

Parkcare Homes (No.2) Limited

Blyton Court

Inspection report

3 Laughton Road
Blyton
Gainsborough
Lincolnshire
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Tel: 01427628791

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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

Blyton Court is a nursing home providing personal and nursing care to 12 people at the time of the inspection. The service primarily supports people with learning and physical disabilities.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 18 people. This is larger than current best practice guidance. Despite this, we found the values were based upon those that underpin Registering the Right Support. 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 had a positive experience of being supported by the team at Blyton Court. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People's relatives told us they felt their relations were safe. Staff and the registered manager had a good understanding of safeguarding adults' procedures to protect people from harm. Risks associated with people's care and support were managed safely and action was taken to learn from accidents and incidents. Staff were recruited safely and there were enough staff to meet people's needs and ensure their safety.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff were knowledgeable, trained and competent. People had enough to eat and drink, they had access to healthcare when they needed it, and advice was sought from specialist health professionals. The environment was homely and adapted to meet people's needs.

People were supported by staff who were kind and caring, staff knew people well and people, where possible, were involved in making decisions about their care. People were treated with dignity and respect and their right to privacy was upheld.

The service was flexible to meet people's needs. Staff had a good understanding of how to support people and people chose how they spent their time. There were systems in place to respond to complaints and concerns. People were provided with caring and compassionate support at the end of their lives.

There was a positive culture which placed people at the heart of their care. There were effective systems to ensure the safety and quality of the service. Strong leadership meant people received high quality care and

staff felt supported and valued.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 28 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Blyton Court

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

This inspection was carried out by an inspector and an assistant inspector.

Service and service type

Blyton Court 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and NHS clinical commissioning group. We used this information to plan our inspection. 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 gave the provider opportunity to discuss this during the inspection.

During the inspection

We spoke with two people who used the service and four relatives about their experience of the care

provided. We spoke with two members of care staff, the two activities coordinators, a nurse, the registered manager and the regional director. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and improper treatment.
- People told us they felt safe and people's families agreed. One relative told us, "[Relation] is definitely safe. There have been no accidents or mishaps."
- The management team had acted quickly to identify potentially abusive practices and had conducted investigations of concerns raised. Allegations of abuse had been reported to the local authority safeguarding team when required.
- Staff knew how to recognise, and report abuse to the management team. They were also aware of external organisations they could report concerns to, such as the local authority.

Assessing risk, safety monitoring and management

- People were protected from risks associated with their care and support.
- Measures were in place to reduce risks such as pressure ulcers and moving and handling people. Specialist equipment, such as ceiling hoists, were available to meet people's individual needs, equipment was well maintained, and staff had a good understanding of how to use it safely.
- People were protected from risks associated with the environment. For example, there were measures in place to reduce the risk of fire and ensure people's safe evacuation in the event of an emergency.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong.
- Incidents such as falls were clearly recorded and reviewed.
- The registered manager analysed each incident and looked at overall themes to try to reduce the risk of the same thing happening again. For example, further training had been arranged for staff as a result of a moving and handling incident.
- With more significant incidents the registered manager organised a 'safety huddle', with key members of staff. This meant staff were involved in coming up with solutions to reduce risk.

Staffing and recruitment

- There were enough staff to ensure people's safety.
- Staffing levels were based upon an assessment of people's dependency. Staffing rota's showed shifts were staffed at the level determined by the provider.
- The registered manager recognised that more staff would enable the team to provide an enhanced level of person-centred care and they planned to work with the local authorities to reassess people's needs and review staffing requirements.

- Safe recruitment practices were followed. The necessary steps had been taken to ensure people were protected from staff that may not be fit and safe to support them.

Using medicines safely

- People received their medicines as prescribed.
- Medicines records were completed accurately, and audits were effective in identifying and addressing any issues. Staff had training in medicines management and the competency of nurses was reviewed regularly to ensure ongoing safe practice.
- Where people received their medicines covertly (hidden in food or drink), advice from health professionals had been sought and there was clear guidance in medicines records.

Preventing and controlling infection

- People were protected from the risk of infection.
- The home was clean and hygienic. Staff had training in the prevention and control of infection and had access to supplies of personal protective equipment such as gloves and aprons.
- Staff followed good infection control procedures throughout our inspection visit.

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 and planned for in line with good practice to ensure they received high quality support.
- People's needs were assessed prior to them moving the home and this was used to develop care plans. Care plans clearly reflected people's needs and preferences.
- The tools the service used to assess people's needs were nationally recognised which helped the provider to deliver consistent care for the people they supported.

Staff support: induction, training, skills and experience

- People were supported by competent staff who had access to a range of training and support.
- Records showed staff had received the relevant training to equip them with the knowledge and skills they needed to support people who used the service.
- New staff received an induction when they started work at the service. Staff were positive about this.
- Nurses were provided with specialist training to ensure their clinical competency.
- Staff told us they felt supported and records showed they had regular formal and informal opportunities to discuss and review their work, training and development needs.

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

- People had enough to eat and drink and were supported safely.
- We were unable to observe a meal time as people were out at a Christmas party, however, feedback from people's families was positive. One person told us, the food "tastes good."
- Since our last inspection, the dining experience had been improved. The layout of the dining area was more sociable, and people ate at two different sittings to make meal times a calmer and more pleasant experience.
- Overall risks associated with eating and drinking were managed safely. Where people were at risk of dehydration or weight loss, staff monitored how much they had eaten and drunk and this was reviewed daily to ensure that immediate action could be taken to address any concerns.

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

- The environment was homely and adapted to meet people's needs.
- People's bedrooms were personalised and reflected each person's preferences. Equipment was in place to meet people's individual needs, for example one person had a specialised bed that was designed to reduce the risk of them harming themselves.

- There were several communal areas, and these were thoughtfully decorated to create a homely atmosphere.
- The registered manager had plans to make further improvements to the garden and decoration of the home and told us they were financially supported by the provider.

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

- Staff worked in partnership with health professionals to ensure people were supported to be in the best health possible.
- People's relatives told us they were kept informed about any changes to their relations needs.
- Advice had been sought from external health professionals, such as GP's and speech and language therapy. Guidance was recorded in care plans and followed by staff.
- Systems were in place to ensure information was shared across services when people moved between them. This helped ensure people received person centred support.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's rights under the MCA were respected. Overall, where people's capacity to consent was in doubt an assessment had been completed and, if required, a decision had been made in their best interest.
- Some people had audio monitors in place to ensure their safety. An inconsistent approach had been taken to assessing people's capacity to consent. However, we found this did not have a negative impact upon people as staff were mindful about ensuring their privacy was respected. The registered manager told us she would ensure capacity assessments were all in place as required.
- DoLS had been applied for when required. There were no conditions on any of the DoLS we reviewed.

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 kind and compassionate staff who knew them well.
- This was reflected in feedback. One person told us, "Staff are all kind." A relative told us, "I am very happy with the care. It is the best place, staff are very kind and caring. They always keep me informed, I can't fault them."
- Staff took natural opportunities to spend time and chat with people, this resulted in a friendly, laid back and homely environment.
- Many staff had worked with people for several years and had developed good relationships with them. A relative told us, "They know [relation] better than I do now. That is down to a consistent staff team. They know [relation] inside out."
- People's care plans contained person-centred information about what and who was important to them and staff read these to inform their support.
- People's diverse needs were identified and accommodated. Characteristics such as age, race, religion and disability were considered in assessment and included in care plans. This ensured that people were treated fairly and free from discrimination.

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

- People were, as far as possible, involved in making decisions and people's families and advocates had been involved to ensure people's views were considered.
- Throughout our inspection we saw that staff explained the care and support they were providing and consulted with people, even when they were unable to answer.
- The registered manager had recognised that people's ability to express their views was limited and had ensured that each person had an advocate to support them. Advocates are trained professionals who help people express their views.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's right to privacy and people were treated with dignity and respect.
- People's relatives told us that staff supported people in a dignified manner and this was confirmed by our observations.
- Confidential information was stored securely to ensure people's right to confidentiality was upheld and staff were mindful not to discuss people's care needs in communal areas.
- People were supported and encouraged to be as independent as possible. Care plans reflected people's

capacities and we saw staff promoted people's independence. One person told us, "They let me do things for myself, but help me when I need it."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care that was based upon their needs and preferences.
- Staff were flexible to meet people's needs and gave people the time they needed. One person told us, "Staff do things at my pace."
- People's preferences for care delivery were respected. One person told us they preferred to be supported by male staff and said this was respected.
- Each person had a detailed care plan which documented their support needs and preferences. People and their families had been involved in the development of care plans. Staff had read these plans and we found they had a good understanding of each person they supported.
- Some staff told us that they felt more staff would help them provide a more personalised service. The registered manager had identified this and had plans to try and address this.

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 were supported to express themselves and their communication needs were understood and met. A relative told us, "Staff seem to know how [relation] communicates, they only need to look at their face and they can tell what [relation is thinking]."
- People's care plans contained clear information about how each person communicated and staff had a good understanding of this. Several people communicated using sounds and gestures, we saw that staff understood each person's individual communication method and gave people the time they needed to express themselves.
- The registered manager had a strong belief that each person could communicate and was committed to exploring alternative ways to express themselves. They had invited specialist communication experts to work with each person to develop better understanding people's abilities and needs.
- Information was available in other formats when required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to have full and active social lives and people were connected to those important to them and the local community.
- Two activities coordinators ran a programme of activities both within the home and in the community.

Between them they worked 7 days a week to ensure people had enough to do.

- Within the home people were supported to get involved in crafts, games and sensory activities. External companies visited the home to provide people with different experiences. A recent visit from some Alpaca's had been enjoyed by all.
- People were connected to the local community. The registered manager explained that they were familiar faces in the village and local people would stop and chat. On the day of our inspection the staff team had organised a Christmas party, this was held at the local village hall and was also attended by local residents.
- Staff supported people to keep in touch with people who were important to them. Staff had been allocated extra working hours to take each person Christmas shopping to buy presents for their families.

Improving care quality in response to complaints or concerns

- There was a system in place to respond to complaints.

People's relatives told us they would feel comfortable raising concerns if they needed to. One relative told us, "I would feel totally comfortable talking to them if I needed to."

- The registered manager and staff understood their responsibilities to report and investigate any concerns and complaints. The provider had a policy in place to ensure complaints were handled in a timely manner.
- No complaints had been recorded since our last inspection. However, we were aware that some concerns had been raised, as these were not formal complaints they had not been recorded. We discussed this with the registered manager who advised us that concerns would be recorded going forward.

End of life care and support

- The service was not supporting anyone with end of life care at the time of the inspection. However, they had given people and their families the opportunity to explore their wishes for the end of their lives.
- The family of a person who had passed away at the home had expressed their gratitude to the staff team, for the care and support they provided at this difficult time. A card from them stated, "Thank you for all the care and compassion you gave my [relation]. You filled their last days with understanding and dignity."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The management team had a clear vision to provide person centred care, and they were ambitious for the people they supported. The registered manager had encouraged the staff team to enable people to try different things and have new experiences.

This was reflected in feedback. A relative told us, "I have not looked back since [name] has been there. It is absolutely amazing. Staff treat people as people."

- Staff were valued and supported. The registered manager understood the importance of appreciating the work of the staff team and was developing new ways of recognising staff contributions.

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

- Systems to ensure the safety and quality of the service were effective. The registered manager completed regular quality audits and safety checks to monitor the quality of the service. These were effective in identifying issues and driving improvement.

- The registered manager understood their regulatory responsibilities. We had been notified of all events as required and the most recent CQC rating was displayed in the home and online as legally required.

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

- People and their families had been invited to meetings to share their views about the home. It was clear staff had tried to ensure meetings were accessible to people and minutes were recorded using plain English and signs and symbols.

- The registered manager listened to staff and used their feedback to make improvements. Staff had said they wanted their shifts to be more predictable, consequently a 'rolling rota' was being implemented at the time of our inspection.

- Staff were also invited to get involved with provider development, a member of staff attended a provider run, 'Your say' forum, where staff could raise issues and discuss development.

Continuous learning and improving care

- The registered manager was passionate about improvement. They told us, "I am learning every day." In order to keep up to date with good practice, they linked with other registered managers and subscribed to update services from national good practice organisations.

- The management team were responsive to feedback and took action to make improvements based upon this. For example, we pointed out that staff did not have specific training in supporting people with an acquired brain injury. After inspection the registered manager advised us staff would be trained in this area.

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 duty to be open and honest with people. Records showed the registered manager had been in touch with people and their families following incidents, to share information and try to prevent the same from happening again.

Working in partnership with others

- The registered manager worked in partnership with others, such as health and social care professionals to ensure people got the care they required.
- The registered manager told us they had a good relationship with the local authority who often shared resources and updates to help support continuous improvement.