

Loving Care Limited

Park Hill House

Inspection report

25 Park Hill Road, Wallington, Surrey, SM6 0SA
Tel: 020 8647 1346

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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

This inspection took place on 28 September 2015 and was unannounced. At our previous inspection on 3 October 2013 the service was meeting the regulations inspected.

Park Hill House provides accommodation, care and support to up to six people with learning disabilities. At the time of our inspection five people were using the service.

The manager was in the process of registering with the Care Quality Commission. 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.

Staff were knowledgeable about people's needs and how to support them with their personal care, social needs and activities of daily living. Staff were aware of how people communicated and responded promptly to their wishes and requests. Staff were caring, polite and friendly when speaking and interacting with people. Staff supported people to be involved in a range of activities and to access local amenities. People were encouraged and supported to be as independent as possible, for example, with meal preparations.

Summary of findings

If people needed support to manage their health needs, staff liaised with the appropriate healthcare professionals. People received annual health checks from their GP and were supported to visit a dentist, opticians and any other medical appointments they had.

Staff supported people with their medicines and ensured they received their medicines as prescribed.

Staff supported people to make choices about day to day decisions. Staff were knowledgeable about the Mental Capacity Act 2005 and best interests meetings were held in line with the Act to make decisions on behalf of people who did not have the capacity to make decisions themselves. Deprivation of Liberty Safeguards were in place to protect people's safety, and the staff were aware of what this meant and how to support people appropriately.

Staff had the skills and knowledge to support people, and this was updated through attendance at regular training. Staff were also supported by their manager through the completion of supervision sessions, which enabled staff to discuss their performance and obtain advice from their manager about how to further support people at the service.

The management team undertook checks on the quality of the service. Ensuring people received individualised care that met their needs, and that staff followed internal processes. Staff were knowledgeable about what processes to follow in the event of an incident, complaint or if they had any safeguarding concerns so that appropriate action could be taken to improve practice and protect people's safety and welfare.

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. There were enough suitable staff to meet people's needs. This enabled people to get the level of support they required at the service and in the community.

Staff were knowledgeable about the risks to people's safety and how to manage those risks to reduce the risk of them occurring.

People received their medicines as prescribed and safe medicines management practices were followed.

Good



Is the service effective?

The service was effective. Staff had the knowledge and skills to meet people's needs. They attended regular training and supervision sessions.

Staff were knowledgeable about the Mental Capacity Act 2005 and delivered care in line with the Act. Deprivation of Liberty Safeguards (DoLS) were in place to protect people from harm.

Staff supported people with their meals and to manage their nutritional needs. Staff supported people to manage their health needs and attend regular health checks.

Good



Is the service caring?

The service was caring. Staff were respectful of people's privacy and supported people to maintain their dignity.

Staff were aware of people's communication methods. They spoke to people politely and in a friendly manner. People were involved in decisions about their care and staff enabled people to make a choice about day to day activities.

Good



Is the service responsive?

The service was responsive. Staff were aware of people's needs and provided support in line with their care plans. Staff encouraged people to be independent and to learn new skills. People participated in a wide range of activities.

Staff observed people's behaviour and changed the way people were supported if staff felt someone was unhappy or did not like the service provided.

Good



Is the service well-led?

The service was well-led. Staff were supported by their manager. They felt able to approach them and discuss any concerns they had. Staff told us there was good teamwork and open communication within the team.

Staff were aware of the service's policies and procedures, and the reporting process for incidents, complaints and safeguarding concerns.

The management team checked the quality of service provision, including maintaining accurate care records, medicines management processes and ensuring health and safety checks were complete.

Good



Park Hill House

Detailed findings

Background to this inspection

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

This inspection took place on 28 September 2015 and was unannounced. One inspector undertook this inspection.

Before the inspection we reviewed information we held about the service, including statutory notifications received.

During the inspection we spoke with five staff members, including the manager and the deputy manager. The people using the service were unable to speak with us. We undertook observations of staff interactions with people and used the short observational framework for inspections (SOFI) during lunchtime. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed two people's care records and four staff records. We reviewed records relating to the management of the service, medicines management processes and records relating to health and safety checks.

After the inspection we spoke with two people's relatives.

Is the service safe?

Our findings

People's relatives told us they felt people were safe at the service and they had "no concerns regarding safety".

There were safe recruitment processes to ensure staff were suitable to work with people. This included ensuring staff had previous experience and knowledge of working in a caring role. Staff completed application forms, attended interviews and references were sought from previous employers. The manager checked staff's eligibility to work in the UK, checked their identity and ensured criminal record checks were completed.

The manager ensured there were enough staff on duty to meet people's needs. The number of staff on shift varied depending on people's needs and what activities they were undertaking that day. For example, some people required one to one support from staff and were provided with this. Others did not require this level of support whilst at the service but did when undertaking activities in the community, for example, when they went swimming. The manager ensured each person was provided with one to one support whilst in the pool.

There were no vacancies within the team and low sickness rates. There were some staff that worked bank shifts and there was flexibility within the team to ensure all shifts were staffed appropriately. There was an on call system to access a member of the management team so that advice and guidance from a senior member of staff could be sought, if required.

Staff were knowledgeable in recognising signs of potential abuse, and were aware of the reporting procedures to follow if they suspected that a person was being harmed. Staff told us if they had concerns about a person's safety they would escalate this to their manager, and if they felt their manager was not acting appropriately they felt comfortable escalating their concerns further and following whistleblowing procedures if required. The manager liaised with the local authority's safeguarding team if they needed any further guidance about how to safeguard people.

People's money was kept safe at the service. Staff looked after people's cash for them and this was stored securely at

the service. Records were kept of all financial transactions. A member of the management team checked the transactions made and the amount of money stored at the service to ensure it was accurate. We checked the money stored at the service for two people and the balance was as expected.

Staff undertook assessments to identify any risks to people's safety. This included undertaking assessments prior to people participating in new activities. Staff undertook an assessment of the risk and weighed this up against the benefits for the person. For example, prior to people going swimming or ice-skating. A member of the management team developed plans for staff to follow to manage the risks and ensure people's safety whilst at the service and in the community. Staff were knowledgeable of the risks to people's safety and how people were to be supported. This included ensuring they were safe when in the kitchen, and ensuring safe road awareness when in the community.

People received their medicines as prescribed. People's medicines were stored securely in their rooms. Appropriate stocks of medicines were kept at the service. We checked the medicines for two people and saw that appropriate records were kept of medicines administration. A member of the management team investigated and dealt with any medicine errors to ensure people's safety and welfare was maintained. There were protocols in place to inform staff when people were to be given their 'when required' medicines and we saw these were clearly recorded on people's medicines administration records (MAR) when they were given and why. There were processes in place to ensure people had their medicines when they were on social leave visiting family.

Checks were in place to ensure a safe environment was provided. This included staff undertaking health and safety checks, ensuring water thermostatic valves were in place so people could not scald themselves, having restrictors on the windows and ensuring safety checks were undertaken including gas safety checks, boiler checks, portable electrical appliance (PAT) tests and water safety checks.

Is the service effective?

Our findings

One person's relative told us, "The staff are really helpful ...they give you all the information you need."

An induction process was available to introduce staff to their roles and responsibilities. This included familiarising themselves with the service's policies and procedures, the people using the service and their needs, and shadowing more experienced staff members.

Staff continued to develop their knowledge and skills through completion of training courses. This included completing mandatory training on; first aid, food hygiene, medicines administration, safeguarding adults, health and safety, moving and handling, infection control, the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Staff were required to undertake refresher courses to ensure their knowledge stayed up to date with good practice guidance. Some staff were due to undertake their refresher courses and this had been booked for them. We also saw that staff had obtained other relevant qualifications including National Vocational Qualifications in health and social care. Staff told us they were encouraged to go on training courses and obtain further qualifications.

The manager formally supported staff through the completion of supervision and appraisals. This enabled the manager to review staff's performance and also gave staff the opportunity to discuss any concerns they had about how to meet people's needs, and seek advice about how to improve their performance.

Staff were knowledgeable of the principles of the Mental Capacity Act 2005 and supported people in line with those principles. People consented to the support they received, as much as possible. Where people did not have the capacity to consent best interests meetings were held in order to provide people with the appropriate care and support.

Deprivation of Liberty Safeguards (DoLS) were in place to support people and protect them from harm. DoLS is a way of making sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. The manager liaised with the local authority to get these reviewed to ensure that they were still appropriate for people. Staff were aware of the details of people's DoLS and supported people appropriately to maintain their safety.

Staff supported people with their nutrition. They provided people with the support they required at mealtimes. Some people were able to help with food preparation, make their own drinks and cold meals, whereas other people required support from staff to undertake these tasks. The service's menu was developed weekly and included meals staff knew people enjoyed. We observed staff offering people choice at mealtimes and alternatives were provided until people found a meal they wanted to have. Staff were aware of any particular dietary requirements people had and provided meals in line with these, for example some people required soft food because they were at risk of choking.

Staff supported people to access healthcare services when they needed them. Staff supported people to go to their medical appointments. People had received their annual health check with their GP and were supported to go to the dentist and optician. Staff developed a health action plan with input from the person and their family which outlined any health needs they had and how they were to be supported to manage those needs. Hospital passports were in place which gave information about the person and how they were to be supported if they required treatment at hospital. Staff were able to describe to us how people expressed that they were in pain. Staff supported people to manage that pain and attend medical appointments if needed.

Is the service caring?

Our findings

We observed staff speaking to people politely and in a friendly manner. Staff were aware of people's communication methods. They gave people the time to communicate at their own pace, and were aware to interpret people's body language and gestures to understand what they were communicating and what support they required. We observed people approaching staff when they needed assistance and staff were quick to respond to their requests. People were relaxed around staff.

Staff enabled people to make choices about the support they received, for example through the use of objects of reference. We observed staff presenting people with a glass and a mug so they could point to which one they wanted, with the glass indicating a cold drink and the mug indicating a hot drink. At lunchtime staff put the meal options in front of the person so they were able to choose what they wanted.

The service helped one person to obtain additional support from an advocate to help them make decisions and choices about the care they received. The advocate also represented their views at meetings and reviews about the support they received.

Each person had their own bedroom as well as access to the communal rooms in the house. People were free to choose where they spent their time and staff respected a person's decision if they wanted to spend time in the privacy of their room. Staff asked people's permission before they entered their rooms. People were supported where necessary with their personal care and this was undertaken in the privacy of their ensuite bathrooms. Personal care was undertaken, as much as possible, by a member of staff the same gender as the person receiving care. Information was included in people's care records about how to maintain people's dignity whilst out in the community, particularly around any toileting or continence needs.

Staff supported people to stay in contact with their family. Some people using the service saw their family regularly and staff supported them to go visit their family. One person's relative told us the person had recently been to visit them with support from staff.

All information about people was kept confidential and care records were kept secure.

Is the service responsive?

Our findings

One person's relative told us the person was "the happiest they've ever been" staying at the service. They said the staff "really understand [the person]" and "[the staff] are doing an excellent job."

Staff were knowledgeable about people's needs, their interests and what they enjoyed doing. Staff undertook assessments of people's needs to identify what people were able to do independently and where they required support from staff. Where people required support, a plan was developed informing staff what help people required and how this was to be delivered. The plans identified any support people required with their personal care, social activities, activities of daily living, finances and medicines. These were reviewed regularly to ensure they reflected people's current needs.

Staff supported people to be as independent as possible and encouraged them to develop their skills and try new things. For example, staff encouraged people to communicate verbally where possible and encouraged them to participate in new activities. Staff encouraged people to attend to their own personal care as much as possible and provided support where needed. For example, one person was able to attend to most of their own personal care, however, they needed support with shaving.

Information was included in people's care records about what frightened them, what caused them anxiety and what made them upset. This ensured staff could provide them with comfort and support if they displayed behaviour that indicated they were upset or anxious, according to their needs.

Each person engaged in a number of activities. We observed that some people were out in the community during our inspection; going out for coffee, going swimming and going for a walk. Other people chose to spend some time at the service. Staff supported people to undertake a range of activities including; art classes, dance sessions, aromatherapy, going bowling and accessing the local community.

Staff monitored people's progress with achieving their goals and becoming more independent. Monthly reports were written and shared with people's family, about what they had engaged in whilst at the service and any achievements made. Staff told us that one person using the service previously did not leave the house much and did not participate in activities in the community. This person was now happily accessing the community and participating in new activities.

Staff had produced an easy read version of the complaints process and spent time discussing this with people, however, staff told us they felt people had limited understanding of how to make a complaint. Staff used their knowledge of people and any changes in their behaviour to interpret what activities or support they disliked, and made the necessary amendments to provide support in line with people's wishes. People's relatives were aware of the complaints process and felt comfortable speaking with the manager if they had any concerns. They told us they did not have any concerns or worries about the service and "everything is going well."

Is the service well-led?

Our findings

Staff told us there was clear and open communication within the team and from the management team. Staff said they felt able to express their opinions and felt any concerns raised were dealt with. There were regular team meetings and we saw that staff were involved in developing the agenda for those meetings, so that any items they wished to discuss were considered. One staff member told us there was “good communication” and “very good teamwork”. They said, “Anything that needs to be dealt with is.” Another staff member said, “Teamwork is fantastic. [The manager] encourages everyone to participate.”

Staff told us they were well supported by their manager. They felt able to speak with their manager when they needed and that they were always available if they needed any advice or guidance. One staff member told us in regards to the management team, “They’re always there for you.” Another staff member said, “[The manager] is always supportive.”

Staff said there was a team approach towards improving the quality of the service and they continued to look for ways to improve the support they provided to people. One staff member told us, “We’re always discussing how to improve at team meetings.” During supervision sessions the manager identified and addressed any concerns with staff performance. Supervision sessions also gave staff the opportunity to raise any concerns they had about how the service was delivered. For example, one staff member had

raised concerns about people’s clothes shrinking when laundered. The manager took appropriate action to address the concerns to improve service delivery and ensure people’s belongings were treated appropriately.

A member of the management team undertook checks on the quality of the service. This included checking the accuracy of people’s care records, checking medicines management processes, ensuring staff’s compliance with training and supervision, and checking health and safety processes. Any areas requiring improvement were identified and appropriate action was taken to address the concerns.

The director of the service also undertook checks on the quality of the service including interacting with people to ascertain whether they were happy with the service and speaking with the staff about service delivery. The manager told us they were going to develop and formalise the quality checks the director undertook to ensure any concerns identified were captured and all areas of service delivered were looked at.

Staff told us they were clear about the service’s policies and procedures. We saw reminders to staff to read policies when they had been updated to ensure staff provided support appropriately. Staff told us the procedures to follow were clear in terms of reporting any incidents, complaints, or safeguarding concerns.

The manager was aware of the service’s Care Quality Commission’s registration requirements and sent in statutory notifications as required.