

Loving Care Limited

# Park Hill House

## Inspection report

25 Park Hill Road  
Wallington  
Surrey  
SM6 0SA

Tel: 02086471346

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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

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.

### About the service

Park Hill House is a residential care home providing personal care to five people at the time of the inspection. The service can support up to six people with learning disabilities and/or autism.

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

#### Right Support:

The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs. Some building work was being undertaken in the garden to make it more accessible. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. Staff supported people to take part in activities and pursue their interests in their local area. However, at the time of our inspection due to challenges with recruiting staff the amount of activities undertaken in the community was limited. The provider was working on recruiting additional staff to provide more flexibility in how people spent their time.

#### Right Care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.

#### Right Culture:

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. People received good quality care and support because trained staff could meet their needs and wishes. People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs.

Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. People and those important to them were involved in planning their care. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good. (Report published 13 December 2017)

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Park Hill House

## 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was undertaken by one inspector.

#### Service and service type

Park Hill House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Park Hill House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

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 reviewed information we had received about the service since the last inspection, including information about key events that occurred. We used all this information to plan our inspection.

During the inspection

We spoke with three people's relatives and two staff, including the registered manager and a care worker. People using the service were unable to verbally communicate with us, so we undertook observations to gather information about their experiences of care, including their interactions with staff and the support they provided. We reviewed two people's care records, medicines management and records related to staffing and the management of the service.

# 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 good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions. This included the use of positive risk taking at the service and in the local community.
- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk. At the time of our inspection work was being undertaken in the garden to make it more accessible and safe for all to use.
- Staff assessed people's sensory needs and did their best to meet them.
- People's care records helped them get the support they needed because it was easy for staff to access and keep high quality clinical and care records. Staff kept accurate, complete, legible and up-to-date records, and stored them securely.

### Staffing and recruitment

- Safe recruitment practices were in place to ensure appropriate staff were employed. This included obtaining references, checking people's identity and eligibility to work in the UK and undertaking criminal record checks.
- There were safe staffing levels at the service and staffing levels enabled people to receive the level of care and one to one support they required. At the time of our inspection staffing levels were reliant on the use of agency staff. As much as possible regular agency staff were used to provide consistency in care and to help build relationships with people using the service. However, due to the current staffing challenges this meant that people were not able to engage in as many meaningful activities in the community as hoped. The provider was undertaking continuous recruitment to try and address the current staffing difficulties.

### Using medicines safely

- Staff followed effective processes to assess and provide the support people needed to take their medicines safely.
- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.

### Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

### Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.
- When things went wrong, staff apologised and gave people honest information and suitable support.
- Staff raised concerns and recorded incidents and near misses and this helped keep people safe.

# 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 good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff completed a comprehensive assessment of each person's physical and mental health either on admission or soon after. This included functional assessments for people who needed them and took the time to understand people's behaviours. One person's relative told us in regard to their family member's admission, "We're really pleased. She's settled in very well. They bent over backwards to get to know her before [she came to the service]."
- People had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations, including physical and mental health needs. People, those important to them and staff reviewed plans regularly together.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have, mental health needs, communication tools, positive behaviour support, human rights and all restrictive interventions. Staff also received training specific to the needs of people who used the service. One person's relative said, "If [their family member] has any new equipment then the staff ask for training on it."
- Updated training and refresher courses helped staff continuously apply best practice
- Staff received support in the form of continual supervision, appraisal and recognition of good practice.

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

- People received support to eat and drink enough to maintain a balanced diet. We observed staff providing appropriate level of support to people at mealtimes in a patient and friendly manner.
- People were involved in choosing their food, shopping, and planning their meals. We observed staff supporting a person to become more independent at mealtimes and be involved in their own meal preparation.
- People could have a drink or snack at any time. Staff were available to provide support when required and ensure people accessed the kitchen safely, including when preparing hot drinks.
- Staff encouraged people to eat a healthy, varied diet which met their individual needs. This included providing meals that supported people's health needs, including texture modified diets when needed. A relative told us, "[Their family member] has wonderful meals there."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had health actions plans and health passports which were used by health and social care professionals to support them in the way they needed
- People were supported to attend annual health checks, screening and primary care services

Adapting service, design, decoration to meet people's needs

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's sensory and physical needs.
- The environment was homely and stimulating. People personalised their rooms. One person's relative said, "It's a lovely bedroom and they all have their own en suite."

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

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented.
- For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions.
- Any deprivation of people's liberty was only done with legal authorisation.

# 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 good. The rating for this key question has remained 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

- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. One person's relative told us, "[Their family member] has a good rapport with the staff."
- Staff were calm, focussed and attentive to people's emotions and support needs such as sensory sensitivities. Staff also supported people's need for physical contact and the warmth shown by a hug.
- Staff members showed respect when interacting with people. We observed interactions between staff and people during lunchtime. Staff were patient, kind and caring and respectful of people's individual differences.

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to express their views using their preferred method of communication. Staff were knowledgeable about people's communication styles and how they indicated choice, including through the use of non-verbal communication.
- People were enabled to make choices for themselves and staff ensured they had the information they needed.
- People, and those important to them, took part in making decisions and planning of their care and risk assessments. One person's relative said, "The staff have been so good. They've asked us what she likes and doesn't like"

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills and gain independence. People's care records identified what steps staff could undertake to enhance people's independence and feelings of self-worth.
- Staff were respectful of people's privacy and dignity.

# 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 good. The rating for this key question has remained 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

- Staff provided people with personalised, proactive and co-ordinated support in line with their communication plans, sensory assessment and support plans
- People were supported to practice everyday living skills by following individualised learning programmes with staff who knew them well.
- A relative told us, "I would like to live there... I can't fault it in anyway." Another relative said, "I'm rest assured that [their family member] is comfortable. She's happy there. The staff know her well."

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.

- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations. Staff were also supporting people to try new communication methods and were introducing a picture exchange communication system (PECS) with one person.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something. One relative told us, "The staff understand her and what she is trying to communicate."

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

- People were supported to participate in their chosen social and leisure interests on a regular basis. One relative told us, "I don't think there's a day go by when they don't do something." However, we also heard from staff that the amount people were able to get out and where they were able to go was being impacted by the current staffing challenges. This was echoed by a relative who said, "Think they could go out more but sadly that's due to the staffing issues at the moment. They try their utmost best."

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. A relative said, "I am very happy with the staff. I can always speak to anybody about a concern."

- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service.

#### End of life care and support

- At the time of our inspection no-one was requiring end of life support. However, since our last inspection staff had supported one person to have a dignified death in line with their wishes. Staff had also provided emotional and bereavement support for the other people who live at the service during this time.

# 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 good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. Staff were also given opportunities to meet with the senior management team. One staff member told us, "I had a meeting with the area manager two weeks ago. They are very approachable, and I feel able to contribute and make suggestions."
- Management were visible in the service, approachable and took a genuine interest in what people, staff and relatives had to say.
- Managers worked directly with people and led by example. A staff member said, "[The registered manager] is hands on. She is one of the best [managers] I've met."
- Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture.

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

- The service apologised to people, and those important to them, when things went wrong
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs.
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support. There was a regular programme of audits to review the quality and safety of service delivery and make improvements where required.
- Senior staff understood and demonstrated compliance with regulatory and legislative requirements. This included submission of notifications about key events that occurred at the service to the CQC and reporting to the local authority safeguarding team when appropriate.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider sought feedback from people and those important to them and used the feedback to

develop the service. There were regular satisfaction surveys sent out to gather relative's views on the service. Some of the comments included in the most recent survey included, "Thank you for keeping everyone safe during these times" and "We have peace of mind knowing that [their family member] is happy and contented being cared for by staff at Park Hill."

#### Continuous learning and improving care

- The provider kept up-to-date with national policy to inform improvements to the service. They were members of the National Autistic Society and the British Institute of Learning Disabilities.
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.

#### Working in partnership with others

- The provider engaged in local forums to work with other organisations to improve care and support for people using the service.
- The provider had a number of similar services in the local area and the staff worked together to share practice and develop their skills and knowledge.