

Purley Park Trust Limited

Parry House

Inspection Report

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Summary of findings

Overall summary

Parry House provides care and accommodation for up to eight people who have a learning disability. At the time of the inspection eight people were living at the home. The home is one of eight houses run by Purley Park Trust Limited on a site that includes day care facilities for people such as a club house and gardening project.

People told us they were satisfied with the service they received. A relative also told us the care was of a good standard and that the service promoted people's independence. The relative said: "The freedom and care is beyond everything. My relative is looked after well and is always happy."

We saw that people were involved in decisions and reviews about their care and leisure needs. Staff were observed to treat people with respect and acknowledged people's choice as well as their independence.

Records showed that the service liaised with health care providers so that people received appropriate health care checks and treatment where needed. We spoke to two health and social care professionals who told us the service made appropriate referrals to them for any support and treatment for people.

Care records included details about how staff should support people with any behaviour needs and how to communicate with people. We observed staff interacting with people and people were treated with kindness and compassion. Staff were observed to deal with any behaviour needs by calmly redirecting people to more positive activities.

There were a number of activities provided for people and we observed people using the nearby club house or relaxing in the lounge. The service also provided activities outside the home.

The service had recently reviewed its staffing levels which had resulted in an increase from three to four staff between the hours of 0700 and 1430 from 21 April 2014. At the time of the inspection there were three staff on duty, which staff said was sufficient to meet people's needs.

Staff were provided with a range of training which included first aid and the safeguarding of vulnerable adults as well as vocational qualifications such as the Diploma in Health and Social Care and /or the National Vocational Qualification (NVQ) in care.

Each person had their own bedroom with an en suite bathroom. People were able to maintain their privacy, security and independence by locking their bedroom door unless an assessment identified they were not safe to do this. The premises were well maintained and clean although we noted there were minor decorative defects such as plug holes in walls where shelves had been removed and two en suite bathroom floors were in need of additional cleaning.

The home had a registered manager who was in day to day control of the home.

We saw that people were encouraged to make decisions for themselves. Where people were unable to do this the service considered the person's capacity under the Mental Capacity Act 2005. At the time of the inspection there were no people subject to a Deprivation of Liberty Safeguards (DoLS) order.

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Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

The service was safe because people were protected from avoidable physical, psychological and emotional harm. There were policies and procedures regarding the safeguarding of vulnerable people. Staff had attended training in the safeguarding of vulnerable adults and had a good awareness of how to report any concerns they might have.

Staff supported people appropriately so they were safe.

Assessments and care plans were in place so that people were appropriately supported and were safe whilst maintaining their independence and their freedom.

The home did not have any people subject to a Deprivation of Liberty Safeguards (DoLs) order. There were clear assessments and guidance about how each person was consulted about their care and treatment.

The premises and equipment in the home were safe and well maintained with the exception of minor decorative defects and the need for additional cleaning to two en suite bathroom floors.

People were safe as staffing levels were sufficient to meet people's needs.

Are services effective?

The service was effective as it ensured people experienced good health and quality of life outcomes.

We saw that people were involved in reviews of their care and were consulted about their care and treatment.

Each person had a care plan outlining how they needed support and how they liked to be helped. These were individualised to reflect each person's preferences, choices and lifestyle.

People were supported to access health care services for check-ups and treatment with the dentist, their GP, the optician and chiropodist.

Staff were trained in providing care to people and said they felt supported to attain the necessary training and skills.

Equipment was available in the home to meet specific needs such as mobility.

People had access to appropriate space for privacy and for activities.

Summary of findings

Are services caring?

We found the service was caring because people were treated with kindness and compassion, and their dignity was respected.

People told us the staff were kind and caring. We observed staff treated people with respect and warmth. A relative also told us the staff treated people well.

We observed a staff meeting to discuss people's needs when one staff shift took over from the one before. Staff expressed a genuine concern in the meeting to look after people well and had a thorough knowledge of how to support people.

The service was caring as people were able to exercise independence. This was based on an assessment of their needs and support was provided so that people were safe when carrying out activities independently.

People's preferences were recorded in care plans and we observed people attended activities of their choice. This meant people were treated as individuals and their own views incorporated into their day to day care.

Each person had their own bedroom with an en suite bathroom and door lock for privacy and security. This meant people's privacy and dignity was promoted.

Are services responsive to people's needs?

We found the service was responsive to people because they received the individual support, care and treatment they needed.

People were able to express their views about their care and treatment at care reviews. Staff told us they referred to individual care plans for guidance on meeting people's needs and that they asked people how they wanted to be supported.

Care records showed people were asked about how they wanted to be helped and how the staff were able to communicate to gain the person's views and agreement to their care and treatment.

People had access to a range of social and occupational activities reflecting care that was personalised and responsive to individual's needs. The activities ranged from attendance at a club house adjacent to the home where daily activities were provided to trips out to the community, such as to the cinema.

Are services well-led?

We found the service was well led because it was effectively managed with an open and fair culture. There were systems for staff

Summary of findings

to discuss people's needs and for expressing their views to the provider's management. Staff felt able to approach the registered manager and the organisation's management for advice, or if they had any concerns.

The service worked well with other agencies such as social services and learning disability services to ensure good service provision for people.

There were systems in place to monitor and evaluate the service provision, which included reviewing staffing levels and obtaining the views of people who lived at the home.

There was a system for reviewing any complaints, accidents or incidents and for taking any action to minimise any possible reoccurrences.

Summary of findings

What people who use the service and those that matter to them say

A relative told us: "The home is wonderful. My relative is able to choose what to do. The staff respect her wishes." The relative also told us the staff treated people well.

Another relative told us: "It is the best thing that has happened to our relative. She is always happy there."

The relatives we spoke to said a range of activities were provided but one relative said additional activities outside the home would be an improvement but added that these may have been offered and turned down by their relative.

People told us they liked living at the home.

We observed staff treated people with kindness and compassion. People were offered choices of food and activities.

Parry House

Detailed findings

Background to this inspection

We visited the home on 16 April 2014. 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 regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1.

We spent time observing people and staff in the communal areas of the home including during the lunch time meal.

We looked at all areas of the building, including people's bedrooms (with their permission), the kitchen, bathrooms and communal areas. We also spent time looking at records, which included people's care records, and records relating to the management of the home.

The inspection team consisted of a Lead Inspector and an Expert by Experience who had experience of learning disability services.

Before our inspection, we reviewed all the information we held about the home. We asked the provider to complete an information return but the provider was unable to do this due to the interactive form not working.

On the day we visited, we spoke to four people living at Parry House and to one relative of someone who lived at the home. We also spoke to the registered manager and to five staff.

Following our visit we spoke with two health care professionals, who were involved in the care of people who lived at the home. We also spoke to two other relatives of people who lived at the home.

Are services safe?

Our findings

Relatives of people living at the service said they considered the home a safe place for people to live. A relative said how care staff were attentive to ensuring people were safe and well cared for.

The service had policies and procedures regarding the safeguarding of vulnerable people. These included definitions of possible abuse as well as guidance for staff to follow in dealing with and reporting any safeguarding concern. These procedures were also displayed in the home's office so that staff could refer to them. Social services' staff told us the home raised any concerns about people's safety and welfare with them. Staff told us they received training in the safeguarding of vulnerable adults and described how they would report any concerns of this nature. This meant the service had taken steps to ensure people were protected from possible abuse and that staff knew what to do if they had any concerns about people's safety.

Care records and accident records showed where people had suffered an injury that this was followed up with health care services where needed. A review of the circumstances of the accident took place so that the possibility of a reoccurrence was minimised. Care records also included a body map chart where any mark or injury was recorded, which allowed staff to identify any trends and if any action was needed to address an injury.

Staff told us they considered the home took steps to ensure people were safe. We saw risk assessments had been carried out and recorded where risk was identified for specific people undertaking activities. These included activities such as when people received personal care including having a bath. We saw these took account of people's abilities and promoted people's independence and freedom whilst ensuring people were safe by setting out staff guidance in supervising people. Other risk assessments were for road safety and the use of kitchen equipment as well as the home's physical environment. People were assessed to determine if they could safely handle a key to their bedroom door for privacy, and independence. We saw that a number of people used a key to lock their bedroom door when they went out. The service took steps to manage risks to people so that people were safe whilst supporting them to be independent.

Some people at the service had behaviours which challenged. We saw staff handled this by diversion and tact. Where people's behaviour was unsafe or intrusive to other people we saw staff used tactics to gently divert people to other activities and other areas of the home by the use of minimal physical contact. We saw this was effective and that people accepted this intervention. Care records included assessments of behaviour needs and these also involved the input of a multi-disciplinary team of community learning disability nurses, speech and language therapists and a psychologist. Known triggers for behaviour which challenged were recorded along with the intervention staff should take to ensure people were safe.

People and their belongings were safe as the environment and equipment in the home were clean, safe and well maintained. However, there were exceptions to this. We saw there were some minor decorative defects in one bedroom where there was damage to a painted wall. Two en-suite bathroom floors had ingrained dirt and were in need of deep cleaning.

Equipment was provided to people for mobility needs such as hoists, specialist beds, pressure mattresses and specialist baths. Records showed these were regularly serviced and maintained. Other equipment was serviced and checked such as hot water for legionella, gas heating and fire safety equipment. Restrictors were fitted to bedroom windows for safety and security.

The service took steps to ensure people's finances were safe and secure. We saw that the service supported people to safely manage their money where people were unable to do this themselves. We saw guidelines were recorded of procedures staff followed to support people to safely access their money. The service held people's personal allowances in a secure place. A record was made each time the person accessed their money and spent it. A corresponding balance of the amount held by the home was made. We saw that the amounts held tallied with the recorded balance for two people whose records and money we looked at.

People were safe as staffing levels were sufficient to meet people's identified needs. Staff told us the home had sufficient numbers of staff to meet people's needs. At the time of the inspection this consisted of three staff on duty from 0730 to 2130 each day. At night time there were two staff on duty: one on 'waking' duty and the other on a

Are services safe?

'sleep in' duty who could be woken if needed. The registered manager and provider had reviewed the staffing levels which were increased to four staff from 0730 to 1430 each day from 21 April 2014.

We observed staff were skilled in supporting people with their care and behaviour needs so they were safe. Staff told us the training they received was of a good standard and included courses on needs such as epilepsy, as well as nationally recognised diplomas in care. Staff also completed a range of courses considered mandatory for their role; these included first aid, the safeguarding of vulnerable adults and moving and handling. The registered manager and staff told us training was provided in dealing with aggression by people. This consisted of the following training courses: non-violent crisis intervention and Management of Actual or Potential Aggression (MAPA). Staff told us these courses emphasised keeping people safe by

the use of non-physical or minimal physical contact. The registered manager confirmed both the training courses were accredited with the British Institute for Learning Disability (BILD), which meant the home's staff followed current nationally recognised guidelines for dealing with people's behaviour in a safe way.

The home's staff recruitment procedure specified that each applicant for a job was subject to an interview to assess their suitability for the post as well as completing an application form with an employment history. The procedure stated that each staff member was subject to a criminal record and/or disclosure and barring service checks. The registered manager confirmed to us in writing that each staff member has been recruited using these procedures so that people only received care from staff assessed as being safe to work with vulnerable people.

Are services effective?

(for example, treatment is effective)

Our findings

We found the service was effective as people's needs and wishes were respected, which was reflected in people's care plans.

People were consulted about what they would like to do and what they would like to eat. Records showed people were involved in reviews of their care needs and that their views were included in these reviews. There were records of people being involved in decision making about their care and treatment and a record of people signing their care plan to agree to its contents. Care plans reflected people's current individual needs, choices and preferences. For example, there was an Essential Lifestyle Plan which included details about the person's preferences, communication and how the person expressed themselves. This is called person centred care planning. Relatives told us that where people had limited communication the staff had a good awareness of what people wanted by recognising behaviours and by the use of sign language.

Staff told us they referred to care plans for guidance in supporting people and they also asked people how they liked to be helped. We saw care plans were reviewed and updated to reflect current needs and preferences. These included monthly reviews by the person's allocated staff member called a keyworker. Staff from social services confirmed reviews took place on a regular basis and that they were invited to these care reviews. Both the health and social care professionals we spoke to said the home was effective in meeting people's needs.

People were consulted about their care and treatment. Records showed people were involved in their own planning meetings and people had signed to agree some of their care plan documents. We saw there was an assessment of how people were supported to make decisions and who was involved in this process. Where needed we saw there was a record of a 'best interest' decision being made on behalf of the person. This is

required by the Mental Capacity Act 2005 and the associated Codes of Practice and is used when people do not have the capacity to consent to care or treatment options.

Relatives told us people were consulted and involved in assessments of need and their views were taken account of in planning care. One relative said how people were able to make choices with activities and meals. We observed people had a choice of food at the midday mealtime.

People had the support and equipment they needed to be as independent as possible. We saw that people had equipment such as wheelchairs, hoists and 'walk-in' showers so they could be independent. People were observed using specialist profile beds and wheelchairs.

Each person had care plans and records related to their health care. These included an NHS Health Action Plan, which included details about health needs. We saw that people's weight and body mass index (BMI) was monitored so that action could be taken if people lost or gained weight. Relatives told us arrangements were made so that people received health checks and treatment when needed. We saw records of regular dental checks and dental treatment, optician checks, health checks by GPs and GP practice nurses, support from a dietician and treatment from chiropody services. Each person had a record of an annual health review. We saw the service made appropriate referrals when people experienced changes in their health or had suffered an injury.

The design and adaptations in the home promoted people's privacy and dignity. Each person had their own bedroom and they were able to use a lock to their bedroom door for privacy and security.

We saw that several people used a key to lock their bedroom door. Each bedroom also had a 'walk in' bathroom for easy access. There was a communal lounge and dining area. People and their relatives were observed using bedrooms and the communal lounge and dining areas. We saw that bedrooms were decorated to a good standard and that people had personalised their rooms with their own belongings. Relatives told us how people were able to bring their own possessions to their rooms.

Are services caring?

Our findings

We found the service is caring because staff understood people's individual needs and treated them with kindness and compassion.

Each person and their relative we spoke to commented on the kindness and compassion of the staff and management in the home. One relative said, "They treat people with kindness and understanding."

We observed staff treated people with warmth and dignity. Staff spoke to people in a calm and reassuring manner. We observed a staff meeting when one staff shift took over from the previous shift. It was clear that staff had a thorough knowledge of each person's health needs and social needs. Staff showed they were concerned about not only the people in their care but people's wider families. A relative told us how kind the staff were to her and provided support with travel so it was easy to visit her relative at the home. The registered manager and staff told us they had good relationships with people's relatives.

Staff were observed to only discuss people's needs in a private area so that people's privacy and confidentiality was upheld. For example, the staff meeting to discuss people's needs was held in the privacy of the office. We also observed people using the private space of their room to entertain visitors. A relative told us how people had freedom to choose what to do and where to go and that staff supported people to do this safely. Staff responded to people in a caring and respectful way, which promoted

people's dignity. A relative said the home's staff provided "good personal care", adding that staff gave attention to detail to ensure their relative dressed in the person's preferred way. Reference was made by the relative to staff's knowledge of how the person preferred to dress and details such as the person's preferred jewellery and make-up.

Staff told us how they had a good awareness of people's needs from the information recorded in assessments and care plans. People were supported by staff who were aware of people's care needs and how people liked to be supported. Staff told us how they provided care in the way people preferred and knew how to communicate, listen and respond to people.

Care records showed that staff had guidance in how to treat people so that positive behaviour was promoted. We were able to observe this throughout our visit. Staff were tactful in supporting people with their behaviour so that others were able to experience a calm environment. These approaches promoted people's dignity as staff were sensitive and kind when dealing with people's behaviour.

We saw the home had policies and procedures regarding equality and diversity. Staff told us people were treated as individuals and that support was provided on the basis of individual needs. This included choice of a range of activities as well as religious and cultural events. A relative said there was a choice of activities such as pottery and that the service was caring as it provided activities as people preferred.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found the service was responsive as people's changing needs and preferences were taken account of so that people received personalised care that was responsive to their needs.

We saw that each person's records included information about the home in the form of a Statement of Purpose and the complaints procedure. There was information displayed around the home about menus and activities. We found the provision of information to people could be improved by a greater range of information being displayed in the home and in a format that was easier for people to understand. For example, there was no complaints procedure displayed in an 'easy read' format for easier understanding by people.

People were involved in the assessment of their needs and in care planning to meet those needs. Those that were able had signed their care plan to agree its contents. Where people did not have capacity to make decisions we saw there was record of how decisions were made on behalf of people. Details about people's communication and how they were supported to make decisions were comprehensively recorded. Relatives told us that where people had limited communication that staff were aware of the non-verbal communication of individuals so that staff knew what people wanted and could respond to people. Care records reflected people's individual preferences, goals and interests. We observed staff to offer people choices in food and in activities they would like to attend.

The staff actively sought and acted on people's preferences in how people spent their time. A relative told us how the service responded to people's changing needs and

preferences. This included recognising and consulting people about activities. Reference was made to the home making changes in the provision of equipment so that people were able to pursue preferred pastimes. This included the recent provision of a swinging hammock and a sand pit in response to individual's preferences.

Relatives told us they were kept informed of any developments regarding the welfare of their relative at the home. Relatives also said they felt able to raise any issues they might have. Relatives were aware of the home's complaints procedure but said they had not had reason to use it. The registered manager confirmed the home had not received any complaints. The home maintained a record of any issues raised by people or their relatives which demonstrated the service was proactive in dealing with any matters raised.

People were enabled to maintain relationships with family and friends. Family members told us how they were made to feel welcome at the home and that the staff often provided transport so they could visit their relative at the home.

People were able to attend a range of activities which reflected their preferences. There was a 'club house' next to the home where a range of different activities were provided. We observed people taking part in these activities. Care records included details about activities people preferred to do and each person had an activities timetable. Staff told us they considered people had a good quality of life and that the home responded to the individual needs and preferences of people by bespoke activities. Staff told us people attended a gardening project, Thai chai classes, music classes, arts and crafts as well as outings to the shops, cinema and theatre.

Are services well-led?

Our findings

The service was well-led as a positive culture that was personalised and inclusive. A health and social care professional told us they considered the home was well led. Reference was made to the home's registered manager having the right experience and skills for managing the service. Health and social care professionals told us how the home worked well with them to meet people's needs. This included the home raising appropriate concerns or issues about people's safety and welfare as well as seeking advice. We saw records of care reviews with other professional and one health and social care professional told us they attended care reviews at the home.

We observed the registered manager interacting with other staff team members and noted there was mutual respect and acknowledgement of each other's roles. The registered manager allowed staff to coordinate a staff meeting about people's needs. This meant staff were able to express their views and exchange information about people.

Relatives told us they were able to express their views about the service when they were given a satisfaction survey to complete. We saw that people were also provided with a satisfaction survey to complete where they were able to do this. The registered manager told us the home emphasised individual meetings with people rather than 'house' meetings so that people could express their views about the service. We saw a record of a meeting with people where people were consulted about routines in the home and the appointment of new staff. The registered manager told us people were consulted about the menu plan and we saw records that individual people were provided with food of their preference.

The service had a number of ways of obtaining the views of people and their relatives about the service provided by the home. These included annual survey questionnaires being provided to people and their families. We saw copies of surveys completed by people and relatives told us they had recently completed a survey. One relative, however, said they had not received a satisfaction survey. We saw the results of the surveys were summarised and that in general people and their families were satisfied with the service.

Staff told us the home had an open culture, which meant they felt able to raise any issues or concerns they had about the service and/or the welfare of people. Staff said

they had opportunities to discuss not only the care of individual people but also the service provision too. One staff member described how the Chief Executive Officer for Purley Park Trust Ltd. was both approachable and available either 'on site' or by email. The staff member said a culture of openness and being able to contact the Chief Executive Officer was encouraged within the organisation. We saw the service had a 'whistleblowing' procedure, which included reference to protecting the employee if he or she raised concerns about the service.

We observed the staff team at work and during a staff meeting. We found staff were motivated, caring and had a thorough knowledge about people and their families.

We saw the home had sufficient staff to meet people's needs and that as a result of a recent review these had been increased from three to four staff in the morning shift 7am to 2.30pm. The registered manager described how there was a continuous dialogue with the organisation's management about staffing levels and that the service had acted to increase staffing when the need was highlighted by the registered manager.

The home had a complaints procedure but had not received any complaints. The registered manager had, however, kept a record of informal discussions raised by relatives or people that could have developed into a complaint. These records showed the issues raised were addressed informally. We saw records were maintained of any accidents or 'near misses' and that there was a review evaluation of each incident so that preventative action could be taken in the future.

The home evaluated itself effectively. We saw the home used a monitoring tool to assess and evaluate the service. The registered manager told us there were meetings every three weeks of managers for Purely Park Trust Ltd to discuss service provision, and to consider possible improvements. The registered manager and staff told us there was a recent decision to amend and improve the process of assessing people's needs and care planning. This meant there were effective arrangements to review and improve the quality of service provided to people.

We saw records that the home carried out regular health and safety checks and health and safety audits. We observed how staff responded appropriately when the fire alarm was activated. This showed the home dealt appropriately with risks and emergencies.