

Parkhaven Trust

# Parkhaven@Home

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place on 4 July 2016 and was announced.

Parkhaven@home domiciliary care service was set up by the Parkhaven Trust in April 2008. The service is based at the Administration Department within the Parkhaven Trust estate. The service supports people in their own homes and within extra care housing schemes. It provides a wide range of services to support people living with dementia, older people and people with learning or physical disabilities. There were 31 people receiving a domiciliary service from Parkhaven@home during our inspection. Nine people were receiving support over a 24 hour period in one scheme, Deyes Lane, 20 people were receiving a 'drop in' service from staff who were based at Parkhaven Court which is comprised of 24 self-contained flats and a communal area, and two people who lived in their own home received two hours per week support from staff.

There was a manager in post, and they were in the process of becoming registered.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and family members told us they felt safe with the level of care being provided by Parkhaven@home.

Staff knew what actions to take if they thought that anyone had been harmed in any way. Relatives told us they were happy with the care their family member was receiving.

Recruitment procedures were robust to ensure staff were suitable to work with vulnerable people.

People were supported to contact the housing provider when needed to ensure checks on their home were completed in line with their tenancy agreements. This included health and safety checks of the equipment and building.

People received their medicines as prescribed and safe practices had been followed in the administration and recording of medicines.

Relatives we spoke with confirmed that there were enough staff available to meet the needs of the people using the service.

Risk assessments were clear and contained an appropriate level of detail. Staff demonstrated they were able to support people in accordance with their plan of care.

Staff understood the need to respect people's choices and decisions if they had the capacity to do so. Assessments had been carried out and reviewed regarding people's individual capacity to make care decisions. Where people did not have capacity, this was documented appropriately and decisions were made in their best interest with the involvement of family members where appropriate and relevant health care professionals. This showed the provider understood and was adhering to the Mental Capacity Act 2005. This is legislation to protect and empower people who may not be able to make their own decisions. Where appropriate we saw that applications had been to the Court of Protection.

People were supported to purchase and prepare the food and drink that they chose. People and their relatives had been involved in the assessment and planning of their care. Care records were detailed and gave staff the information they required so that they were aware of how to meet people's needs.

There was a complaints procedure in place and people felt confident to raise any concerns either with the staff, the scheme leader or manager

Staff were trained in accordance with the service's training policy, and completed a work based qualification following a successful probationary period.

Staff said they benefited from regular one to one supervision and appraisal from their manager. There was a safeguarding and a whistleblowing policy in place, which staff were familiar with.

Quality assurance audits were carried out and feedback was collected regularly from staff, relatives and people using the service. These were analysed and responded too appropriately. We could see the manager was using this feedback to continuously improve the service offered.

Other quality assurance audits we saw were highly detailed and encompassed CQC's own guidance for providers with meeting the 'KLOE's (key lines of enquiry).

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People we spoke with told us that they felt the service was safe.

People received their medication in a timely manner, and there were safeguards in place to ensure medication was administered safely.

Staff understood the organisation's safeguarding procedure and were able to explain the steps they would take to keep people safe.

Risks assessments were completed and reviewed at regular intervals to help ensure people were supported safely and included any changing needs.

### Is the service effective?

Good ●

The service was effective.

The service was acting in accordance with The Mental Capacity Act and associated principles to ensure people's right to make decisions and choices about their care was upheld. In instances where people could not make decisions we saw the best interests process was being followed.

People were supported to eat and drink, people mostly prepared their own meals with support from staff.

Staff were trained in accordance with the provider's requirements, and the induction process for new staff was in line with national requirements.

We saw evidence that staff were receiving regular supervision and annual appraisal.

### Is the service caring?

Good ●

The service was caring.

We observed positive and caring interactions between staff and

the people they were supporting.

Staff were able to discuss examples of how they promoted peoples dignity and protected their confidentiality when providing care.

There was advocacy information in place for people to be able to access if they chose to, some people did have advocates.

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

**Good** ●

The service was responsive.

There was personalised information contained in each person's care plan which was meaningful to that person.

Support was delivered in accordance with the needs of the people and their daily lives, not around the needs of the service provider.

People were encouraged and supported to access the community and partake in communal activities to form meaningful relationships and help prevent insolation

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

**Good** ●

The service was well – led.

The manager was in the process of being registered. People spoke kindly about the manager, and the scheme managers in general.

The 'goals' of the organisation were communicated through various means to both the staff providing support and the managers.

The internal quality assurance systems in place mirrored CQC's KLOEs [key lines of enquiry] and we saw how the provider was using these audits to improve their services when shortfalls were identified.

Feedback was collected from people who use the service and their family members to improve the quality of care being delivered across the service, results were well recorded.

# Parkhaven@Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 4 July 2016 and was announced.

The provider was given 48 hours' notice because the location provides a domiciliary care service we needed to be sure that someone would be in.

The inspection team consisted of an adult social care inspector.

Before our inspection, we reviewed the information we held about the service. This included the Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at the statutory notifications and other intelligence, which the Care Quality Commission had received about the home.

During the inspection, we visited the people living in Deyes Lane and Parkhaven Court and spent some time with the people who lived there looking at how their care was delivered as well as their care plans and other relevant documentation. We spent time with three staff who worked within the schemes, including the managers. We also spoke to two people's relatives, one who was visiting and one by phone, and four people across both schemes.

We looked at the care records for four people using the service, four staff personnel files and records relevant to the quality monitoring of the service.

# Is the service safe?

## Our findings

People we spoke with told us that the service was safe. One family member said "It is definitely safe, I have no concerns." Another family member told us "It is fabulous." One person said "I never have any concerns."

Risk assessments were reviewed when needed. General risk assessments such as accessing the community, eating out, personal care, moving and handling were all in place. Risk assessments provided information to staff and guidance on how people should be looked after to keep them safe. Risk assessments contained an appropriate and informative level of detail. Risk was clearly documented and procedures were clear for staff to follow.

Staff we spoke with were clearly able to describe what course of action they would take if they felt someone was being abused. One member of staff said, "I would report it straight away." There was a safeguarding policy, which was discussed with staff during their induction process

We looked at how medicines were managed and found appropriate arrangements were in place in relation to the safe storage, receipt, administration and disposal of medicines. Medication was delivered pre packed which meant people's medicines had been dispensed into a monitored dosage system by the pharmacist. Staff supported people to check their medication in if they required it. Corresponding Medication Administration Records (MAR) charts were provided and all the MAR's were checked and were complete and up to date.

Medicines were stored securely in people's homes which helped to minimise the risk of mishandling and misuse. Auditing medicines reduced the risk of any errors going unnoticed and therefore enabled staff to take the necessary action to rectify these. Training records showed staff responsible for medicines had been trained and a regular audit of medicine management was being carried out. Where new medicines were prescribed, these were promptly started and arrangements were made with the supplying pharmacist to ensure that sufficient stocks were maintained to allow continuity of treatment.

Some people were prescribed PRN medicines to be used only 'when required'. There was guidance in place to inform staff when these medicines should be used. This shows the provider has recognised it is important that staff have detailed information, including personalised details of people's individual signs and symptoms to ensure that people are given their medicines correctly and consistently, especially if the individual has communication difficulties or is unable to recognise their own needs.

Staff records viewed demonstrated the manager had robust systems in place to ensure staff recruited were suited to working with vulnerable people. The HR manager retained comprehensive records relating to each staff member. Full pre-employment checks were carried out prior to a member of staff commencing work. This included keeping a record of the interview process for each person and ensuring each person had two references on file prior to an individual commencing work.

The HR manager also requested a Disclosure and Barring Service (DBS) certificate for each member of staff

prior to them commencing work. This process allows an employer to check if there are any criminal records belonging to applicants. This enables the HR manager to assess their suitability for working with vulnerable adults.

Personal Emergency Evacuation Plans had been completed for people living at Deyes Lane and in Parkhaven Court. These were personalised to take into account the individual needs of the person, along with the layout of the buildings.

We saw an example of how incident and accidents were recorded across the organisation as whole although there had been no significant incidents or accidents in this part of the service provision.

The housing provider was undertaking checks required to ensure the building was safe, in accordance with people's tenancy agreements.

We saw that all required environmental checks were being undertaken, the staff informed us they would support the person to report any repairs or maintenance as and when needed to the housing provider.

We asked about staffing levels in both schemes, and were shown copies of rotas. Rotas showed the staffing was consistent; most of the staff had been in post for a long time. No one told us they were ever short staffed or their needs were not being met.

# Is the service effective?

## Our findings

People we spoke with and relatives told us that they felt the staff had the correct training to support them. One relative said "They are so skilled at knowing what [family member] needs." Another person told us "Oh yes, they are very good."

We looked to see if the service was working within the legal framework of the Mental Capacity Act 2005 [MCA]. 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.

We saw that mental capacity assessments had been undertaken for people which related to different aspects of their care. For example, in Deyes Lane we saw a support plan which told us a person had difficulty making certain decisions regarding finances, medication and aspects of health care. The plan talked positively about supporting the person to try and make these decisions. We also saw reference to decisions being made in people's best interests involving family, support workers and advocacy if necessary.

These assessments helped identify people who may need referring legally to the Court of Protection [COP]. The COP provides a legal framework for making decisions for people living in the community who lack capacity. We saw that applications had been appropriately made to the COP for people who required it.

We saw that the service had gained consent from people to be able to share their records, support them with medications and provide their care. For any person who did not have the capacity to consent to care we could see the principles of the MCA were followed and the least restrictive option was chosen. Throughout the day, we continuously heard staff asking people for their consent before they provided support.

We looked at how people were supported with eating and drinking within their own homes. We were able to observe in Deyes Lane, that people were being supported to peel potatoes for their lunch. We were shown a menu which all of the people who lived at the property had contributed to containing each person's favourite meal. People were supported by the staff to shop for their own snacks and other food items. During our inspection, we observed people making themselves drinks as and when they chose to, with or without staff assistance. We asked one of the people in Parkhaven Court if they were supported with their meals. They said "Oh yes, the staff will come and make sure I have enough to eat."

Staff received all essential training, which was a mixture of classroom based and e-learning. The registered office was equipped with computers and other training aids. This system was managed by the provider, in a range of areas. For example, fire, manual handling, food hygiene, infection control, safeguarding, MCA, food and nutrition and medication. Staff were also encouraged to work towards external qualifications, for

example, some staff had achieved a Diploma / National Vocational Qualification Level 3 in Health and Social Care.

Before the staff started work, they completed an induction process in line with The Care Certificate. Compliance with the principles of the Care Certificate became an expectation from 1 October 2015. The manager informed us staff have twelve weeks to complete the care certificate and then they would be enrolled on their QCF level 2, following a successful probationary period.

Staff had supervision meetings with their manager and staff records confirmed that staff had received supervisions at least every 6 – 8 weeks. Issues such as holidays, handovers, key working, learning and development and medicines were discussed. We also saw there was an annual appraisal system in place for staff.

We saw from looking at records that regular appointments with other health and social care professionals were arranged. The documentation we looked at clearly stated what medical professional people had seen and what follow up was required. Some people were supported by staff to attend these appointments. One relative told us "The communication is great, we get a phone call to let us know if there any urgent appointments, the staff always encourage [family member] to call."

There were various adaptations which the housing providers had made to both schemes to make them more accessible for the people living there. For example, in Parkhaven Court, we observed different coloured corridors and door colours to help ensure the people living there with dementia could find their way around, also in Deyes Lane, we saw that they shower rooms had been adapted to support people's changing needs.

## Is the service caring?

### Our findings

Everyone we spoke with told us they thought the staff were caring. One relative said "Oh without exception. They are all wonderful people." One person said "Yes they are great." Other comments included "I'm so happy [family member] has them in their life."

During our inspection we spent some time with the people living at Deyes Lane and the staff who were supporting them. We observed caring and positive relationships between the staff and the people who lived at Deyes Lane. Staff spoke to people with kindness and respect, using people's preferred methods of communication. For example, we saw one member of staff using a communication board to ask someone if they wanted dinner or a drink.

Staff who we spoke with clearly cared about the people they supported. One member of staff said, "I just love being here." Someone else said "It's been wonderful watching what they have achieved over these years, I'm really proud."

The manager showed us where people's records and personal information were stored in the office. This was stored appropriately, in a way, which ensured people's confidentiality was protected. Staff we spoke with explained to the importance of protecting people's confidentiality.

We asked staff to give us examples of how they protect people's dignity and privacy. One staff member said, "We always knock and ask permission to enter their home and their rooms." Other staff members told us "We close doors and blinds."

From the records we looked at, we could see that staff routinely communicated with people or their families in relation to care needs. People or a family representative was involved in the initial assessment of need, the development of care plans and the regular care reviews.

For people who had no family or friends to represent them contact details for a local advocacy service were available. People could access this service if they wished to do so. Some people were making use of these services at the time of our inspection.

The manager showed us a selection of 'Thank you' cards which had been received from people and their families during their time accessing the services of Parkhaven@home. One person had written 'Thank you so much for your kindness'. There were many compliments written by relatives, such as, "Thank you for all your hard work." Another had written, "Thanks for all your help and support."

## Is the service responsive?

### Our findings

We saw evidence that the service was operating in accordance with person centred principles. The means when the service is led by the needs of the people it supports, and not by the needs of the service.

Before we inspected the service we looked at what the provider has stated on their provider information return (PIR) and looked for evidence to support this. The provider's PIR stated 'Each service user has a person centred, needs led care plan. This is developed with input from the service user, their family and other professionals involved in their care. Care plans are reviewed monthly or as and when needs change. Any updates or adjustments are made in consultation with the service user, their family and other professionals to ensure the care provided is consistent.'

People and their relatives told us that they were involved in the completion of their care plan. Care plans were signed by people themselves or their relatives

We saw that people's care files contained photographs of them engaging in different activities, such as parties, holidays and having friends over for visits. We looked at a care document called 'My Life Story'. There was one of these for each person. This document contained all relevant and person centred information about the person. We spoke to one member of staff who had been involved in completing one of these documents, and they told us "I try to keep this as up to date as possible so any new staff will get a good understanding of what is important to [person]."

Each person had a weekly activity plan. These included activities such as eating out and shopping. We could see evidence of person centred practice when we looked at the rotas, which were completed around the needs of the person and their activities. For example, in Deyes Lane, the rota showed a day out had been planned. The rotas had been completed so that each person had a one to one on that day. This had been achieved by reducing staff numbers at times when people went out with family later on in the week. The manager explained this worked well for people and flexibility assured people got more quality time doing what they wanted. Other examples of this, was the 'pop in service' at Parkhaven Court were someone told us "There is nothing set in stone, which I like, when I need them [staff] they are always there."

There were good examples of inclusion and participation in both Deyes Lane and Parkhaven Court. One person in Parkhaven Court told us "They always knock on my door to tell me what is going on." The manager at Parkhaven Court told us that they try to see everyone at least once a day so they know they are ok. They said "We don't want them to feel isolated."

People told us staff listened to any concerns they raised. There had been no complaints raised in the last twelve months. We were provided with the complaints policy and procedure. The complaints procedure was displayed in the main office, and each person had a copy of the complaints procedure.

## Is the service well-led?

### Our findings

There was a manager in post who was in the final stages of registering with The Care Quality Commission.

People and family members we spoke with spoke fondly of the manager, and knew them well. One family member said "Oh they are marvellous." Other comments included "Oh yes, they know what they are doing." And "I don't think leadership is a problem."

We saw quality assurance systems in place where the manager invited people and families to complete a survey. This was sent out to them in the post. The last survey was completed in 2015 and showed that 100% of respondents were either happy or very happy with the service.

The culture of the service was very much focused on person centred values and we observed this in both schemes throughout the duration of our inspection. The service stated on the PIR 'Our goal is to offer continuous improvement, ensuring effectiveness and efficiency'. We could see evidence of this continuous improvement-taking place.

The management structure of the home was explained to us, and it was clear from looking at quality assurance procedures, the trustees involved with the running of the service were involved in ensuring care was delivered in accordance with the service's goals. We saw quality assurance audits had been undertaken by the trustees, and detailed feedback had been provided when any omissions were found.

In addition, each scheme manager demonstrated an ability to deliver high quality care and regular audits took place to assess the quality of the care delivered. Records confirmed that audits had been conducted which had taken into account CQC's own KLOE's (key lines of enquiry) in areas such as health and safety, including accident reporting, manual handling, premises, food safety, medication, laundry and risk assessments. Audits were undertaken on a monthly basis. Where action was required to be taken, we saw evidence this was recorded and plans put in place to achieve any improvements required

Staff were supported to question practice and there was a whistleblowing policy in place. One member of staff explained, "If I've got a problem I would go to [named manager] or her manager or head office".

The service demonstrated good management and leadership. Staff were asked for their views about the service through team meetings and supervisions. We saw evidence of this in the team meeting minutes and the staff member we spoke with explained the supervision process. The staff member told us "I just enjoy it. It's a good company to work for."

The manager understood their responsibility and had sent all of the statutory notifications that were required to be submitted to us for any incidents or changes that affected the service.