staff told us staffing levels were enough to keep people safe. We observed the service had appropriate staffing levels to keep people safe. Agency staff were used to cover sickness and absence.

Using medicines safely

- People received their medicines when they should. Staff had received training in medicines management and regular checks had been carried out to monitor the medicines.
- Medicines administration systems were robust and well organised. The registered manager and staff received additional support from the pharmacy to audit their medicines practices.
- The registered manager and the provider monitored the use of antipsychotic medicines such prevent the over use of this type of medicines. A relative told us; "There has been a reduction in the use of some medicines which shows good progress."

Preventing and controlling infection

- Staff protected people against the risk of infection. We completed a tour of the home and found the environment to be clean.
- Staff had access to personal protective equipment (PPE), such as gloves and aprons. We saw staff used PPE when appropriate. Staff confirmed there was enough PPE, such as disposable gloves, hand gels and aprons to maintain good standards of infection control.
- The home had been awarded a five-star rating following their last inspection by the 'Food Standards Agency'. This graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated record keeping. Regular audit on infection control had been carried out by the staff.

Learning lessons when things go wrong

- There was a process that ensured when accidents and incidents occurred these were appropriately recorded, investigated and areas for improvement identified and acted on. The registered manager followed good practice guidelines. They carried out monthly reflective practice meetings to discuss incidents in the home and discuss ways to minimise them. Staff also looked at what worked for each individual and how to improve the way they respond to people during times of distress.

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 needs were assessed before they came to live at Bannister Farm Cottage. Information gathered during assessment was used to create people's care plans and risk assessments.
- The registered manager and their staff referred to current legislation, standards and evidence based guidance to achieve effective outcomes. This ensured people received effective, safe and appropriate care which met their needs and protected their rights. Care and support for people was reviewed regularly or when people's needs changed.

Staff support: induction, training, skills and experience

- Staff had skills and knowledge to carry out their roles effectively. Staff told us they regularly updated their training. In addition, staff told us induction training was provided and supported them to get to know people well and provide the right support for them. Arrangements had been made to ensure any shortfalls in training were addressed in a timely manner.
- Staff told us they felt supported by the registered manager to maintain their competence and skill. In addition they had access to specialist professionals within the organisation such as occupational therapists and speech and language therapists. One staff said; "In terms of induction I was given a lot to work with which covered a lot of things, it was good for me because I was new to the industry."

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

- Staff supported people to maintain a balanced diet. Records, when appropriate documented any associated risks with eating and drinking. Staff supported those who required help with eating and also those who needed modified diets. Specific arrangements had been made to ensure people who could be easily distracted had protected time to enjoy their meals. Guidance from professionals was requested when needed.
- Food, drink and snacks were available throughout the day and some people were encouraged to make their own snacks to promote independence.

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

- The registered manager worked effectively with healthcare professionals to ensure people's healthcare needs were met. They worked with services including GPs, dentists and community-based health professionals. We saw documented outcomes and the support people required in care plans.
- Staff had a good understanding about the current medical and health conditions of people they supported.

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

- People's individual needs were met by the adaptation, design and decoration of premises. There were adequate spaces for people to spend their time on their own or to share with others. Access to the building was suitable for people with reduced mobility and wheelchairs.
- The registered manager had made significant efforts to ensure the environment was safe and suited to support people and maintain their safety.
- Communal areas were provided where people could relax and spend time with others. Some people lived in self-contained accommodation to maintain their privacy and independence. Corridors were free from clutter, which promoted people's independence. Refurbishments were ongoing in some parts of the service to improve people's living space.

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 registered manager took the required action to protect people's rights and ensure people received the care and support they needed. Appropriate applications had been made to the local authority for DoLS assessments. Staff knew how to support people in making decisions and how to offer choice with day to day decisions and activities. From records viewed, we saw consent to care and treatment was routinely sought and best interest decisions had been recorded. We discussed with the registered manager the need to ensure they record other people who were involved in making best interest decisions and their shared views.
- Staff proactively reviewed any practice that was seen as restrictive and sought ways to minimise restrictions where possible.

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 caring and respectful staff. Relatives we spoke with gave positive feedback and were complimentary to the caring nature of the staff team.
- We observed people were comfortable in the company of staff and actively sought them out. People were included within conversations taking place. We saw staff redirecting people in a gentle and sensitive manner.
- Staff we spoke with showed awareness of people's human rights and their diverse needs. They supported people to have equal access to service and their local community. One staff member commented; "People go out and about in the community and we always look for new opportunities."

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

- People and relatives were consulted about care and decisions for their wellbeing and support they required. While some people's needs impacted on their ability to make decisions, staff made every effort and encouraged people to make daily choices and involved them in doing so.
- The culture at the home was caring, calm, kind and compassionate. This reflected the attitude of staff and the management team.

Respecting and promoting people's privacy, dignity and independence

- The service provided support that ensured people's privacy, dignity and independence were maintained. We saw staff knocked on people's bedroom doors before entering. We noted people's personal private information was stored securely. There was no personal information left visible for visitors to read.
- The registered manager was responsive to any concerns about people's dignity or treatment. Staff had received training related to dignity and respect.
- People were supported to project a positive image of themselves through the clothes they wore and the personal care they received. Staff addressed people by their preferred name, they were polite, very friendly and cheerful when supporting people.

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

- The registered manager and staff completed an assessment of people's needs before they could move into the home. This ensured the home was right for the person and they could meet the person's needs.
- Staff were observed being responsive to people's needs. Any changes in people's needs resulted in a review of their needs. Staff knew people's likes, dislikes and preferences and used this information to care for people in the way they wanted.
- People's records contained detailed behavioural support plans which were comprehensive and provided precise guidance on how best to support people and what works for them. Specialist guidance from other professionals had been included.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure that was shared with people's relatives when they started using service. All the relatives we spoke with knew how to raise concerns.
- We saw that complaints had been dealt with in line with regulations and measures had been put in place to address the complaint satisfactorily. The registered manager told us they had used the learning from complaints to reflect on staff practice. They also met with relatives regularly to discuss minor concerns before they escalated. One relative told us; "We have regular meetings with management and to discuss any concerns."

Meeting people's communication needs

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

- People's communication needs had been assessed as required by the Accessible Information Standard. People could be provided information and reading materials in a format that suited their communications needs. People's communication needs were assessed, and staff were aware of each person's needs and how were to be met. Staff had been trained in the use of alternative aids to support people who could not communicate verbally. These are also known as Picture Exchange Communication System (PECS). PECS, allows people with little or no communication abilities to communicate using pictures. They also used electronic gadgets to assist with communication.

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 encouraged and supported to take part in activities to socialise and build on their living skills and independence. There was a strong emphasis on ensuring people had access to activities and engagement in the home and the local community. Staff organised activities within the home and took people out and about in the community. One person was supported to access work experience. A relative told us; "[name removed] is now volunteering and is a member of the local church, that's a significant achievement."
- We observed people going out on day trips with staff. Activities varied from individual to group activities. They were aimed at improving people's physical and mental well being. In addition, staff supported people to have supported holidays.
- People were made welcome and people were encouraged to maintain relationships outside of the home.

End of life care and support

- People's end of life wishes including their resuscitation status had been recorded in their care plans.
- There was no one receiving end of life care. While there was a policy on supporting people to discuss their end of life wishes, we found people and their relatives had not been given the opportunity to express their wishes. The registered manager informed us they would be seeking support and training to ensure they were able to have these discussions with people's relatives.

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 remains the same. This meant the service management and leadership culture was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care and positive engagement.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had systems to gather the views of people and relatives. However, before and after the inspection we received concerns from staff regarding the management team and the culture they promoted. We received mixed feedback regarding the managerial culture. Some staff felt their contributions were not respected and that the management team did not always treat staff with respect. They informed us they did not feel their views were accepted or able to openly raise concerns with management without fear of reprisals. This contributes to 'closed cultures'. "Closed" cultures within the care environment are considered to give rise to an increased risk of abuse and human rights breaches. We shared these views with the providers' operations director.
- Not all staff knew how to raise concerns about poor practices within the organisation and they did not always feel they were treated equitably.

We recommend the provider consider current guidance on identifying and responding to closed cultures and management practices and take action to update their practice accordingly.

- The culture in the home did not consistently promote a positive environment for people and staff. Feedback we received from staff at the service was mixed. Some staff were positive about the registered manager. They told us they could contribute to the way the service was run through team meetings and supervisions.
- We saw staff had attended monthly governance meetings and reflective practice workshops to share their views about the care they delivered. A staff member said, "There is a good team and have opportunity to share my views and feel listened to. It's good to work with like-minded people who share the same caring values."
- Relatives told us they would feel comfortable approaching the registered manager to share their views. One relative told us, "The recruitment of a very good manager and deputy manager has been a welcome development. You can approach them and make suggestions and they will consider them."

Working in partnership with others

- The registered manager and staff had established relationships with other services involved in people's care and support. The service liaised with community health and social care professionals and family

members to ensure people's needs were met. This included managing people's ongoing health and behavioural concerns.

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

- The registered manager and the staff were clear about their roles and understood quality expectations placed on them. The staff team were aware of their roles and responsibilities and were responsible to ensure people's care was safe and meeting regulations. The provider had systems to encourage accountability and to support the registered manager.
- The registered provider carried out various internal checks to monitor the performance of the service and the quality of the care delivered. Monthly governance meetings were held to reflect and plan.

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 registered manager knew how to share information with relevant parties, when appropriate. They understood their role in terms of regulatory requirements. They had notified CQC of events, such as safeguarding's and serious incidents as required by law. The previous inspection rating was conspicuously displayed in the home.
- Staff shared information regarding incidents with relatives. Apologies and explanations were also offered where things had gone wrong.

Continuous learning and improving care

- The registered manager promoted a culture of continuous learning. They carried out audits to monitor the service delivered and various aspects of people's care. We noted the service had sustained majority of the improvements that they had made at our last inspection and made further improvements which was noted by the reductions in incidents in the home. Incidents were discussed to support lessons learnt and improve awareness. One relative told us; "There has been significant improvements over the last 18 months for sure, things are much better."
- The registered manager and staff attended forums alongside other health care professionals to ensure their knowledge was up to date and to support the quality care being delivered.