

Purley Park Trust Limited

Yewbank

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 

Overall summary

The inspection took place on 21 December 2015 and was announced. Due to its small size, the service was given a 48 hours' notice of the inspection. We needed to make sure that the registered manager would be available and that people who use the service could be contacted in person. The service had last been inspected in November 2013. The service was meeting the regulations at that time.

Yewbank is one of eight separate residential care homes within Purley Park Trust Estate. Yewbank provides personal care and support for up to five people with learning disabilities and associated conditions, such as autistic spectrum disorders.

There was a registered manager in place. 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 told us they felt safe at Yewbank, and their relatives were also sure of their security. Staff knew the correct procedures to follow if they considered someone

Summary of findings

was at risk of harm or abuse. They had received appropriate safeguarding training and there were policies and procedures in place to follow in case of an allegation of abuse.

Medicines were stored and administered safely. Staff and people who used the service were aware of what medicines were to be taken and when. Risks were assessed and managed so that people could be supported to live their lives actively and safely.

People's health and well-being were kept under review and staff liaised closely with health and social care professionals to ensure people received all the support they needed.

People were supported by a stable and very caring staff team who knew them well. The number of staff was sufficient to meet people's various needs. People were supported to access the community and enjoy trips out and other activities when they wanted.

Procedures in relation to recruitment and retention of staff were robust and ensured only suitable people were employed in the service.

The staff team understood the Mental Capacity Act 2005 and were able to explain how people's capacity had been assessed and how they supported them in line with this. They were aware of the principles of the Deprivation of Liberty Safeguards and this had been applied within the home to protect people's human rights.

Care plans were informative and contained clear guidance for staff. They included information about

people's routines, personal histories, preferences and any situations which might excite their anxiety or stress. They clearly described how staff could support people in these circumstances.

People were encouraged to make decisions about their meals and they participated in menu planning. They were also supported to go shopping. We saw people were involved in and consulted about all aspects of their care and support. This included suggestions for activities and holidays.

People were provided with a range of activities which met their individual needs and interests. Individuals were also supported to maintain relationships with their relatives and friends.

People and those who were important to them knew how to raise concerns and make complaints. Complaints were recorded, investigated and the outcome was fed back to the complainant.

There was an open and inclusive atmosphere in the service; and the registered manager showed effective leadership. People at the service, their relatives and staff were provided with opportunities to make their wishes known and to have their voice heard. Staff spoke positively about how the registered manager worked with them and encouraged team working.

Quality assurance systems were in place, gathering people's and their relatives' views about the service. Regular audits were carried out to help ensure the service was running effectively and safely.

Summary of findings

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.

People told us they felt safe. Staff had been trained to recognise and respond to abuse and they followed appropriate procedures.

Safe recruitment practices were followed and there were sufficient numbers of skilled and experienced staff to meet people's needs.

People were supported by staff who managed medicines consistently and safely. Medicine was stored and disposed of correctly and accurate records were kept.

Good



Is the service effective?

The service was effective.

Staff had attended a variety of training to keep their skills up to date and were supported with regular supervision.

People were supported by staff who demonstrated their awareness of how to offer choice and make best interest decisions for people. People's freedom and rights were respected by all members of staff.

People had access to health care professionals to ensure they received effective care or treatment.

Good



Is the service caring?

The service was caring.

People were treated with kindness and respect. People's preferences regarding their support were recognised and understood by the staff.

People were involved in making decisions about their care, treatment and support as far as possible. Staff knew people well because they understood their different needs and the ways in which individuals communicated.

People were supported to maintain contact with the individuals who were important to them.

Good



Is the service responsive?

The service was responsive.

People using the service had personalised care plans and their needs were regularly reviewed to ensure they received the right care and support.

Care planning was focused on a person's whole life with all its aspects. Activities were meaningful and were planned in line with people's interests.

The service had a complaints procedure that was accessible both to people who used the service and their relatives. Any issues, when raised, had been responded to in an appropriate and timely manner.

Good



Summary of findings

Is the service well-led?

The service was well-led.

There was a registered manager in post and people spoke positively about them and the way in which the service was run.

The staffing structure gave clear lines of accountability and responsibility and staff received support from the registered manager.

Quality checks were in place to continuously improve the service.

Good



Yewbank

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 had been planned to check whether the provider was 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 21 December 2015. The inspection team consisted of one inspector. Before the inspection we had reviewed the previous inspection reports and other information we had held about the service, including notifications. A notification is information about important events which the service is required to send to us by law.

We spoke with four people who lived at the home and with two relatives about their experience with the service. We spoke with professionals and five members of staff, including three support workers, the deputy manager and the registered manager.

We pathway-tracked the care of four people. Pathway tracking is a process which enables us to look in detail at the care received by each person in the home. We reviewed medication records relating to people who used the service. We saw recruitment files and supervision records for four staff members. We looked at all staff training records and a training record for the year 2015. We considered how information was gathered and quality assurance audits were used to drive improvements in the service. We also looked at records relating to the management of the service, such as health and safety files, risk assessments, resident meetings, staff meetings and staffing rotas.

Is the service safe?

Our findings

We spoke to people using the service who told us they felt safe. One person stated, “I do feel safe here.” A relative remarked, “Yes, my brother is very safe there.”

People were protected from the risk of abuse because staff had a good understanding of the different types of abuse and knew how to report it. They told us about the safeguarding training they had received and how they put it into practice. They were able to describe the reasons for reporting abuse and the means to do it. They were aware of the company’s policies and procedures and felt that they would be supported to follow them. Training files showed safeguarding training had been attended. Safeguarding referrals had been made when required.

There was a sufficient number of staff on shift to ensure that people were able to do the activities that they had planned. For example, we saw two staff members support two people during community-based activities. This staffing ratio was in line with the records that we saw for managing risk in different situations.

We looked at the recruitment records for four staff members and found they had all completed application forms, which included details of their former employment, including dates. This meant the provider was able to follow up any gaps in employment. Appropriate checks had been undertaken before staff began work; each had two references recorded and checks completed through the Disclosure and Barring Service (DBS). The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.

Staff were knowledgeable about the behaviour of some people which might challenge others. People’s records contained information about how to recognise when someone was feeling anxious. They also determined actions staff should undertake in such circumstances, and detailed forms for recording such events. The information was regularly reviewed to draw conclusions from it and therefore enhance the effectiveness of the support.

Staff knew how to identify if a person may be at risk of harm and what action to take if they had concerns about a person’s safety. People’s plans included risk assessments. The risk assessments included the following: accessing the community, risk of choking, finances and life skills. These

informed staff about potential risks to each person and how to manage and minimise these risks. People’s needs had been assessed and their care was given in a way that suited their needs, without placing unnecessary restrictions on them. The service had an effective system to manage accidents and incidents, and to learn from them. As a result, dangerous occurrences were less likely to happen again. This helped the service to continually improve and develop, and significantly reduced the risks to people.

Several people living in Yewbank regularly went out to town with the support of staff. The service had prepared a missing person profile for each individual as a precaution. This helped to ensure people could be quickly identified and receive appropriate assistance in the event that they went missing. People were also given small business size cards with their address and key information that would help them to return home safely.

Medicines were managed, stored and given to people as prescribed. Unrequired medicines were disposed of safely. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. Each time medicines were administered, two staff members worked together, one person administering, one person checking. As a consequence, the likelihood of a mistake being made was substantially reduced. Medicines were locked away as appropriate and, where refrigeration was required, temperatures were logged.

All the incidents and accidents that had occurred had been investigated, recorded and dealt with appropriately. When conclusions had been drawn from accidents or incidents, the findings had been shared through regular supervision, training and relevant meetings.

The environment was clean and well maintained. People’s rooms and bathrooms were kept clean. The provider had regular repairs and maintenance work done on the premises. The boiler, electrics, gas appliances and water supply had been tested to ensure they were safe to use. Regular checks and tests were completed to promote safety in the home, such as weekly fire alarm tests, as well as the checks of firefighting equipment. Each room had a separate fire risk assessment in place to prevent and minimise the risk of fire. There was a record of regular fire drills.

Is the service effective?

Our findings

People we spoke with told us they liked living at the home because they were encouraged to be as independent as possible. People said they were supported to attend social venues; for example, one person told us, “I like going to cricket club.” Another person stated, “I like going out and I am very busy here with my activities”.

New members of staff completed a thorough induction programme, which incorporated the Care Certificate. The Care Certificate looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff. It also helps to raise the status and profile of staff working in care settings. New staff had also shadowed experienced members of the team, until both parties felt confident they could carry out their role competently. New staff told us this gave them confidence and helped enable them to learn about best practice and effectively meeting people’s needs.

We reviewed the training matrix and found the training included the following topics: safeguarding, moving and handling, safe handling of medicines, along with more specialised areas such as epilepsy and autism. Some staff had completed nationally recognised qualifications at both level two and three.

Staff told us they received regular supervision which encouraged them to consider their care practice and identify areas for development. Staff found supervision sessions useful and supportive. They enabled them to identify what kind of training might be needed, and how to improve their performance. Yearly appraisals of work performance were also held with staff by the registered manager to review personal development and competence.

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to take particular decisions, any made on their behalf must be in their best interests and least restrictive as possible.

We reviewed records and saw that people's ability to make decisions for themselves was taken into account across all aspects of their lives. We observed this in practise when some people made their choices regarding, for example, planning their menu or activities. Staff that we spoke with had an understanding of the principles of the Mental Capacity Act and best interest decision making for people they supported.

People were provided with a good, well-balanced diet in which people’s choices and individual needs were catered for. People had their diet and weight monitored as necessary. One person told us, “I like the food. It is very nice”. During the inspection, we were present in the dining room at lunchtime. We saw staff gently encourage people to eat their meals together and make it a social occasion. Having prepared lunch, staff sat at the tables with people to assist them, creating a relaxed and unrushed atmosphere.

People's history and preferences were taken into account when the premises were decorated. For example, one person had their room decorated with double-decker buses and another’s person’s room was decorated with movie posters. Communal areas were spacious, homely and attractive.

People who used the service were supported to maintain good health and had access to health services for routine checks, advice and treatment. Care records showed that other professionals had been consulted and involved when concerns had been raised about people's health or well-being. For example, staff had dutifully noted that some people had been at risk of choking. As a consequence, referrals to relevant professionals such as a speech and language therapist had been made. The records showed that staff had followed the advice and guidance provided by health and social care professionals, and the risk of choking was significantly reduced by the use of a food thickener.

Is the service caring?

Our findings

People we spoke with were obviously satisfied with the care and support they received. One person said, “I like the staff. They listen to me.” Another person remarked, “I’m happy here and I like the staff.” One of the relatives stated, “I think they are amazing. It gave my brother a new life”.

We observed positive interactions between staff and people using the service. For example, while supporting people, staff willingly chatted to them in a friendly but not intrusive manner, creating a good atmosphere. As a result, people felt comfortable with staff and there was rapport and banter between them.

Staff spoke with great kindness and compassion when they told us about people they supported. One member of staff said, “It’s not like a job. It’s like looking after the family”.

People were treated with respect and their dignity was preserved at all times. Staff paid a lot of attention to respecting people’s privacy. One of the professionals told us, “The residents are treated with respect, with care and attention and they are always given a choice and lots of stimulating activities”. Staff were discreet in their conversation with one another and with people who were in communal areas of the service. Staff knocked on people’s doors and waited for a response before entering.

We saw that people were involved in making decisions about their care. Members of staff asked people when and where they would like to go out, what they preferred to eat and who they chose to support them. The routines within the service were flexible and arranged around people’s individual choices. People were provided with the choice of spending time anywhere in the service, including their own rooms and garden. Throughout the inspection visit we saw that people’s freedom of movement around the service was always maintained and respected.

Staff had a profound knowledge of people they supported. Care records contained information about people’s personal histories and detailed background information. This helped staff to gain an understanding of what had shaped people to be what they were today and how events in their past that had impacted on them. Staff were responsible for making daily records about how people

were supported. They were also responsible for communicating any issues which might affect people’s care and wellbeing to the registered manager, other members of team and healthcare professionals if appropriate. Staff told us this system guaranteed that all information affecting a person’s care and support was up-to-date.

A key working system had been implemented within the service. This meant that one member of staff held primary responsibility to ensure that all documentation related to the care received by an individual was in line with their needs and preferences. People’s families were also welcome to contact the key worker. For example, one key worker acted as an intermediary providing the family of a person unable to speak with all necessary information the person wished to share. People told us they routinely met their key worker each month. At these meetings they discussed their state of health and well-being, requested any additional support they might need and planned activities they wished to do. The records we looked at confirmed that these discussions were used to amend and review the care plans.

Information which was relevant to people was produced in differing formats and explained to individuals in the clearest possible way. These methods included pictures of reference, photographs and symbols. We also observed that staff adapted their manner of speaking to people so that each person could understand the message. However, not everyone who lived at Yewbank communicated using words, hence the use of non-verbal techniques of communication. During our inspection skilled and experienced staff effectively supported people in communicating with us.

All members of staff were aware of their responsibilities in confidentiality and preserving information security. They knew they were bound by a legal duty of confidence to protect personal information they may encounter during the course of their work. The registered manager had high regard for confidentiality and said they were always trying to ensure that staff knew how to access and how to share any personal information safely. We saw that records containing people’s personal information were kept in the office which was locked when no authorised person was present in the room.

Is the service responsive?

Our findings

People had very detailed care plans which enabled staff to offer individualised care. Staff developed thorough knowledge of everyone's needs and were able to identify the most efficient ways to support individuals. People's care plans were tailored to meet their complex needs. They clearly described each person, their tastes, preferences, and how they wanted to be supported.

Risk assessments and care plans were reviewed regularly. This helped staff to maintain the continuity of care and support, and ensured that changing needs were identified and met. These goals were achieved through monthly keyworker meetings and care reviews, conducted on a six monthly and annual basis respectively. During these meetings people's records were updated appropriately. Keyworkers wrote a monthly report on whether established objectives had been achieved and highlighted any other related significant events or issues. This review process enabled the registered manager and staff to evaluate how people's needs were being met.

People's activity plans had been developed to meet the needs, preferences and abilities of the individual. People were supported so that they could participate both in the activities they already knew and liked and in activities new to them. People told us that the activities were meaningful to them. For example, Tai Chi exercises which had calming

and relaxing effects were offered to people with behavioural difficulties. Intensive staffing, if necessary, was provided to enable people to go on holidays and go into the community to enjoy their activities.

People were able to express their opinions on matters important to them, such as their choice of activities, food menu or holidays, at regular house meetings organised on a monthly basis. They were also encouraged to give their feedback on the running of the home and to voice their ideas that could help improve the service.

People were supported to maintain contacts with the people who were important to them. For example, one person's regular visits to their relative were arranged on their request. People were also supported to telephone their families whenever they wanted to.

There was a comprehensive complaints' policy and procedure, which had been explained to each person who received a service. The policy was also available to people in an easy to read pictorial format to facilitate making a complaint. 13 formal and informal complaints had been raised since our previous inspection in November 2013. Records indicated that these had been dealt with in accordance with the provider's complaints policy, and resolved to the complainant's satisfaction.

The service had also received six compliments from people and their relatives. One relative wrote, "Thank you for all you do for [name]. He is lucky to live in such a great home as Yewbank".

Is the service well-led?

Our findings

There was a clear management structure within the home. We could see from the rota that there was always an accountable member of staff on duty. At shift changes staff met and shared updated information on people's needs. Afterwards, they were given roles and responsibilities for the following shift. There were procedures in place which determined who and in what circumstances was supposed to escalate any incidents or concerns. This provided a consistent accountable approach.

A staffing structure which gave clear lines of accountability and responsibility was also established. Staff were aware of their managers' roles and responsibilities. The morale of staff was high because they could rely on help and support from their managers. Staff told us that one of the managers was always available on shift to support less experienced members of staff.

The registered manager was keen on ensuring people's rights and wishes were respected and protected. Both managers' opinion and assistance was much valued within the service. We saw people and staff sought the registered manager and the deputy manager to discuss issues and express their views as they knew they would be listened to.

Staff said that there was an open culture in the home as they knew their views and opinions were always taken into consideration by the unit manager. They also said they were fully involved in the running of the service and their opinions and suggestions contributed to its enhancement. They were kept informed of any changes affecting the service.

The service cooperated closely with health and social care professionals to achieve the highest possible standard of care for people they supported. People's needs were accurately reflected in detailed plans of care and risk assessments. People's records were of good quality and fully completed as appropriate.

Monthly staff meetings were focused on satisfying the needs of people who lived at the home. Copies of staff

meeting notes demonstrated that care and attention had been paid to ensure people who lived at the home were safe and well supported. Staff told us they contributed to the team meeting agenda.

Satisfaction surveys were sent to people who used the service, their relatives, staff, and health and social care professionals to seek their views on the quality of the service provided. Surveys were produced in an easy to read format, appropriate to the needs of the people who used the service. The results of the last survey showed a high level of satisfaction with the service provided. Some of the comments included "I'm very happy indeed" and "very happy pleased with diabetes management issues resolved with all the staff continued hard work."

Policies and procedures were detailed and gave adequate information to staff, people using the service and their relatives, and were fit for purpose. We saw that both the policies and procedures had been reviewed. Moreover, there was a system in place for ensuring staff had read and understood them.

All the incidents and accidents that had occurred had been investigated, recorded and dealt with appropriately. When conclusions had been drawn from accidents or incidents, the findings had been shared through regular supervision, training and relevant meetings. CQC records showed that the registered manager had sent us notification forms when necessary and kept us promptly informed of any reportable events.

Audits and checks were carried out to monitor the safety and quality of care. The registered manager and the deputy manager had executed detailed audits in various areas. After the audits had been completed, the registered manager had used them to identify areas where improvements had been needed and a relevant action plan had been put in place. For example, as a result of a medication audit, a "Daily Pick Sheet" had been developed to help staff in safe management and administration of medicines.