

Purley Park Trust Limited

Purley Park Trust (DCA) (Unit 2)

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 took place on 31 January 2017 and was announced.

Purley Park Trust (DCA) offers a supported living service to people with learning difficulties which impact on their ability to live independently. The service assists people to live in their own homes with their own tenancies. It aims to support and encourage people to become as independent as possible, with only as much intervention from care staff as is necessary. The service, currently, supports 11 people in six premises. Homes accommodate from one to three people.

The 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. 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 is a registered manager running the service.

The service understood how to keep people, staff and others safe. People were protected by staff who had received the appropriate training and knew how to recognise and deal with any form of abuse or risk of harm. Staff had been recruited as safely as possible and were suitable to provide people with safe care. People were supported, by trained staff, to take their medicines safely, if necessary. All significant risks were identified and managed to keep people and staff as safe as possible.

People's rights were protected by staff who understood the Mental Capacity Act (2005). The Mental Capacity Act 2005 legislation provides a legal framework that sets out how to act to support people who do not have capacity to make a specific decision. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice.

People were provided with highly person centred care. Individual's specific needs were met by a well-trained, committed staff team who supported people to maintain and gain as much independence as possible. Staff made sure people's confidence was built and they felt involved and valued. People's diversity was recognised and they were treated with respect and dignity at all times.

People were supported to be part of the community and experience a wide range of activities, including being supported to obtain and attend work placements.

The service was effectively managed by a registered manager and management team who were described as approachable, open and supportive. They continually monitored and assessed the quality of care they offered. Any shortfalls or improvements needed were identified and acted upon.

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.

The service was good at keeping people safe.

Staff were trained in and knew how to keep people as safe as possible from all types of abuse.

Staff were recruited in a way which meant that the service could be confident the staff chosen were suitable and safe to work with vulnerable people.

Risk of harm to people or staff was identified and action was taken to keep them as safe as possible.

Staff supported people to take their medicines if they needed help to do this safely.

Is the service effective?

Good ●

The service was effective.

Staff understood the importance of helping people to make their own decisions and seeking their consent before offering care.

Staff were well trained and supported to make sure they could provide good care.

Staff met people's needs in the way they preferred. They understood how important it was for people to maintain and improve their independence and helped them with this area of their lives.

The service worked closely with other healthcare and well-being professionals to make sure people were offered the best care to meet their needs.

Is the service caring?

Good ●

The service was caring.

People were supported to be as independent as possible.

Care was provided by a kind, respectful and caring staff team who were good at making people feel confident.

People's needs were met by staff who were committed to their work and the people they supported.

Is the service responsive?

Good ●

The service was responsive.

People were offered person centred care, designed to meet their individual needs.

People's needs were regularly assessed and support plans were changed, if necessary. People were involved in the assessment and care planning processes.

People were given information to make sure they knew how to make a complaint, if they needed to. They were confident to approach staff or the management team if they had any concerns or issues.

Is the service well-led?

Good ●

The service was well-led.

Staff felt they were valued and well supported by the management team.

The registered manager and the staff team made sure that the quality of the care they offered was maintained and improved.

People, staff and others were asked for their views on the quality of care the service offered. These were acted upon and the service tried to continually improve to make things better for people.

Purley Park Trust (DCA) (Unit 2)

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 31 January 2017 and was announced. The provider was given notice because the location provides a domiciliary care service. We needed to be sure that the staff would be available in the office to assist with the inspection.

The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service. We looked at all the information we have collected about the service. This included notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law. We received one notification during the preceding 12 months.

During the inspection visit we spoke with three people in their home and three people who visited the office, the registered manager and three staff members. We contacted seven local authority and other professionals and received written responses from four, including a member of the local safeguarding team.

We looked at a sample of records relating to individual's care and the overall management of the service. These included four people's care plans, a selection of policies and a sample of staff recruitment files and training records. After the inspection visit the registered manager sent us further information with regard to training and to show the impact their service has on people who use it.

Is the service safe?

Our findings

People told us they felt safe with care staff and safe living in their homes. One person suggested there were some issues with a fellow resident but told us staff were always on hand to help them, if necessary. A local authority professional reflected the views of others when they wrote, "[Purley Park Trust] have a very open and transparent approach with safeguarding services. They are engaged with the processes in place and self-report as and when required. The CEO has demonstrated the organisations commitment to safeguarding and is a member of the safeguarding adults professionals' forum in West Berkshire." Another noted, "As far as I am aware my client appears to be safe and well treated. Parents also seem to be happy with service. Any potential issues with safety have been addressed quickly and responded to appropriately."

People were protected by care staff who were provided with up-to-date safeguarding training. Staff were able to describe what action they would take if they had any concerns regarding people's safety. They were confident that the registered manager and other senior staff would respond immediately to any safeguarding concerns. The service had a whistleblowing policy, which staff understood. They told us they would not hesitate to use it and/or involve other agencies, if necessary. No safeguarding concerns had been reported in the previous 12 months.

The service's health and safety policies and procedures were followed to ensure people and staff, were kept as safe as possible. General and environmental risk assessments included areas such as lone working and fire. The service had developed a business continuity plan which instructed staff how to deal with emergencies. These included reduced staffing levels, emergency accommodation and loss of information technology systems. Each house had its own emergency plan. The service worked closely with accommodation providers to ensure people's homes were as safe as possible.

People's safety was further enhanced because the service learned from accidents and incidents. These were recorded, investigated and actions to be taken to minimise the risk of recurrence were noted. Examples of actions taken included reviewing care plans and amending risk assessments. Accidents and incidents were noted, as they occurred, by the registered manager and audited monthly by the provider.

People's individualised risk assessments were identified by means of a risk analysis chart. This included identifying the risk factor, what the risks were, the name of the risk assessment required and actions and comments. However, they also supported people's independence whilst minimising risks, as much as possible. Detailed risk assessments were incorporated into the daily support plans as information for staff on how to care for people as safely as possible. Examples included community participation, finance and use of the gym.

The service helped most of the people they supported to take their medicines, other people took their medicines independently. The service had noted two medicine recording errors in the past 12 months. Additionally they had reported one medicines error for a person who deals with their own medicines. It was not clearly recorded what level of responsibility the service took for the safety of people who took their medicines without any support. After discussion the registered manager undertook to review this with the

care management team and senior management.

Each house used a medicine administration system which suited the needs of the house and people who lived there. They used various monitored dosage systems (MDS) which meant the pharmacy prepared each dose of medicine and sealed it into packs. All staff, who administered medicines, had received up-dated training and their competence to administer medicines was checked regularly. Guidelines for medicine to be taken, when necessary, were in place.

People were supported by an appropriate number of staff and for the number of hours noted in their plan of care. Staff told us they had enough staff to give people safe care and there was no rush. The service applied to the funding authorities if people needed enhanced staffing to meet changing needs. Additional staff could be made available, as necessary, for out of the ordinary events such as illness, activities and other crises.

People were supported by staff who had undergone a robust recruitment procedure which ensured that, as far as possible, they were suitable to work with vulnerable people. The recruitment procedure included Disclosure and Barring Service (DBS) checks to confirm that employees did not have a criminal conviction that prevented them from working with vulnerable adults. Taking up and verifying references and checks on people's identity prior to appointment was undertaken as necessary. The application forms for the most recently recruited staff members were fully completed and any gaps in work histories were explained.

Is the service effective?

Our findings

People told us staff help them to do things for themselves. For example people said, "They help me to get batteries when I need them" and "staff help me to do what I like and what I need to."

People's health and well-being needs were met by care staff and other health professionals working together, as required, and according to individual's support plans. People were involved in initial assessments and subsequent care planning. They signed to say they agreed with the content or staff described how people had demonstrated their agreement. Staff were alert to people's changing needs and took appropriate action if they had any concerns. The service worked closely with other professionals to ensure that people were kept as healthy, emotionally and physically, as possible. These included G.Ps, social work professionals and mental health professionals. People told us they were helped to make appointments at the doctors or dentists and staff would go with them if they wanted support. A health professional commented, "Staff respond to their (people's) care needs appropriately." Another professional wrote, "All health needs for both physical and mental health have been addressed appropriately with staff support and good information."

People were supported with their nutritional requirements, as necessary. Support plans included all the information needed by staff to ensure people were offered the right amount of help to eat and drink appropriately. Care staff were trained in food hygiene and made sure people knew how to keep food preparation areas clean and safe. People were helped to buy, store and prepare their own food and were encouraged to eat healthy diets. Dietitians and the speech and language team were referred to, as necessary and any advice given to staff was followed.

People whose behaviour may cause distress or harm to themselves or others were well supported by the service. People had very detailed behaviour plans which ensured staff knew how to help people to control such behaviours. The methods to be used were focussed on early intervention and distraction techniques. However, the service used minimal physical restraint as a last resort for specific individuals. These were detailed in the individual's behavioural management plans. All staff completed nationally recognised training which was regularly updated to ensure staff were as confident as possible in the use of physical restraint techniques. Robust records were kept of any interventions and staff used the information to improve the way they responded to people who were distressed or anxious.

People's rights were upheld because the service understood issues of consent and decision making. Care plans included information with regard to people's capacity and ability to make decisions about different areas of their care. For example activities and purchases over 20 pounds. Areas where people may need best interests decisions included medical interventions, moving home and changing support needs. People told us they were encouraged to make their own decisions. For example a staff member helped a person tell us that they would be moving soon. The person knew about the move, what was important to them and how they were going to benefit from the move. They explained that they were visiting possible new properties so they could discuss whether they wanted to live there. It was clear that they were being supported to make informed decisions about their future accommodation.

The service had a clear understanding of the Mental Capacity Act (2005). 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. 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 the community people can only be deprived of liberties if agreed by the Court of Protection. The registered manager had made appropriate applications to the Court of Protection via the local authority, one of which had been agreed. Staff had received mental capacity training and were able to clearly describe, when best interests decisions could/should be taken and when a referral to the Court of Protection was necessary.

People were supported by an effectively organised staff team. People were provided with care by a regular staff team who worked in a particular house or with a particular individual. Some staff teams worked according to a twenty four hour rota system and others provided a minimum of four hours care, at each visit, dependant on people's agreed package of care.

People were supported by a well trained staff team. Staff received appropriate training to ensure they could meet the diverse needs of the people they supported. Staff members told us they had, "Very good development opportunities, our skills are recognised and used." Records showed and staff confirmed training and mandatory courses were completed at the scheduled times. For example annual fire training and three yearly food safety training. Specialised training was provided to meet people's individual needs. This included epilepsy, challenging behaviour training and end of life care. Staff completed induction training developed to meet the standards of the care certificate. Staff felt well supported by the registered manager and others in the management team. They received regular supervision and said they were able to approach the registered manager at any time.

Is the service caring?

Our findings

People told us the support they were given was very good. One person said the staff were, "Flipping marvellous" and another said, "They always talk to me very nicely." A professional commented, "Indeed from our experience of dealing with them most recently, it indicates [Purley Park Trust] have a culture of dignity and respect towards the people they support and that they are strong advocates of their clients rights." Another wrote, "Client has [a] personalised room and he and other residents are taught to respect other people's privacy. Staff treat him with respect and deal with any issues in a way that maintains privacy and dignity. Positive relationships are being formed."

People's diversity was identified and respected. Support plans provided details of any religious, cultural or lifestyle choices and included details about people's personality, life history, behaviour and communication. The service tried to match people with staff who were able to meet their individual needs in areas such as gender, interests and temperament. Some support plans, such as for behaviour, included a written summary of the training staff needed to have completed to support people successfully. Daily notes were of a very good quality and described people's emotional well-being as well as tasks completed.

People's needs were met by care staff who had established effective working relationships with them and who were fully aware of individual's needs and wishes. Staff were able to describe how they protected people's privacy and dignity whilst offering the necessary support. People were provided with continuity of care, by an allocated staff team. Care staff visited a particular group of people regularly. Staff confirmed that they generally worked with the same people.

Care staff were excellent at supporting people to maintain and increase their independence, as appropriate to their needs. Examples included a person for whom, professionals felt needed a specialist placement. Because of behaviour that could harm themselves or others this may have been some distance from their home town. However, the service recognised that the person may be able to cope in an environment designed for them. They allocated huge amounts of time to the person during the transition to their new home and thought very carefully about the risks involved and how to manage them. They succeeded in reducing the person's anxiety and stress by careful management and behavioural support planning. The result for the individual was they were having new experiences such as rock climbing and carriage riding. Their relationships with other people were greatly improved and they were gradually speaking more. The person was able to live in their home town with relatives nearby. The person was regularly able to spend and enjoy time with their family. Another person who prefers others to do as much as possible for them was encouraged to become as independent as they could be. The work the service did included motivating, persuading and encouraging them to participate in the local community.

The service had a strong person centred culture. The service made sure that staff were able to understand people and their individual methods of communication. Detailed communication support plans advised staff what particular methods of communication individuals used and what particular behaviours might mean. For example, "... [name] uses verbal communication, but also uses gestures, symbols and visual aids." All of which are further described. Additionally they contain information such as , "...[name does not

like shouting as it increases their anxieties" and "...[name] needs time to process and think about questions put to them." Where necessary, people were provided with communication boards which included pictures to help people to express themselves. We observed people and staff interacting with each other very positively. People were approached respectfully and were fully involved in conversations and discussions about their care. They were encouraged to express their views and opinions.

People and/or their families, as appropriate were provided with individual tenancy agreements for their accommodation. Within the terms of their tenancy agreement people could choose to receive support from a different provider. However, practically this may have been difficult for people who lived in shared homes with constant staff teams. People's agreements were produced in user friendly formats to give people the best chance of understanding them.

Is the service responsive?

Our findings

The service was flexible and responsive to people's changing needs. A professional commented, "Extremely accommodating with dates of reviews, accommodating parental visits and anxieties and adapting to new methods of supporting individuals when the need arises." People told us the staff listen to them and meet their wishes if they can.

People's needs were assessed and care was planned with them. The service worked with people and other professionals to plan and deliver care according to individual needs. Support plans were reviewed a minimum of annually but generally more frequently as most people's needs were continually changing. People told us they were involved in the assessment, planning and review processes, if they chose to be. The support plans and daily notes were of a high quality and contained the relevant information to enable staff to deliver the appropriate care in a way that people preferred. A professional commented, "They act on actions/requirements highlighted at review within timescales. They inform parents of activities and support contact well."

People's changing needs were communicated to staff by a variety of methods which included handovers, daily notes and meetings. Support plans were held on computer which all staff had access to and could consequently up-date as necessary. Paper support plans were provided for individuals and kept confidentially within their homes.

The service was fully aware of the negative effects of isolation, non-participation in the community and over reliance on staff. Staff encouraged and supported people to find ways of building new relationships and becoming more involved in the community. In one instance staff had helped a person to find a job, in the community. The result was the person was making friends, gaining confidence and getting involved in activities without staff support. They described their work and told us how much they enjoyed it. Another person was assisted to reduce their anxiety and stress levels so that they could build relationships and become more involved with the people they shared a home with.

Activities, work and learning opportunities formed part of most people's care package. People were supported to access community activities relevant to their needs and choices. They were also involved in the daily activities of caring for themselves and learning and maintaining independence skills. People participated in a variety of activities such as sports and social events.

People knew how to make complaints if necessary. One person told us, "I would tell them straight that I wasn't happy. I wouldn't have my life ruined. That would be bang out of order." Others said they knew who to approach if they were unhappy. They named various staff including the registered manager and more senior people in the organisation. They were confident that they would be listened to and staff would support them if they needed help. The service had a robust complaints policy and procedure which they followed when they received a complaint. The complaints procedure had been produced in an accessible version which included photographs pictures and simple English. The service had recorded one complaint and three compliments about the service in the preceding 12 months. Complaints were managed and dealt

with appropriately.

Is the service well-led?

Our findings

People told us they liked the registered manager and were happy to contact them if they needed to. One person asked if the registered manager could be involved in their discussion with the inspector and was reassured and more communicative in their presence. It was clear they had a good relationship with the registered manager and she gave them confidence. Other people knew the registered manager and were able to talk to her openly. Staff described the registered manager as open and supportive. They said she was focussed on the people's needs and was very person centred. A professional said, "A Proactive manager who is very approachable and shows good empathy with staff, service users, parents and social services."

The views of people who use the service and staff who worked there were listened to. There were various ways people were encouraged to relay their views to the provider. Methods used were dependant on their relevance to the individual. They included monthly house meetings, support plan reviews and one to one meetings. People told us the registered manager and other staff always listened to them. The service held various meetings which involved different staff. Examples included each house having a meeting every six to eight weeks, quarterly meetings for all domiciliary care staff and team leader meetings. Staff gave examples of improvements that had been made as a result of their opinions and ideas being listened to. These included more availability of specialised courses and more consistent staff teams.

People were provided with high quality care which met their individual needs. Robust quality assurance systems used throughout the organisation, were completed by the service. There were a variety of auditing and monitoring systems in place. Examples included health and safety checks, regular financial audits and medicines checks. A quality audit was completed monthly by team leaders and the registered manager periodically checked them. The registered manager was apprised of all concerns or issues. An annual questionnaire was sent to people and other interested parties asking people's views of the quality of care provided. Actions taken as a result of the audit system and listening to the views of all interested parties included, more effective use of the computer by putting support plan and risk assessments on line. The development of better communication systems and a method of ensuring people were supported by more consistent staff. People particularly benefitted from the specifically allocated staff teams which were much more consistent. For instance the incidence of distressing and/or harmful behaviours had decreased substantially since regular staff worked with people. A new compliance auditing system was being developed for future use.

High quality records accurately reflected people's individual needs and were detailed and up-to-date. They clearly informed staff how to meet people's needs according to their specific needs, choices and preferences. Records relating to other aspects of the running of the home such as audit and staffing records were, accurate and up-to-date. All records were well-kept and easily accessible. The registered manager understood when statutory notifications had to be sent to the Care Quality Commission and they were sent in the correct timescales. The service was aware of their duty of candour responsibilities. They were described by other professionals as, "...a welcoming, open and transparent organisation who promote the wellbeing of the people they support."

