

Calcot Services For Children Limited

Purley House

Inspection report

20 Wintringham Way
Purley On Thames
Reading
Berkshire
RG8 8BG

Tel: 01189421330
Website: www.csfc.co.uk

Date of inspection visit:
28 June 2022

Date of publication:
02 August 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

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

Purley House is a care home providing personal care to two people at the time of the inspection. The service can support up to three people.

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

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

Right Support

- The service supported people to have control and independence over their own lives.
- People were supported by staff to pursue their interests and work towards their aspirations and goals.
- People had a choice about their living environment and were able to personalise their rooms.
- Staff supported people to take part in activities and pursue their interests in their local area.
- Staff supported people to play an active role in maintaining their own health and wellbeing.

Right Care

- Staff promoted equality and diversity in their support for people.
- People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to people's 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.
- The service had enough appropriately skilled staff to meet people's needs and keep them safe.
- People could take part in activities and pursue interests that were tailored to them. The service gave people opportunities to try new activities that enhanced and enriched their lives.

Right culture

- The provider did not always ensure the maintenance of the premises safety in regards to legionella checks, thermostatic mixing valves and fail-safe checks.
- Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing.
- Staff turnover was very low, which supported people to receive consistent care from staff who knew them

well.

- Staff placed people's wishes, needs and rights at the heart of everything they did.
- People and those important to them, were involved in planning their care.
- Staff evaluated the quality of support provided to people, involving the person and other professionals as appropriate.
- People's quality of life was enhanced by the service's culture of improvement and inclusivity.
- Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 28 November 2018).

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support, right care, right culture.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to premises and equipment at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement



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 not always well-led.

Details are in our well-led findings below.

Requires Improvement



Purley 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

One inspector carried out the inspection.

Service and service type

Purley House is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. Purley 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 not a registered manager in post however an application had been submitted for the current home manager to become registered manager.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed all information held about the service within our online system.

During the inspection

We spoke with two people who use the service about their experience of the care provided. We spoke with three members of staff including the home manager and care staff. We reviewed a range of records. This included two people's care records and two medicine records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records. We spoke with two professionals who regularly visit 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 the last inspection this key question was rated as good. At this inspection this key question has now changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- There was some evidence that environmental safety had been managed. We saw records of gas safety checks, fire systems and electrical checks that took place.
- However, no evidence could be produced to show that de-scaling of taps was undertaken routinely, which reduces the risk of legionella.
- Additionally, the home did not have thermostatic mixing valves (TMV) in place. These are used to blend hot water with cold water to ensure constant, safe water temperatures, preventing scalding. The service stated they check and record water temperatures daily and have completed a risk assessment of the people living at the service identifying they are felt able to judge water temperatures. However, there is no evidence of temperature checks of any outlets except for the kitchen tap.
- Temperatures of 60 degrees Celsius had been documented from the kitchen tap however there is no evidence of action taken when the hot temperature was identified.
- The provider could not evidence legionella assessments (a competent person should routinely check, inspect and clean the system. Water samples should be analysed for Legionella periodically to demonstrate that bacteria counts are acceptable) had been completed. This was discussed with the manager who advised a specialist was coming to the home in the coming weeks to complete a legionella assessment. Following the inspection an assessment was completed by an external company.
- There was also no evidence that cold water temperatures and the temperature of the hot water outlet (where hot water is stored) was checked. The provider has stated they will implement the documentation of cold water checks going forward."

The registered person had not ensured premises risks to the health and safety of people were effectively maintained and managed. This was a breach of regulation 15 (premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the service has discussed with the landlord for TMV's to be fitted in the home.
- Other routine health and safety checks were carried out as required.
- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well.
- 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.
- Staff kept accurate, complete, legible and up-to-date records, and stored them securely.

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.
- People and those who matter to them had safeguarding information in a form they could use, and they knew how and when to raise a safeguarding concern.
- Staff reported they felt confident the management team would act on any concerns reported to ensure people's safety. When safeguarding concerns were raised, the home manager had dealt with them appropriately and recorded all actions taken.

Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted.
- The numbers and skills of staff matched the needs of people using the service.
- Staff recruitment and induction training processes promoted safety. Staff knew how to take into account people's individual needs, wishes and goals.
- Appropriate employment checks, including satisfactory evidence of conduct in previous employment and a Disclosure and Barring Service criminal record check had been obtained to ensure safe employment of staff.
- From the recruitment files reviewed, a full employment history had been sought and obtained.

Using medicines safely

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles
- People received supported from staff to make their own decisions about medicines wherever possible.
- Detailed and individualised 'when required' (PRN) medication guidance was in place to explain to staff when the medication was necessary.
- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely

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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.

- There was a policy in place for recording accidents and incidents and this appeared up to date.
- The home manager explained how incidents and accidents would be investigated.
- A recording system had been created to document all lessons learned and how these were shared with staff to improve the service.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 prior to the person arriving at the home to ensure the service was suitable.
- Staff completed functional assessments for people who needed them and took the time to understand people's behaviours.
- 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 ensured people had up-to-date care and support assessments, including medical, psychological, functional, communication, preferences and skills.
- Support plans set out current needs, promoted strategies to enhance independence, and demonstrated evidence of planning and consideration of the longer-term aspirations of each person.
- There were clear pathways to future goals and aspirations, including skills teaching in people's support plans.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence-based practice.
- People who lacked capacity to make certain decisions for themselves or had fluctuating capacity had decisions made by staff on their behalf in line with the law and supported by effective staff training and supervision.
- People benefitted from reasonable adjustments to their care to meet their needs, and their human rights were respected.
- Staff were knowledgeable about and committed to deploying techniques that promoted the reduction in restrictive practice.
- Staff received support in the form of monthly supervision and annual appraisals.
- All staff had completed the Care Certificate within the last year. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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.
- People were involved in choosing their food, shopping, and planning their meals. During the inspection, one person was supported to write a weekly shopping list before going to the shops later in the day.
- Staff supported people to be involved in preparing and cooking their own meals in their preferred way.
- People could have a drink or snack at any time and they were given guidance from staff about healthy eating.
- Mealtimes were flexible to meet people's needs and to avoid them rushing meals.

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

- People's care and support was provided in a clean, well equipped and well-furnished environment which met people's sensory and physical needs.
- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home.
- The design, layout and furnishings in a person's home supported their individual needs.

Supporting people to live healthier lives, access healthcare services and support

- People had health actions plans in place which were used by health and social care professionals to support them in the way they needed
- People were registered on their GP's quality and outcomes framework, so that any reasonable adjustments were made to meet their individual needs.
- Personal touches such as photographs and ornaments were appropriately displayed for people to remember and reflect on important aspects of their lives.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives.

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. We checked whether the service was working within the principles of 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.

- Staff empowered people to make their own decisions about their care and support
- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented.
- Staff received training in the MCA, and this was repeated at regular intervals to ensure their knowledge and practice was maintained.
- People's care and support documents showed they consented to receiving care and support.
- Staff demonstrated best practice around assessing mental capacity, supporting decision-making and best interest decision-making.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- The provider promoted equality and diversity. The team was respectful of any cultural differences. Staff told us they respected people's cultural and spiritual wishes. This was also evident in people's care plans.
- Throughout the day we observed a warm, caring and relaxed atmosphere. Staff told us the new management team had created a culture that promoted a caring approach.
- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to.
- Staff ensured people were protected from exposure to any environmental factors they would find stressful.

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

- People felt listened to and valued by staff.
- The home manager reviewed people's care plans and risk assessments monthly or when people's needs changed. This ensured they were accurate and reflected people's current needs and preferences.
- People were given time to listen, process information and respond to staff and other professionals.
- People were enabled to make choices for themselves and staff ensured they had the information they needed. For example, during the inspection one person was discussing when to next visit close family members and where they would like the visit to be.
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics such as their sexual orientation.
- People were supported to access independent, good quality advocacy.
- People, and those important to them, took part in making decisions and planning of their care and risk assessments
- Staff supported people to maintain links with those that are important to them.

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills and gain independence.
- Each person had a skills teaching plan which identified target goals and aspirations and supported them to achieve greater confidence and independence
- Staff routinely sought paid or voluntary work, leisure activities and widening of social circles.
- Staff knew when people needed their space and privacy and respected this.
- Surveillance was used positively to promote the independence of people using the service
- One professional told us, "The young person I work with has been listened to by staff regarding his privacy

and has been treated in a respectful manner."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Care documentation was detailed, individualised and contained up to date information about people and the care they required.
- Care plans were updated whenever there was a change in a person's needs.
- Care plans included people's wishes for the future as well as their likes and dislikes including how they like to be communicated with and food choices.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff ensured people had access to information in formats they could understand. Easy read versions of people's care plans were available to ensure people understood the care being provided.
- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations.
- 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.
- There was individualised support such as tailored visual schedules to support people's understanding
- There was an appropriate policy in place for the Accessible Information Standards requirements which was regularly reviewed.

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 encouraged and motivated by staff to reach their goals and aspirations. For example, one person said they hoped to go to university. The staff had supported them by ensuring they attended school and had supported with securing a place at college.
- People were supported to participate in their chosen social and leisure interests on a regular basis.
- Staff provided person-centred support with self-care and everyday living skills to people.
- People who were living away from their local area were able to have regular contact with friends and family via telephone or through face to face visits.

- Staff ensured adjustments were made so that people could participate in activities they wanted to.
- Staff were committed to encouraging people to undertake voluntary work, employment, vocational courses in line with their wishes and to explore new social, leisure and recreational interests

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.
- Staff explained to people when and how their complaints would be addressed.
- 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.
- Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them.

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 the last inspection this key question was rated as good. At this inspection this key question has changed to requires improvement. This meant although the service management and leadership were consistent and the leaders culture supported the delivery of care, the registered person had to ensure the service improvements were sustained and embedded.

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

- The provider had not operated an effective system to assess, monitor and improve the quality and safety of the service provided. For example, the provider had not ensured the safety and maintenance of the premises as there was no evidence of legionella assessments. This posed a risk of avoidable harm to people using the service.
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time.
- The provider invested in staff by providing them with quality training to meet the needs of all individuals using the service.
- Senior staff understood and demonstrated compliance with regulatory and legislative requirements.
- Quality assurance processes included audits of fire safety, staff files, care plans, and infection control. Audits included improvement actions, staff responsible and completion dates. Where an action had been identified, it was clearly marked alongside a person responsible and marked as completed.
- The management of records and recordings of surveillance ensures they were protected and stored safely.

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

- The provider and senior staff were alert to the culture within the service and spent time with staff and people discussing behaviours and values.
- Staff felt able to raise concerns with managers and believed they would be listened to.
- We observed there to be a positive and caring culture amongst staff at the service. Staff knew people they supported well and were regularly observed to be having friendly and person-centred conversations with people.
- The service had a whistleblowing policy in place. We spoke with the home manager who stated they had an open and honest culture where they encouraged transparency and learning from mistakes.

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

- Staff gave honest information and suitable support, and applied duty of candour where appropriate.
- The nominated individual was able to provide evidence that action taken in relation to the Duty of

Candour regulation was effective and records had been kept documenting all action taken.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People, and those important to them, worked with managers and staff to develop and improve the service.
- The provider sought feedback from people and those important to them and used the feedback to develop the service.
- There were formal listening events for family and friends to share their views and discuss issues with staff and comments were actioned by the provider.

Working in partnership with others

- The service worked well in partnership with health and social care organisations, which helped to give people using the service a voice/ improve their wellbeing.
- The service worked in partnership with professionals such as GPs, social services, mental health teams and the local authority.
- One professional told us, "They [staff] have been quick to contact myself if any concerns have arisen or support needed. Referrals to outside agencies have been made directly by the provider..."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>How the regulation was not being met:</p> <p>The registered person had not ensured premises risks to the health and safety of people were effectively maintained and managed. This was a breach of regulation 15 (premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>Regulation 15 (1)(c)(e)</p>