

Mrs Mary Frances Philpot

Parklands

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection was carried out on the 13 January 2017. Parklands is registered to provide accommodation and personal care to a maximum of four adults with a learning disability. The provider is also registered to provide the regulated activity of personal care acting as a domiciliary care agency. A fifth bedroom is used by a supported living client. People living at the service may have a learning disability including autism. Some of the people who live there also have physical disabilities. At the time of our inspection the service provided care to four people. All of the people and the staff have been at the service for a number of years.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

There were enough staff to support the needs of people including those that required one to one support.

People were protected from the risk of abuse and staff understood their roles and responsibilities. People told us that they felt safe and relatives had peace of mind that their family members were looked after in a safe environment.

Staff understood the risks to people. Staff encouraged and supported people to lead their lives as independently as possible whilst ensuring they were kept safe. People's medicines were managed in a safe way and those that could were encouraged and supported to manage their own medicines.

Staff receiving appropriate training and supervision to provide effective care to people.

People's human rights were protected because the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty (DoLS) were being followed. MCA assessments were completed where needed. Staff understood MCA and why it was important to understand if people had capacity to make decisions.

People enjoyed the food at the service. Staff supported people's nutritional and hydration needs and people accessed health care professionals when needed.

Staff were caring and considerate to people's needs. People said that staff were caring and kind to them and treated them with dignity. People and relatives were involved in their care planning and the care that was provided was person centred.

Care plans were detailed and provided guidance to staff on best to support people. Staff communicated with each other the changes to people care.

People were supported to follow their interests and take part in social activities, education and work

opportunities. People said that they enjoyed going out and lived their lives to the fullest.

Systems were in place if complaints and concerns were received. The provider had systems in place to regularly assess and monitor the quality of the care provided. The provider actively sought, encouraged and supported people's involvement in the improvement of the service.

People told us the staff were friendly and management were always approachable. Staff were encouraged to contribute to the improvement of the service. Staff told us they would report any concerns to their manager. Staff felt that management were very supportive and staff felt valued.

The registered manager had informed the CQC of significant events. Records were accurate and kept securely.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

There were enough staff at the service to support people.

People had risk assessments based on their individual care and Support needs.

Medicines were administered, stored and disposed of safely.

There were effective safeguarding procedures in place to protect people from potential abuse. Staff were aware of their roles and responsibilities.

Is the service effective?

Good 

The service was effective.

People were supported to have access to healthcare services and healthcare professionals were involved in the regular monitoring of their health.

Staff understood and knew how to apply legislation that supported people to consent to treatment. Where restrictions were in place this was in line with appropriate guidelines.

People were supported by staff that had the necessary skills and knowledge to meet their assessed needs. .

People had enough to eat and drink and there were arrangements in place to identify and support people who were nutritionally at risk.

Is the service caring?

Good 

The service was caring.

Staff treated people with kindness, dignity and respect.

People's privacy were respected and promoted.

People's preferences, likes and dislikes had been taken into

consideration and support was provided in accordance with people's wishes.

People were supported to remain as independent as they could be.

People's relatives were able to visit when they wished

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed on a continuous basis. Information regarding people's care and support was reviewed regularly.

People had access to activities that were important and relevant to them. People were protected from social isolation and there were a range of activities available within the service and outside.

People were encouraged to voice their concerns or complaints about the service and there were different ways for their voices to be heard.

Is the service well-led?

Good ●

The service was well- led.

The provider had systems in place to regularly assess and monitor the quality of the service the home provided.

The provider actively sought, encouraged and supported people's involvement in the improvement of the service.

People told us the staff were friendly and supportive and management were always visible and approachable.

Staff were encouraged to contribute to the improvement of the service.

The registered manager of the service was described as good and very supportive.

Parklands

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 was an announced inspection which took place on the 13 January 2017. We gave the service 24 hours' notice of the inspection because there was a chance that people who lived there may not have been in. We needed to be sure that people and staff would be there. On this inspection there was one inspector.

Prior to the inspection we reviewed the information we had about the service. This included information sent to us by the provider, about the staff and the people who used the service. We reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information supplied by the registered manager and we checked information that we held about the service and the service provider. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law.

During the visit we spoke with the provider, the registered manager and one person that used the service. We looked at a care plan for one person who used the service, medicine administration records and supervision and training records for staff. We looked at records that related to the management of the service. This included minutes of staff meetings and audits of the service. After the inspection we spoke with two relatives.

Is the service safe?

Our findings

We asked one person whether they felt safe living at the service. They said, "I do feel safe. The staff and management are brilliant. If I'm worried at all I can go to staff. If anything upsets me then I can just tell them." The person told us that they were able to ensure their personal belongings were kept safe as they all had keys to lock their bedrooms when they went out. We saw that other people that had gone out that day and locked their bedroom doors. One relative told us that they felt their family member was safe. They said, "They look after her very well." Another told us, "I really do think she is safe. Staff treat her very well."

Staff understood safeguarding adults procedures and what to do if they suspected any type of abuse. One member of staff said, "We receive annual training. If I had any concerns I would go to my manager or the owner. I have never had any concerns here ever." There was a safeguarding adults policy that staff were able to access and staff had received training in safeguarding people.

One person told us that staff were always there to support them. They said, "There are enough staff. There is always someone around when you need them." On the day of the inspection people's needs were met because there were enough staff deployed at the service. The staffing levels were assessed regularly and dependant on whether people were at the service. Most of the people attended activities outside of the service and this reflected how many staff that were required to be at Parklands. Staff levels had increased recently as one person required being with a member of staff on a one to one basis. There were usually two staff at the service and where needed the registered and the provider provided additional support. Staff felt there were enough of them at the service. One said, "There are always enough staff. We can all cope. People's needs are being met."

Assessments were undertaken to identify risks to people. The PIR stated that 'Risk assessments are in place for each service user and are reviewed every six months, or as necessary, e.g. if a further risk associated with a plan occurs the risk is reviewed to ensure it is Safe.' We found that this was the case. Risks were assessed in relation to people's nutrition, mobility, behaviours, accessing the community, personal care, choking and medicine administration. There were risk management care plans to minimise, if not to eliminate risks. The care plans identified the potential risks to people and gave instructions and guidelines to staff in order to manage those risks. Staff were aware of the risks to people. One member of staff said, "One lady has a walking aid and there is a risk that she can slip. We remind her of risks but we don't stop people taking them. We keep the floors clear so that it's easier to walk." People were also aware of the risks to themselves and others. One person told us, "I need to be careful with the wires of my laptop that they are not in the way so people don't trip over them." One person wore an alarm around their neck to alert staff if they fell whilst in their room.

Incidents and accidents were recorded in people's care notes and action taken to reduce the risks of incidents reoccurring. There were very few incidents at the service. Where one person's behaviour had changed recently this had been recorded in a behaviour chart. Health care professional advice had been sought to help to identify why the behaviours were happening.

There were appropriate plans in place in the event of an emergency. In the event of an emergency such as a fire each person had a personal evacuation plan detailing the support people needed. There was a file left downstairs that could be accessed quickly and easily if needed. Staff understood what they needed to do to help keep people safe. One member of staff described in detail to us how people would be evacuated if there was a fire. They told us that regular training was provided and we confirmed this from the records. One person told us, "If a fire broke out I would go to the meeting point out the front of the house."

People's medicines were managed safely and (for those people that were able) understood the medicines that they received. One person told us that they were given the option to manage their own medicine and we saw that they understood what they needed to do should they require to take their medicine. They told us, "I take my medicine myself. Every week I help (the staff member) put them in a dosset box." Medicines were stored securely and in an appropriate environment. Staff authorised to administer medicines had completed training in the safe management of medicines and had undertaken a competency assessment where their knowledge was checked. We saw one member of staff administer medicines, we heard them explaining to people what the medicine was and gave them time to swallow the medicine before they left them.

There were appropriate arrangements for the ordering and disposal of medicines from pharmacist. Staff carried out medicines audits to ensure that people were receiving their medicines correctly. We checked medicines administration records during our inspection and found that these were clear and accurate. Each person had an individual medicines profile that contained information about the medicines they took, any medicines to which they were allergic and personalised guidelines about how they received their medicines. There were PRN (as and when) medicine guidelines for staff with details of what signs the person may show should they need pain relief.

Is the service effective?

Our findings

People received care from staff that had the training and experience to meet their needs. The staff that worked at the service had worked there for a number of years and understood the needs of people that lived there. Staff were kept up to date with the required service mandatory training which included areas specific to the people who lived there. The training included moving and handling, health and safety, safeguarding and infection control. Where people had specific diagnosis additional training was provided by health care professionals. Staff told us that the training provided was effective and helped them in their roles. One member of staff said, "We are updated yearly on the training. If I need anything I will just ask for it." We observed good practice by staff on the day of the inspection, particularly in relation to understanding how to support people with learning disabilities. One relative said, "We cannot speak more highly. They (staff) are so good. They do everything they can to help."

We saw that staff's competencies were assessed regularly and recorded. Staff confirmed that they had one to one meetings with their managers. Things discussed included any additional training needs and feedback on how staff were performing. One member of staff said, "I have one to one supervisions with my manager. We go over how I have been progressing and what areas I can improve on."

People's human rights were protected because the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty (DoLS) were being followed. 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 Act 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. There were detailed MCA assessments for people including for when people required clinical treatments (such as dental treatments), where they wanted to live, and management of finances. The assessments were supported with best interest decisions. One member of staff said, "Most of the ladies here have capacity but sometimes this can vary." They said that they would look at each situation on an individual basis. No DoLS applications were required to be submitted to the Local Authority.

One person told us that they enjoyed the food and were given choices. They said, "I need to be careful what I eat and staff help me with this." They said that the food was good and that they helped make the meals when they wanted.

The staff were aware of people's dietary needs and preferences. Staff told us they had all the information they needed and were aware of people's individual needs. People's dietary needs and preferences were documented and known by staff. People were able to choose what meals they wanted and would make a list of the food that they wanted to order from the supermarket. People had different meals on the day dependant on their preferences. People were offered drinks through the day and people accessed the kitchen when they wanted for drinks and snacks. People were weighed regularly and where staff had a concern the appropriate health care professional was consulted. One person was supported to eat healthier and as a result had lost weight which benefitted them.

The PIR stated that 'We ensure annual health reviews with service users' GPs are carried out annually. These included blood/urine tests, weight and diet, if necessary. There is then a referral to the surgery nurse for further advice. Yearly eye tests are carried out, and six monthly visits to the dentist and hygienist are made if required.' The reflected what we found on the day.

People's care records showed relevant health and social care professionals were involved with people's care. These included GPs, optician, dentist, Speech and Language Therapists (SaLT) and mental health professionals. Those that were able to communicate with us understand health care and how they could access professionals if they needed. People's changing needs were monitored to make sure their health needs were responded to promptly.

Is the service caring?

Our findings

One person we spoke with said that staff were caring. They said, "The staff are lovely. We have fun and we enjoy each other's company. We are more like family. They treat us kindly." One relative said, "We really love the staff. They are all do kind, she is very lucky to be with them."

Staff the registered manager and the provider showed concern for people's wellbeing in a caring and meaningful way throughout the inspection. We observed several occasions of staff responding to people in a caring way. One person was encouraged to drink plenty due to being unwell. Despite our presence staff ensured that the needs of the people were their priority. They offered reassurance to people in a gentle way and people responded to this. One member of staff said, "I like the clients, support them and enrich their lives. It's a relaxed place. It's like a family here, it's more like friendships."

Staff treated people in a respectful and dignified way. Staff were aware of the importance to people to maintain their appearance and supported them to do this. One member of staff said, "If someone is using the bathroom they may forget to shut the door so I shut it for them. I knock on doors. Their rooms are their own space so sometimes they will take themselves off to their rooms and I respect that."

People were supported to be independent. One person told us that they were able to go out when they wanted and liked being able to use the home in the way they wanted to. One member of staff said, "To encourage independence I talk to people. I go through the pros and cons of doing something so that they can make their own decision." They told us that where appropriate people cleaned their own rooms or they supported people to do this. We saw that staff encouraged and supported people to make their drinks. People's rooms were personalised and people were encouraged to choose the décor that they wanted in their rooms. You could tell the interests and hobbies people had from the personal items that they had in their rooms. One person told us that they were able to bring in their own personal items to the service.

The PIR stated that 'Each service user has have a named key worker who is ultimately responsible for highlighting any concerns regarding safety and health issues, however, all staff are responsible for this. There is good communication between staff, particularly referring to daily diary notes, and hand-overs. Friends and parents are encouraged to drop in, and service users are also encouraged to invite their friends.' We found this to be the case on the inspection.

It was clear from observations that staff knew people. Some people were unable to verbally communicate however staff understood from the signs that people were using what people wanted. There were pictorial communications books for those people that were unable to verbally communicate. There was laughter and chatting between people and staff and people looked very comfortable in the staff presence. People were able to make choices about when to get up in the morning, what they wanted to eat and drink and when they wanted to have their meals.

Is the service responsive?

Our findings

People or their relatives were involved in developing their care and support plans. Care plans were personalised and detailed daily routines specific to each person. Staff were able to explain the support people needed and what was important to the person. People had lived at the service for many years and the care plans were updated to reflect the changing needs of people. There were detailed care records which outlined individual's care and support. For example, personal hygiene (including oral hygiene), medicine, health, dietary needs, sleep patterns, emotional and behavioural issues and mobility. Any changes to people's care were updated in their care records to ensure that staff had up to date information. Staff always ensured that relatives were kept informed of any changes to their family member.

Staff told us that they completed a handover session after each shift which outlined changes to people's needs. Information shared at handover related to a change in people's medicine, healthcare appointments and messages to staff. We heard this being discussed on the day of the inspection. One member of staff told us, "When there is a change I will discuss this with staff and I update the risk plans and involve people in this." We saw that the daily diary was completed with any information that staff needed about people. In addition, when people attended the day centres, a daily diary was provided to the day centre to be completed by them regarding what the person did that day and any other useful information. Daily records were also completed to record each person's daily activities, personal care given, what went well and any action taken. The staff had up to date information relating to people's care needs.

People were supported to follow their interests and take part in social activities, education and work opportunities. One person confirmed that there was a range of activities for them to take part in if they wished to. They said, "I'm out nearly all of the time. I do so much." Each day people attended various day centres where they took part in music, art and sensory sessions. One person told us they had a keyworker and that this was important to them. A key worker is a named member of staff that was responsible for ensuring people's care needs were met. This included supporting them with activities and would spend time with them. One member of staff said, "They (people) do a lot which is good. They are very busy with various activities." On the day of the inspection all but one of the people that lived there were out at day centres. One relative told us that their family member took part in a range of activities which their family member "loved."

Complaints and concerns were taken seriously and used as an opportunity to improve the service. The complaints procedure was in an accessible format and was on display on the noticeboard. People told us (and we also confirmed from the residents meetings) that they were reminded about the complaints policy and what they needed to do if they were not happy about something. There had not been any complaints since our last inspection. One person told us, "I've never made a complaint but If I'm unhappy then I would take it to (the registered manager or the provider.)" Staff told us that they would support people to make a complaint if they needed to.

Is the service well-led?

Our findings

People and relatives were happy with the management of the service. People were comfortable and relaxed with the registered manager and the provider. On the day people were engaging and talking with the registered manager and the provider and were relaxed in their company. One person described the registered manager and provider as "My surrogate parents." They said, "The managers are really nice. You can have a laugh with them, they are funny." One relative said, "We couldn't be happier with the management. They are so good to X." Another told us, "We get on the with manager very well."

There was a system of audits that were being used to improve the quality of care. There were six monthly care reviews (or sooner if required) that looked at all aspects of care planning. The provider undertook audits around staff training, activities and the environment. Daily checks of the kitchen and MAR charts were completed and quarterly health and safety and environment checks were undertaken that included people's rooms, the cleanliness, fire exits, first aid box, care at night and nutrition. Staff recorded when any improvements were required inside the service. The provider would ensure that things were fixed in a reasonable time.

The PIR stated that 'Service users and staff feel free to raise an issue if they see a potential problem arising, so it may be resolved before a possible complaint. Staff are encouraged to discuss issues and bring forward any ideas which they think may be beneficial to the service during supervision.' People confirmed they attended regular meetings and were asked their views on the running of the service. One person told us that they liked the meetings as it gave them a chance to say what they wanted. Minutes of the meetings were in a format that people understood. People were asked about menu choices, where they would like to go on holiday, people's birthdays and how they wanted the service to look. As a result of the meetings changes had been made to the menus and activities were being arranged around people's preferences. One person said, "I feel they listen to me." People's and relatives feedback about how to improve the service was sought. Surveys were sent out each year and these were all positive. We saw during the inspection that the registered manager and provider were present with people and actively encouraged people and staff to voice any concerns.

Staff confirmed that they attended regular meetings and these were used as a way of improving the service. One staff member said, "We get encouraged to put our views across. See what we can improve. I feel valued, appreciation is shown. We get thanked, we get cards and presents and taken out at Christmas." Minutes of meetings showed staff were encouraged to participate in the running of the service. Discussions included any additional training that may be useful, care planning and safeguarding incidents. Any learning was discussed and changes made where needed.

When compliments were received these were shared with the staff. Examples of these included, 'Thank you for all your love and patience looking after X', 'It's comforting to know that with all your help we have done all we can' and 'Many thanks for all you do.'

Staff morale was good and that they worked well together as a team. One member of staff said, "I feel

supported. We support one another." They said of the registered manager and provider, "If I have concerns I would go to the manager or the owner. They are very hands on. The service is well managed. They are always there when you need them."

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events. Records were accurate and kept securely.