

# Parkcare Homes (No.2) Limited

# Woodpecker Lodge

## Inspection report

Weir End House  
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HR9 6AL

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Woodpecker Lodge is a residential care home providing personal care and accommodation for up to seven younger and older people with learning disabilities, autism and mental health needs. At the time of our inspection visits, there were five people living at 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

Incidents involving people who used the service were not always appropriately reviewed and investigated by the registered manager and provider, in protecting people from potential abuse. The provider's procedures for assessing and managing the risks to people were not sufficiently robust. People's risk assessment and care plans were not always fully reviewed and updated in light of incidents and episodes of challenging behaviour. Staff did not always follow people's care plans or record incidents involving people in a professional manner. The provider had failed to inform us of a potential safeguarding incident involving two people living at the home.

Staff expressed mixed views on the management of the service. Some staff lacked confidence bringing concerns about people's care to the attention of the registered manager. The provider's quality assurance systems and processes were not as effective as they needed to be, and had not enabled the provider to address the shortfalls in quality we identified during our inspection. The provider and registered manager did not fully seek to engage positively with people and staff and involve them in the service.

Staff were clear how to identify and report abuse. Checks were completed on the premises and equipment in use to keep people, staff and visitors safe. There were enough staff on duty to safely meet people's individual care needs. Pre-employment checks were carried out on prospective staff before they were allowed to start work at the home. Staff supported people to take and manage their medicines safely. Measures were in place to protect people, visitors and staff from the risk of infections.

People's care plans were individualised and supported a person-centred approach. People's individual communication needs were assessed and addressed. People had support to participate in social and recreational activities and to identify and access work opportunities in their local community. People and their relatives knew how to raise concerns and complaints about the service. People's wishes regarding their end-of-life care were assessed, in order to address these at the relevant time.

People and their relatives spoke about their positive relationships with staff and the registered manager. Staff and management sought to work effectively with community health and social care professionals to ensure people's care needs were addressed.

#### Rating at last inspection

The last rating for this service was Good (report published 10 April 2019).

#### Why we inspected

This was a focussed inspection to assure ourselves the service was protecting people from abuse and avoidable harm and meeting people's needs through effective leadership and management.

We reviewed the key questions of safe, responsive and well led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions, therefore we did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has deteriorated to Requires improvement. This is based on the findings at this inspection.

#### Enforcement

We have identified breaches at this inspection. These relate to the provider's failure to implement robust procedures and processes to protect people from abuse and effective quality assurance systems and processes.

You can see what action we have asked the provider to take at the end of this full report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will 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 not always safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### **Is the service responsive?**

The service was not always responsive.

Details are in our Responsive findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our Well-led findings below.

**Requires Improvement** ●

# Woodpecker Lodge

## 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

Woodpecker Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the 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

The first day of our inspection visit was unannounced. We informed the provider of the date on which we would be returning to complete our inspection visit.

#### What we did before the inspection

Before the inspection visit, we reviewed information we had received about the service since the last inspection. This included information about incidents the provider must notify us of, such as any allegations of abuse. We sought feedback on the service from the local authority.

#### During the inspection

We spoke with two people who used the service about their experience of the care provided. We also spoke with the registered manager, operations director, quality improvement lead, three senior care staff and six care staff.

We reviewed a range of records. These included two people's care records, medicines records, complaints records and three staff recruitment records. We also reviewed incident records, selected policies and records relating to the safety of the premises and management of the service.

After the inspection

We spoke with two relatives and two community health and social care professionals about their experiences of the care provided. We also reviewed additional information sent to us by the provider.

# 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 deteriorated to Requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- The provider did not consistently review reports of incidents involving people who lived at the home to identify potential abuse. Staff used an observational tool ('ABCD charts') to record information about people's behaviours. Amongst the incidents recorded on these charts was a physical altercation between two people living at the home in May 2019. There were no resulting injuries from this incident. A further ABCD chart recorded one person's attempts to punch another person they lived with in September 2019. The registered manager acknowledged they did not review the ABCD charts completed by staff to identify potential abuse and any preventative action needed to keep people safe.

The provider had not implemented robust procedures and processes to protect people from abuse and improper treatment. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff received training to help them understand their role in protecting people from abuse, which was refreshed on an annual basis. They gave us examples of potential signs of abuse they remained alert to, including unexplained marks and bruising, sudden changes in behaviour and loss of appetite. They told us they would immediately report any concerns of this nature. One staff member told us, "I would report any concerns initially to the registered manager and take it further to the operations director, CQC [Care Quality Commission] and our whistleblowing line if I thought nothing was being done."
- People had been provided with accessible information on how to report abuse. They told us they would speak to staff and management about any concerns and felt confident they would be listened to.

Assessing risk, safety monitoring and management; learning lessons when things go wrong

- Whilst the provider had procedures in place designed to enable them to assess, monitor and manage the risks to people, these were not sufficiently robust.
- Incidents recorded on ABCD charts, including episodes of challenging behaviour, were not consistently monitored by the registered manager and provider to develop clear risk management plans and behaviour support plans to manage risks and keep people safe. One person's risk assessments and care plans contained contradictory information about their known potential to become physically aggressive towards others.
- The management team assured us they would fully review current procedures for completing and monitoring all reports of incidents involving people living at the service, as a matter of priority. We will follow this up at our next inspection.
- People told us they felt safe living at the home. One person said, "It's a really calm, relaxed and peaceful

home. You sleep well here."

- People's relatives were confident their loved ones' received safe care and support at the home. One relative told us, "I feel [person] is safe. It's the attitude of staff that makes me feel that way; noting is too much trouble for them."
- The provider completed and arranged regular checks on the premises and equipment, including the fire alarm system, to ensure the safety of the people, staff and visitors.

#### Staffing and recruitment

- People and their relatives were satisfied with staffing arrangements at the home. People confirmed there were enough staff to give them support when they needed this, without any unreasonable delays. One person told us, "They [staff] help you straightaway."
- The registered manager explained they monitored and adjusted staffing requirements in line with people's current care and support needs through use of a weekly care hours tool.
- During our inspection visits, we saw there were enough staff on duty to safely meet people's individual needs.
- Prospective staff underwent pre-employment checks to confirm they were suitable to work with people before they started work at the home.

#### Using medicines safely

- People confirmed they received the support they needed from staff to manage and take their medicines safely. People's ability to manage their own medicines was assessed and supported.
- People's medicines were handled and administered by trained staff who underwent annual competency checks.
- Staff maintained accurate and up-to-date medicines records and completed daily medicine stock checks to confirm people had received their medicines as prescribed.
- Staff checked the temperature of the medication storage room to ensure this remained within an acceptable range.
- Staff had written guidance on when to offer people their 'when required' (PRN) medicines.

#### Preventing and controlling infection

- Staff had training on their role in protecting people, themselves and visitors from the risk of infections.
- Appropriate personal protective equipment (disposable gloves and aprons) was provided for staff use, to reduce the risk of cross-infection, and staff knew when to wear this.
- Staff maintained appropriate standards of hygiene and cleanliness throughout the home.

# 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 deteriorated to Requires improvement. This meant people did not always receive person-centred care in line with their care plans.

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

- People's care plans were individual to them and included information about what was important to them to promote a person-centred approach. We saw evidence people were involved in developing their care plans.
- Staff told us they read people's care plans to understand their needs and followed these. However, one person's ABCD charts indicated staff did not fully understand or consistently follow their care plans. These referred to staff having limited this person's 'computer time' for reasons not supported by their care plans. In addition, the language used by those completing these ABCD charts did not reflect a respectful or person-centred approach.
- We discussed these issues with the management team. The registered manager acknowledged they had not reviewed these reports. The management team assured us they would provide staff with additional training on this person's care plans and the use of appropriate language in report writing. We will follow this up at our next inspection.
- People had been allocated key workers. A key worker is a staff member who has been given additional responsibilities to check a particular person's individual needs and requirements are being met.

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.

- Staff had been provided with information about people's individual communication needs to enable them to promote effective communication each person.
- The provider had the facility to produce information in alternative accessible formats to assist people's understanding. We saw examples of these materials in use, including pictorial menus and easy-read guidance on safeguarding and how to raise complaints.

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 had support to participate in a range of social and recreational activities, both at the service and in their local community, based upon their known interests. A relative told us, "If there has been something [person] has wanted to do, they have never said to me that staff won't support them to do it."
- Staff and management helped people to identify and access work opportunities in the local community,

including voluntary work at local charity shops. One person spoke enthusiastically about the time they spent selling bird boxes on a stall at a local market.

#### Improving care quality in response to complaints or concerns

- People told us they would speak to staff or management if they were unhappy about any aspect of the care they received. Their care files provided guidance for staff on the support the individual may need to voice concerns and complaints.
- People's relatives knew how to complain about the service provided, and told us they would feel comfortable doing so. One relative described how the provider had addressed a previous concern they had raised about their loved one's care.
- The provider had developed a clear complaints procedure in place to ensure all complaints were recorded, investigated and responded to in a fair and consistent manner.

#### End of life care and support

- At the time of our inspection, no one living at the home was receiving end-of-life care.
- The management team identified people's wishes regarding their end-of-life care through discussions with them and their relatives so they could address these at the relevant time.

# 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 deteriorated to Requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had developed quality assurance systems and procedures designed to enable them to assess, monitor and, where necessary, make improvements in the standard of people's care. The audits and checks completed included regular 'quality walkarounds' by the registered manager targeting specific aspects of the service, such as health and safety and management of people's medicines. The provider's quality team and internal compliance inspector also completed periodic audits on the service.
- However, the provider's quality assurance processes were not as effective as they needed to be. For example, they had not ensured all incidents involving people who lived at the home were thoroughly reviewed and investigated by management as part of keeping people safe.
- The provider and registered manager had not fully sought to engage effectively with people and staff, to involve them in, and actively seek their views on, the service.
- 'Your Voice' meetings had not been organised on a consistent monthly basis, in line with the service's procedures, to enable people to express their views, as a group, about their care and how the service could be improved for them.
- Staff meetings had not been arranged on a regular basis to provide staff with an open forum to put forward their views and suggestions about the service. One staff member told us, "We used to have regular staff meetings, but we've only had one in the last 12 months. Without staff meetings, things get bottled up and they build up."
- Staff had not had the opportunity to attend regular formal supervision meetings with the registered manager, in line with the provider's procedures, to receive feedback on their work and raise any work-related issues. We raised this issue with the registered manager who explained they had difficulty in organising regular supervision meetings with staff due to their current workload. They explained they had not had a deputy manager in post for approximately 12 months, and that recruitment activities for this position were ongoing.

The provider's quality assurance systems and processes were not as effective as they needed to be. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection visits, the service's quality improvement lead confirmed the provider had implemented a new system for monitoring staff supervision meetings and that these meetings were now

underway. They also indicated a staff meeting had been booked in the coming weeks.

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

- Registered providers must, in accordance with their registration with CQC, notify us about certain changes, events and incidents that affect the service or the people who use it. These 'statutory notifications' play a key role in our ongoing monitoring of services. We identified the provider had failed to notify us of a safeguarding incident involving two people who used the service. The registered manager was not clear about the requirement to notify CQC of these incidents.
- The registered manager took steps to keep themselves up to date with current best practice guidelines and any legislative changes. They achieved this through, for example, internal updates from the provider, attending the provider's monthly managers' meetings and participating in further training.
- Staff were clear about what was expected of them at work. They told us they were kept up to date with any changes in people's needs through daily handovers with their colleagues.

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

- Staff expressed mixed views on the management of the service. Some staff felt valued and supported by, and had confidence in, the registered manager. One staff member told us, "I'd go straight to [registered manager] with any issues, as she has an open door. She's always been there if I have had a query about anything." However, four members of staff expressed a lack of confidence about bringing concerns, including potential safeguarding issues, to the attention of the registered manager. We discussed this issue with the registered manager who informed us they took all issues and concerns raised by staff seriously and sought to act on these.
- Three members of staff told us they did not feel valued by the provider, stating they rarely saw senior management at the service and that, when they did, those visiting did not take always the time to speak with staff.
- People and their relatives spoke positively about their relationship with the registered manager and the overall management of the home. One person said, "[Registered manager] is lovely. She's very bubbly and is always caring for others. It's a really organised home."

A relative told us, "Every time I have gone there [to the home], registered manager has instantly dropped what she was doing to help me. No query is ever too much for her, and she will try to answer these straightaway."

Working in partnership with others

- People's care files demonstrated staff and management worked with a range of community health and social care professionals to ensure people's needs were monitored and met.
- The community health and social care professionals we spoke with talked positively about their dealings with staff and management. One community professional told us, "They [staff and management] have kept me up to date with everything through regular emails and calls. They are also always ready for my visits. I feel I have a good rapport with the registered manager."

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  The provider had not implemented robust procedures and processes to protect people from abuse and improper treatment.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider's quality assurance systems and processes were not as effective as they needed to be.