

Parkcare Homes (No.2) Limited

Turketel Road

Inspection report

8 Turketel Road
Folkestone
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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

Turketel Road is a residential care home providing personal care to six people with a learning disability. 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 supported by staff who knew them well and who treated them with care and compassion. Staff were supported to spend time getting to know people and to build trusting relationships with them. People and their loved ones were partners in planning their care and staff worked with people to develop their communication skills to enable them to give their views.

People decided on a daily basis what they would like to do, and staff supported this. People took part in a range of activities which they enjoyed and were supported by staff to try new things. 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. Relatives told us, and we saw that staff persevered and were committed to people expanding their experiences no matter how long this took.

People were supported to manage their health and staff worked with health care professionals to meet people's needs. People's medicines were managed safely and in the way, they preferred. People were involved in planning and cooking their own meals. Staff worked with people to expand the foods they would eat whilst respecting their choices.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. People were supported to be part of their local community.

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.

The manager and staff had a shared vision and set of values which focussed on supporting people to achieve their fullest potential. The manager and provider's quality team carried out a range of audits to monitor the quality of the service. Staff were recruited safely and there were enough staff to meet people's needs.

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 04 May 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 ●

Turketel Road

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 carried out by one inspector.

Service and service type

Turketel Rd 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 did not have 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. A manager was in post who had started the application process with CQC to become registered.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We spoke with one health professional. We used all of this information to plan our inspection.

During the inspection

We observed the care given to people as they were unable to tell us about their experiences. We spoke with four members of staff including the manager, deputy manager, and two care workers.

We reviewed a range of records. This included three people's care records and multiple medicines records. A variety of records relating to the management of the service, including audits were reviewed.

After the inspection

We spoke with two relatives about the care their loved one received.

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 now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibilities regarding safeguarding people and could tell us how they would respond if they had concerns that a person was being abused.
- When people's behaviours which could challenge impact on their peers, staff were aware of this and supported people in a way which minimised the impact. Staff supported people to spend time in other areas of the service to avoid behaviours they could find distressing and distracted them with preferred activities.

Assessing risk, safety monitoring and management

- Risks to people were assessed, and plans were in place which focussed on reducing the risk without restricting people.
- Staff supported people to take positive risks such as trying new activities or new tasks.
- Risks relating to the environment had been assessed and plans were in place to minimise these. For example, people had personal emergency evacuation plans (PEEPs). PEEPs detail the support people would need emotionally and physically to leave the service in the event of an emergency such as a fire.

Staffing and recruitment

- Staffing levels were based on people's needs and activities. Everyone at the service had one to one support with some additional support for outings.
- Staff were recruited using safe recruitment processes. These included references from previous employers, identity checks and disclosure and barring checks (DBS.) DBS checks help providers make decisions about the suitability of staff to support vulnerable people.

Using medicines safely

- People were supported to have their medicines in the way they preferred. Medicines records included detailed guidance for staff about how each person liked their medicines to be given and where.
- When people had medicines, which were administered 'as and when required' (PRN), there was a protocol in place which informed staff why the medicine should be given, how often and the dosage. PRN medicines which were given to calm people when they were distressed were used as a last resort only.
- Staff who administered medicines had been trained and assessed as competent to do so.

Preventing and controlling infection

- Staff understood the need for infection control and took appropriate measures such as using gloves when appropriate.
- People worked alongside staff to keep their home clean and to store and prepare food safely. Staff

explained to people about why this was important.

Learning lessons when things go wrong

- Accidents and incidents were reviewed for learning and to identify themes.
- The manager told us they encouraged staff to discuss incidents and to look at how they could have been approached differently. Any learning was shared with the team or used to update people's support plans.

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 now 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, and preferences were assessed, and their support delivered in line with recognised tools such as person centred planning and positive behaviour support. They also followed the principles of active support. Active Support is a proven model of care that enables and empowers people with intellectual disabilities to participate fully in all aspects of their lives.
- People's assessments considered protected characteristics under the Equality Act (2010) such as their religion or sexuality.

Staff support: induction, training, skills and experience

- Staff told us they had the training and support they needed to be able to support people well.
- Staff who were new to the service had an induction which included basic training and working alongside experienced staff to get to know people. Some people at the service took a long time to become comfortable with new staff, this was recognised and planned for within induction.
- Staff had regular meetings with their line manager to discuss their performance and any training needs. Staff were encouraged to develop their skills, one member of staff was encouraged to take part in a positive behaviour support training course, due to their passion for and understanding of the subject. This would give the staff team access to information about PBS quickly without waiting for an external professional to support.

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

- People were involved in planning, purchasing food and preparing their own meals with staff support. Some people now prepared snacks and breakfast independently.
- When people had a very limited diet staff worked with dieticians to ensure they stayed well. Staff encouraged people to try new foods and were patient and consistent in their approach.
- People were encouraged to stay hydrated and to have plenty of drinks.

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

- The service had been adapted to meet people's needs. There were a range of communal areas where people could spend their time and get space from their peers.
- People and their relatives had been involved in choosing the decoration of the service and each of their rooms were personalised. All decoration considered people's sensory needs.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care

- People were supported to manage long term health conditions and to attend health appointments. People's relatives could attend appointments if they wished and were kept up to date by staff.
- When people struggled to access healthcare, staff worked with professionals to minimise the distress to people. For example, one person had hurt their foot and needed an x-ray. Staff spoke to the local hospital and explained the person may become distressed if they had to wait. The person's loved one supported the visit and the x-ray was done successfully.
- People's care plans gave staff the guidance required about their health conditions and when they should contact a professional for advice.
- A health care professional told us that staff were proactive and worked hard to follow their advice when supporting people.

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 service was working in line with the principles of the MCA. Staff gave people as much choice as possible on a daily basis. They used communication tools to help people understand and make decisions.
- When people lacked the capacity to make a decision, the people who knew them best took the decision in their best interest. For example, one person had a health condition which could be treated but this would require invasive treatment and a recovery which would be very distressing for the person. It was therefore decided to manage the condition through pain relief and monitor the person.
- When appropriate applications had been made for DoLS authorisations. The manager had a record of when these were due for renewal and made applications at the appropriate time.

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 now 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

- Staff knew people well and tailored their support to each individual. The atmosphere in the service was calm. People were relaxed in the company of staff and sought them out to be affectionate or joke with them.
- One relative told us, "The staff have a great balance between professionalism and compassion. The staff try really hard and give my loved one the affection and support they need in an appropriate way."
- Staff recognised that when people showed behaviour which could challenge this was them communicating how they were feeling. One staff member said, "When people show behaviours I find it really upsetting because I know that means they are distressed."

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

- People and their loved ones were involved in making decisions about their care.
- When people were unable to verbally communicate their wishes, staff monitored their reactions to things to identify if they were happy or not. They used this information to plan their care moving forward.
- People were supported to use communication tools to tell staff what they wanted to do on a daily basis. For example, one person was now able to write for staff where they wanted to go and then chose a picture from the computer of the place to be printed. The person had recently began saying verbally where they wanted to go. Staff told us proudly of the person's achievement and the difference it had made to the amount of options they had.
- One person had refused to have their hair or beard cut for over three years. Staff respected the person's choice and worked with them to get used to the idea. The person agreed to have a trim and the person's family told us this reflected the trust that staff had earned from the person by respecting their wishes and being patient.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged and supported to respect each other's privacy. Staff reminded people not to enter other people's rooms uninvited.
- People were encouraged to develop independence skills. Staff involved people in preparing their meals and taking part in other household tasks.
- People's dignity was respected. One person used an aid to keep them safe outside the service. Their care plan detailed and staff told us about how they supported the person in a way which disguised the aid and ensured the person did not stand out when in public places.

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 now 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; 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 in a person-centred way which was reflected in their care plans.
- Staff could tell us about each person's support and how it needed to be given. One staff member told us, "We are led by the person, they know how they want to be supported and let you know. We know how important it is to each person to be supported the way that makes them feel happy and in control."
- People took part in a range of activities which they enjoyed. Staff worked with people to find new things they may enjoy and find ways for them to try them. For example, one person had recently been to try a trampoline park. The person had seemed very excited but struggled with the required footwear. Staff were working with the park to see if they could find suitable footwear which was acceptable and the person would wear.
- People chose their activities each day dependent on their mood and preferences. Staff had chosen this approach as opposed to an activity schedule to give people the most control and choice possible in their lives. This worked well for people and led to them having a variety of activities each week.
- People were supported to stay in regular contact with their friends and loved ones. A relative told us that they worked with staff to ensure they were all using the same signs for the person. This meant that visits to the family home had consistency with the support given at Turketel Rd.

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 could access information in a range of formats. People used Makaton, Picture exchange communication system (PECS) and objects of reference. Staff knew how each person used these tools and used them to share information. Throughout the day people used these tools to make choices and show staff what they wanted.
- People were being supported to use technology to communicate. One person had a mobile phone with talk to text which they could use with staff.

Improving care quality in response to complaints or concerns

- People had access to an easy read complaints' procedure.
- Relatives told us they felt able to complain or raise any concerns and felt these would be addressed. There had been no complaints since the last inspection.

End of life care and support

- No one at the service was in receipt of end of life care.
- Staff had worked with families to gather information about the support people would like at the end of their lives, including any religious beliefs and who they would want with them.
- Staff had begun recording information about what comforted people when they were unwell, and this was being added to their end of life care plans.

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 now 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; 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

- People's relatives and staff told us the manager was approachable and accessible.
- There was a clear vision and set of values from the provider which staff upheld. The focus was on care tailored to each person to support them to reach their potential and have the life they wanted.
- The manager and senior staff were open and transparent about any errors which occurred and how they would prevent them happening again.

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

- Staff told us the manager had clear expectations for them and how they should carry out their roles.
- The manager was aware of their regulatory responsibilities. When starting to manage the service the manager recognised some information which had not been notified to CQC and rectified this immediately. All notifications had since been submitted without delay.
- Services are required to display their rating. The rating from the previous inspection was displayed in the entrance hall of the service and on the provider's website.

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

- People's loved ones were asked their views on the service through surveys and annual reviews. Any concerns raised were addressed.
- Staff used their knowledge of people's preferences and responses to things to recognise if they were happy with their support and the service.
- Staff were asked their views and told us the management team were open and welcomed ideas.

Continuous learning and improving care; Working in partnership with others

- The manager had used learning from the recent inspection of the other service he managed to drive improvement at Turketel Rd. They had involved the whole staff team in identifying ways to improve the care they provided.
- The manager and staff were aware of information about changes in policy and practice from the provider. They also accessed information from other agencies such as Skills for Care. Skills for Care are a national charity who support adult social care providers.

- Staff worked with healthcare professionals such as speech and language therapists, community nurses and psychologists to ensure people got the support in the way they needed. A community nurse had given positive feedback to the service about the compassion and commitment staff had shown and the welcome they had received.
- Staff also worked with the provider's specialist behavioural team to ensure people were supported in line with the principles of positive behaviour support (PBS) and to ensure their PBS plans were current and workable.