

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

Parkhaven@home domiciliary care service supports people in their own homes within an extra care housing scheme. It provides a wide range of services to support older people living with dementia. The service also supports people with a learning disability in a supported tenancy scheme. There were 24 people receiving a service from Parkhaven@home during our inspection.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People's needs were assessed and recorded by suitably qualified and experienced staff. Support was delivered in line with current legislation and best practice. Risk assessments and support plans had been completed for everyone who was receiving care to help ensure people's needs were met and to protect people from the risk of harm.

People's preferences had been recorded in respect of personal care routines and likes and dislikes for food and drinks. Allergies and other medical information was also recorded.

Staff had been appropriately checked when they were recruited to ensure they were suitable to work with vulnerable adults. The service ensured that staff were trained to a high standard in appropriate subjects.

Staff understood how to recognise abuse and how to report concerns or allegations.

The records we saw indicated that medicines were administered correctly and were subject to regular audit.

There were appropriate numbers of staff employed to meet the needs of people who received a service and to ensure they received the support at a time when they needed it.

Policies and procedures provided guidance to staff regarding expectations and performance. Staff were clear about the need to support people's rights and needs regarding equality and diversity.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. We saw clear evidence of staff working effectively to deliver positive outcomes for people.

People we reviewed were receiving effective care and support. They gave positive feedback regarding staff support.

People told us that staff treated them with kindness and respect. Our observations confirmed this. Support

was provided in accordance with people's assessed needs. Relatives said their family members were supported by staff to take regular holidays and enjoy their favourite activities.

People using the service, their relatives and staff were asked to share their views. They provided very positive responses regarding the support provided.

There was a complaints process. No complaints had been received.

People spoke positively about the management of the service and the approachability of the staff. There was clear management structure that supported staff. The registered manager was aware of their responsibility to notify the Care Quality Commission of certain incidents and has submitted notifications to meet this requirement. The ratings from the last inspection was displayed at each location and on the registered provider's website, as required.

Further information is in the detailed findings below.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

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 was a comprehensive inspection. The inspection took place on 3 and 4 January 2019 and was announced. We gave the service one weeks' notice of the inspection visit because the location provides a domiciliary care service. We needed to be sure that the registered manager and scheme managers would be available.

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 service. We also received feedback from the local authority commissioning team. We used all of this information to plan how the inspection should be conducted.

During the inspection, we visited the people living in Parkhaven Court and Deyes Lane. We spoke with two people at Parkhaven Court about their experiences receiving support. We spent some time with the people who lived at Deyes Lane, observing at how their support was delivered. We looked at the care records for four people using the service, and records relevant to the quality monitoring of the service. We spent time with six staff who worked in the two schemes, including the managers. We spoke with two relatives by phone. Another relative sent us their feedback by email. We met with the registered manager on the second day of our inspection.

Is the service safe?

Our findings

People said they felt safe when being supported by staff. One person said, "I love living here, I feel so safe because I know staff are always around if I need them."

Staff understood how to recognise abuse and how to report concerns or allegations. There were processes in place to help make sure people were protected from the risk of abuse. A 'safeguarding vulnerable adults' policy was available to support staff with aspects of abuse and the procedure to report suspected abuse.

Risk assessments and support plans had been completed to help ensure people's needs were met and to protect people from the risk of harm. We saw risk assessments had been completed for medication, falls, skin integrity and mobility. Assessments were reviewed regularly to help ensure any change in people's needs was reassessed so they received the appropriate support.

Staff were recruited safely as the provider had a robust recruitment process. This meant that staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults.

There were appropriate numbers of staff employed to meet the needs of people who received a service and to ensure they received the support at a time when they needed it. People said they always received the support they needed; staff told us they covered any absence for sickness and holidays. Current vacancies were being covered by regular agency staff. This ensured staff were able to support people when required.

Medication was administered safely by suitably trained staff and was recorded correctly. Staff we spoke with confirmed they had received medication training. A competency assessment was completed to ensure people received their medication safely.

Staff paid good attention to infection control; we saw they wore aprons and gloves whilst supporting people with meal preparation. Within the supported living scheme the communal areas and people's rooms were regularly cleaned and kept tidy. We found the scheme clean and tidy on our inspection.

Whilst the upkeep and repair of the buildings where the two schemes were located was not the responsibility of the registered provider managers told us the landlords responded to requests in a timely manner for any repairs and paid good attention to regular decoration within the schemes. We found both buildings we visited to be warm, in a good condition and well decorated.

Is the service effective?

Our findings

We found that the staff were well trained and had a good understanding of people's needs. Training courses were completed on induction and were refreshed on a regular basis. These included moving and handling, fire safety, infection control, and safeguarding. Additional training was also provided which was more specific to the needs of the people staff supported. A system was in place to ensure staff were informed when training courses needed to be completed.

Staff received regular supervision and had an appraisal annually. All staff we spoke with confirmed they received good support from their colleagues and managers and met with their manager for supervision meetings. In addition staff meetings were held to help ensure effective communication with the staff team.

Staff were familiar with people's support needs as they worked in a team at either supported living setting or an extra care complex. People who received a service who we spoke with confirmed this to be the case. Staff had completed training in subjects relevant to the needs of people they supported. Some staff completed a four day training course for dementia care.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications must be made to the Court of Protection. Some applications had been submitted and were awaiting assessment from the local authority. No applications had yet been authorised.

People's care planning documents gave the opportunity for people, or appropriate others, to sign their consent to receive care and support. Where a person had been assessed as lacking the ability to make an important decision such as taking their medication then a 'best interest' decision had been made involving relevant people.

People told us that staff always asked for their consent prior to carrying out a task or delivering care. We observed staff asking people before carrying out a task to ensure they consented to it taking place.

Some people were supported to eat and drink regularly by staff. People told us they were happy with the meals and snacks staff prepared for them and received their meals at suitable times. In supported living meals were made according to people's preferences.

Where appropriate staff supported people to maintain good health and attended for appointments at their local health service. Staff sought the input of health and social care professionals if people's needs changed.

Is the service caring?

Our findings

People receiving a service told us that the staff who supported them in their home were caring and kind. One person said, "Staff are fabulous; I love living here, I feel so safe." Another person told us, "Staff are excellent, they can't do enough for you." Relatives we spoke with were highly complimentary about the staff. Their comments included, "Terrific teamwork; staff have become like extended family", "I always get a friendly, informed, familiar and communicative response from any member of staff when I telephone" and "We are extremely grateful to these wonderful people (staff)".

A relative told us where their family member lived "Is a happy environment; the mood of staff and tenants is always relaxed, friendly warm and comfortable."

Staff we spoke with demonstrated a genuine positive regard for the people they supported. They told us they provided support to the same people on a regular basis giving them the opportunity to develop good relationships with people.

We spent time in both schemes and we observed the positive interaction between staff and people who received a service. Staff demonstrated a caring nature towards people. Banter and humour was used in communication with people; we saw people were relaxed in staffs' presence. Staff always asked people before carrying out any support.

Some people receiving support did not use verbal communication or did so in a limited manner. We observed staff had an understanding of the signs and specific words used which aided effective communication. Where people wore spectacles or hearing aids, particular attention was made in care records to ensure staff supported people to wear them.

Managers were aware of the local advocacy service. However, people currently receiving support had family members actively involved in their lives or had appointed people with power of attorney responsibility.

Is the service responsive?

Our findings

People we spoke with told us they received care when they wanted it and staff supported them where help was required. Relatives told us their family member received all the support they needed. People in supported living scheme were supported to enjoy regular social activities including going on holiday. In the Extra Care scheme staff worked with family members to support people with their medication and meal preparation. Family members bought food and ordered medication. Written records were made to keep family members updated of the support provided each day and for staff to make any requests a person may require.

Care records we looked at showed people's needs were assessed before receiving a service. In supported living the assessment included a number of introductory visits to the service. Care plans had been developed where possible with each person, identifying the support they required. We found evidence of people and their relatives being involved in their care plan and providing information about people's preferences and daily routines; their likes and dislikes and some had completed social histories. This gave staff some personal information about the person so they could be supported in their usual and preferred way.

A range of care plans were completed to identify people's needs and the support required. For example, care plans were completed for medication, personal care, skin care, nutrition and community access. Reference was made regarding people's communication needs to ensure any information was recorded to raise staff awareness and to enable staff to converse with a person and be understood. We found people's preferences had been recorded in respect of personal care routines, getting up and going to bed and likes and dislikes for food and drinks. Allergies and other medical information was also recorded. Personal information and care plans were updated each month. Care plans we looked at confirmed this.

People who received a service and relatives said they knew how to make a complaint if they were unhappy but told us they were very satisfied with the service they received. A relative told us, "I have never had any concerns. I have been absolutely delighted with the care the staff provide and how happy and comfortable [name of relative] unquestionably is living there."

The service had a complaints procedure, which was made available to people and displayed. No complaints had been received since the last inspection.

Is the service well-led?

Our findings

The service had a registered manager. 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.

The registered manager and scheme managers showed a commitment for providing high-quality care and support. This was evident from the feedback received from people we spoke with at the inspection. The registered manager told us they were proud of the service they provided to people; they were most proud of the quality of life people had with the support of the staff, and of retaining good staff who worked at Parkhaven@home.

The registered manager was supported by the Chief Executive and a board of trustees, as well as the two scheme managers who oversaw the day to day running of the service locations. The provider also had head office administration which managed recruitment and training.

There were systems in place to monitor the quality of the service provided. Monthly audits were completed for medication, care records, staff recruitment and health and safety. The registered manager met with scheme managers each month to discuss the individual locations, as well as visiting each scheme at least once a week.

The service had systems in place to gather the views and opinions about the service from the people who received the service, their relatives and staff. Questionnaires were given out each year. Any comments or issues were analysed and addressed. Feedback we saw from the 2018 survey was positive from everyone who completed a questionnaire. Any actions taken from comments made had been addressed.

Policies and procedures were in place and provided guidance to staff regarding expectations and performance. These included safeguarding vulnerable adults, lone working, whistleblowing, staff supervision and medication management.

The registered manager was aware of their responsibility to notify the Care Quality Commission of certain incidents and has submitted notifications to meet this requirement. The ratings from the last inspection was displayed at each location and on the registered provider's website, as required.