

Parkhill Support Services Ltd

# Parkhill Support Services Ltd

## 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

### About the service

Parkhill Support Services Ltd is a supported living service providing personal care for up to 5 people living with learning disabilities and/or autistic people. At the time of our inspection 1 person was using the service.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### People's experience of using this service and what we found

We found the outcomes for people using this service reflected the principles and values of Right support, right care, right culture. These included promotion of choice and control, inclusion and independence. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

### Right support

People's independence was promoted. Care and support needs and risks to people had been assessed to ensure their needs were met safely. Staff supported people to achieve their aspirations and goals. People were encouraged to take part in activities and pursue their interests in their local area. There was a complaints procedure in place in formats that people could understand.

### Right care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to people's diverse needs. The person using the service had a choice about their living environment and they were able to personalise their room. They had access to health care professionals when they needed them.

### Right culture

People received person centred care, support and treatment because staff were trained in areas related to their care and support needs. Staff they received regular supervision from the manager. People and other people important to them were involved in planning their care. People and staff views were considered through surveys and meetings.

### Rating at last inspection and update

The last rating for this service was inadequate (published 23 March 2022). The service was placed into Special Measures. During this inspection the provider demonstrated that improvements had been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is

no longer in Special Measures.

Since the last inspection we recognised that the provider had failed to notify the Commission without delay of an incident specified in Regulation 18(2) of the Care Quality Commission (Registration) Regulations 2009 which occurred whilst services were being provided in the carrying on of a regulated activity or as a consequence of the carrying on of a regulated activity. This was a breach of the regulation, and we issued a fixed penalty notice. The provider accepted a fixed penalty and paid this in full.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Parkhill Support Services Ltd on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Parkhill Support Services Ltd

## **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 Health and Social Care Act 2008.

#### Inspection team

One inspector carried out this inspection.

#### Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. The current manager had applied to CQC to become the registered manager for the service.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are

often out, and we wanted to be sure there would be people at home to speak with us.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with the person who used the service about their experience of the care they received. We spoke with 2 members of staff, the manager and the operations manager. We reviewed a range of records. These included the persons care records and medication records. We looked at staff records in relation to recruitment, training, supervision and other records relating to the management of the service, including policies and procedures and quality assurance records.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good: This meant people were safe and protected from avoidable harm.

Using medicines safely; Assessing risk, safety monitoring and management

At our last inspection, we found the provider failed to comply with Regulation 12, Safe care and treatment, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure the safe management and storage of medicines. The provider had failed to ensure risks were managed safely. Risks to service users were not always identified, assessed and did not always have management plans to mitigate risks.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At this inspection we found that medicines were stored and managed safely. Medicines were kept in a locked cabinet in the persons bedroom. People received support to take their medicines safely. We saw the individuals medicines administration record (MAR) that included details of the person's GP and any allergies they had.
- Care plans and risk assessments supported people to take their own medicines. There were protocols in place for 'as required' (PRN) for example, medicines for pain relief.
- Staff responsible for administering medicines had completed appropriate training and their competency to administer medicines had been assessed by the manager.
- We saw daily, weekly and monthly audits were completed to ensure people received their medicines on time. Daily room temperatures were taken to ensure medicines were stored at an appropriate temperature.
- There were arrangements in place for receiving and returning unused medicines to a pharmacy.
- At this inspection we found that risks to people were identified, assessed, documented, and reviewed to ensure their needs were safely met. Assessments included the levels of risk for people in areas such as lone travelling, going missing, cooking and medical conditions. Risk assessments included information for staff about the actions to be taken to minimise the chance of accidents occurring.
- Staff had a good understanding of people's needs in relation to risk. A staff member explained to us how they supported the person with travel training. They told us the person went independently to places they knew. If the person wished to go to new places, then staff went with them until they became familiar and confident with the travel route.
- The provider had a business continuity plan in place for managing the service in an emergency, they shared this with staff and people using the service. People had individual emergency evacuation plans (PEEPS) which highlighted the level of support they required to evacuate the building safely.
- Training records confirmed that staff had received training in fire safety.

## Systems and processes to safeguard people from the risk of abuse: Learning lessons when things go wrong

At our last inspection we found the provider failed to protect people from the risk of abuse. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- At this inspection we found that people were protected from the risk of abuse. There were safeguarding adults' procedures in place. We saw safeguarding information displayed in the persons home advising them and staff on what to do if they were being abused or they witnessed abuse.
- Staff had received training on safeguarding adults and children, and they knew how to keep people safe. They told us they would report their concerns to the manager. If need be, they would whistle blow to the provider or report their concerns to the CQC or the local authority.
- The manager reported allegations of abuse to the local authority and CQC. We saw a safeguarding log with records of safeguarding concerns, lessons learned, and actions taken by the provider to keep people safe.

## Staffing and recruitment

At our last inspection we found the provider failed to ensure sufficient numbers of staff were deployed to meet people's needs. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- At this inspection we found that staff were deployed effectively to meet people's needs. At the time of the inspection one person was receiving personal care and support from staff. We saw a staffing rota that confirmed there was always staff on duty to support the person with their assessed needs. Staff told us there was always enough staff on duty to meet the person's needs.
- The operations manager told us when new people started using the service, or the persons needs changed they would increase the staffing levels at the service in line with people's care and support needs.
- Staff had been recruited in a safe way. We saw recruitment records that included employment references, health declarations, proof of identification and evidence that a Disclosure and Barring Service (DBS) check had been carried out. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

## Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. We saw the service was clean and hygienic.
- Staff had received training on infection control, COVID 19, they told us they had access to plenty of personal protective equipment (PPE) and that they wore appropriate PPE when supporting the person using the service with personal care.
- Checks were in place to prevent visitors from catching and spreading infections.
- We were assured that the provider's infection prevention and control policy was up to date and reflective of current best practice guidance.



# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection we found the provider failed to seek consent from people in line with the requirements of the Mental Capacity Act 2005 (MCA). This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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 person using the services capacity to make decisions about their care was assessed and retained in their care records.
- Staff empowered people to make their own decisions about their care and support. A staff member told us, "I always seek consent from the person I support before I do anything. I would not make them do something they didn't want to do."

Staff support: induction, training, skills and experience

At our last inspection we found that staff did not receive the appropriate training and support to carry out the duties they were employed to undertake. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- At this inspection we found that staff had completed induction when they started working at the service. Induction training was in line with the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. A staff member told us they had completed a week-long induction and a period of shadowing experienced staff before they started working at the service.
- Records showed that staff had completed training that was relevant to people's needs. This training included autism awareness, supporting people with learning disabilities, equality and diversity, nutrition and hydration, diabetes, safeguarding adults and children, medicines administration, health and safety, infection control and the Mental Capacity Act 2005 (MCA). A staff member told us they were up to date with all their training. They said they recently received training on food safety which was helpful.
- Records showed and staff told us they received regular supervision with the manager, and they attended regular monthly staff meetings.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

At our last inspection we found the provider failed to make sure appropriate assessments were in place to ensure the service was suitable and could meet people's individual needs. This was a breach of Regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not admitted any new people to the service since our last inspection, so we were not able to assess this key line of enquiry in full.

We found that some improvement had been made at this inspection and the provider was no longer in breach of regulation 9. We will assess this this key line of enquiry again at our next inspection.

- The operations manager told us that the person using the service was already living there when they took over the service. They said the previous provider had not supplied them with any local authority referral information or initial assessments for this person. Following the last inspection, the provider reviewed the person's care and support needs in full and put the current care plans and risk assessments in place.
- Records showed that the person using the service and health and social care professionals contributed to these assessments to ensure the person's individual needs were considered and addressed. We saw that the person's care plans, and risk assessments were kept under regular review.

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

- People were encouraged to maintain a healthy balanced diet. People's care records included assessments of their dietary requirements and the support they required with eating and drinking. Records showed a person using the service had been referred by their GP to a six-week healthy eating group program.
- Staff told us they supported the person to purchase their own food and staff supported to cook their meals. The person using the service told us they liked cooking and staff helped them. They said they liked the food and their favourite was fish fingers. We saw photographs where the person was preparing meals in the kitchen with the support of staff.
- The person had a medical condition that required them and staff to be mindful of their dietary intake. This was referred to in their care plan and staff were aware of how they should support the person with this need.

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 GP's and other health and social care professionals to plan and deliver an effective service. The person using the service indicated that staff would take him to see his GP if he wasn't well.
- Care records included evidence of regular contact with health care professionals for example, their GP, dentist, diabetic and learning disability nurses. Records were made of individual health care appointments, the reason for the visit, the outcome, and any recommendations.
- We saw a hospital passport which outlined the person's health care and support needs for professionals. This information was shared with health care services such as hospitals when this was required. A hospital passport tells the hospital about the person healthcare needs, their learning disability, how people like to communicate and how to make things easier for people. People can carry their hospital passport and show it to healthcare staff at the hospital. It can help the person to get the care they need in an easier to understand way.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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; Supporting people to express their views and be involved in making decisions about their care

At our last inspection we found staff were not always kind and caring. Staff did not always understand the importance of working within the principles of the Equality Act and to support people's diversities in relation to their protected characteristics including race, disability, sexuality, sexual orientation and religion. People and their relatives were not actively encouraged to be involved in their care and support. People's life histories, preferences, likes and dislikes were not included in their care plans.

The issues above were breaches of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- The person using the service told us the names of staff and said they liked them. Their care records included sections that recorded their spiritual and religious needs, and relationships that were important to them.
- Staff understood and responded to people's diverse needs. Staff had received training on equality and diversity. A staff member told us, "I am always happy to support people no matter what their religion or protected characteristic is. We should all be treated with equality."
- Care records confirmed a person using the service had been consulted about the care and support they received. We saw that the person had a pen portrait of their life, and their likes and dislikes were recorded in their care plans.
- We saw reports from regular monthly key-worker meetings. A key worker is a named member of staff responsible for coordinating a person's care and providing regular reports on their needs or progress. This person's key-worker told us, "(Person using the service) is able to express their views about the things they want to do and make plans to do them."
- We also saw an email confirming the provider had recently accessed advocacy services to work with the person using the service.

Respecting and promoting people's privacy, dignity and independence

- Staff protected and respected people's privacy and dignity. A staff member told us the person could

manage most tasks independently. When supporting the person with personal care tasks, they maintained the persons dignity by closing doors and windows.

- A staff member told us, "We (staff) don't discuss anything about the person in front of people. We make sure everything is kept confidential."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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

At our last inspection we found people's care records were not complete, consistent or reflective of their needs. There was no system in place to support people to work towards positive outcomes based on their strengths and abilities. People were not always supported to participate in social activities of their choice.

The issues above were breaches of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- The person using the service had care plans that described their health and social care needs and included guidelines for staff on how to best support them. For example, how to support the person with a medical condition, travel training, cooking and personal care tasks.
- Care plans were person centred and evidenced that the person and health care professionals had been involved in the process. Care plans reflected the principles and values of right support, right care, right culture. They referred to promoting the person's independence and their inclusion within the local community.
- The person had a key-worker who they met with each month to plan for the things they wanted to do. Staff had a very good understanding of the person's care and support needs. A member of staff told us in detail how they supported the person with travel training and cooking.
- Staff supported people to achieve their aspirations and goals. The person had a weekly activity program. Activities included attending a day centre four days each week and one to one time with staff for shopping and activities. At the weekend the person chose their own activities such as attending a local farm, bowling or eating out. The person also took part in domestic tasks such as tidying their room or cooking with staff.
- The person also attended 'come dine with me' sessions with other people at another of the providers services. They had also booked a holiday for the coming summer.
- People accessed local community facilities such as the barbers, parks, clubs, restaurants, and the cinema. On the day of the inspection the person had gone out independently. They told us they had gone into town for the day.

## Improving care quality in response to complaints or concerns

At our last inspection we found complaints were not always handled satisfactorily.

This was a breach of Regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had not received any complaints since our last inspection, so we were not able to assess this key line of enquiry in full.

We found that some improvement had been made at this inspection and the provider was no longer in breach of regulation 16. We will assess this this key line of enquiry again at our next inspection.

- The provider had a complaints procedure in place. The complaints procedure was available in formats that people could understand (pictures and words). The provider showed us a complaints log and told us there had not been any complaints raised since the last CQC inspection.
- The provider told us they met with managers from their services each week to discuss any ongoing issues such as safeguarding and complaints. They told us if they received a complaint, they would write to the person making a complaint to explain what actions they planned to take and keep them fully informed throughout.

## Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

At our last inspection we recommended the provider consider current guidance on meeting people's communication needs and take action to update their practice accordingly.

- The person using the services communication methods were assessed and recorded in their care plans. Information was available to them in easy read and pictorial formats including hospital passports, surveys and the complaints procedure.
- Staff had a good understanding of how the person communicated. They used verbal prompts and showed us a tablet they used with the person using the service to look at places they would like to go. They told us they were in the process of developing a booklet of pictures to plan activities with the person using the service.

## End of life care and support

- The manager told us no one currently using the service required support with end of life care. They said they would work with people, and health professionals to make sure people were supported to have a dignified death.
- The provider had recently accessed advocacy services to work with the person using the service. The provider told us the advocacy service would be supporting the person to consider their end of life wishes.

# 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 our last inspection we rated this key question Inadequate. At this inspection the rating has changed to good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: Continuous learning and improving care: 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.

At our last inspection we found there was a lack of management oversight. There was no registered manager in post since July 2021. An appropriate auditing system was not in place. Medicines and staff records, capacity assessments were not always complete and up to date. Care records did not always contain important information about people's health conditions, medicines, their next of kin, GP and any known allergies. Managers knew of their responsibility under the duty of candour however, information was not always reported and recorded when things went wrong.

The issues above were breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider did not have a registered manager in post. The current manager started working at the service in September 2022 and had applied to CQC to become the registered manager for the service.
- There was an organisational structure in place and staff understood their roles and responsibilities. They were positive about how the service was run and the support they received from the manager. A staff member told us, "I get good support from the manager, they are helpful, they guide us, and they make sure we get the right training."
- The provider undertook regular audits that covered areas such as staff training, health and safety, incidents and accidents, safeguarding and complaints. Care records held important information about the person using the services care needs, health conditions, medicines, their capacity to make informed decisions, their GP and any known allergies.
- Peer to peer visits by managers from the providers other services were used to monitor each services compliance with CQC regulations. We saw a report from November 2022 visit which included actions for improvement. For example, all staff were required to read and sign care plans and risk assessments. We also saw a quality assurance report from February 2023. This included recommendations for improvement for example, staff were required to complete food hygiene training. A team member confirmed they had recently completed this training.



- Since the last inspection we recognised that the provider had failed to without delay to notify the Commission of an incident specified in Regulation 18(2) of the Care Quality Commission (Registration) Regulations 2009 which occurred whilst services were being provided in the carrying on of a regulated activity or as a consequence of the carrying on of a regulated activity. This was a breach of regulation 18 and we issued a fixed penalty notice. The provider accepted a fixed penalty and paid this in full. The current manager was aware of the types of significant events which they were required to notify CQC about and records showed the service had submitted notifications to CQC where needed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider sought people's views about the service through questionnaires and residents' meetings. The questionnaire completed by the person using the service indicated they were happy with the service they were receiving. Issues discussed at a recent meeting included activities and the environment.
- Regular staff meetings were held to discuss the running of the service and to discuss areas of good practice. Topics discussed at the last meeting included preparing for a CQC inspection, quality assurance and end of life care planning. A staff member told us, "The team meetings are useful. We can talk about people's care needs, things that are important and iron out any problems the team might have."

Working in partnership with others

- The provider worked effectively with other organisations to ensure they and staff followed best practice. We saw reports from quality monitoring visits carried out by the local authority. An officer from the local authority told us there had been improvements at the service since the last inspection. The operations manager told us the support they received from the local authority had been very helpful and they could always contact them if they needed advice.
- The operations manager also told us they regularly attended provider forums run by the local authority. They found a session on trauma informed care and behaviour support very informative and said they had utilised some of what they had learned in how care for people using their services.