

Loving Care Limited

Park Hill House

Inspection report

25 Park Hill Road
Wallington
Surrey
SM6 0SA

Tel: 02086471346

Date of inspection visit:
16 November 2017

Date of publication:
13 December 2017

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

Park Hill House is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Park Hill House accommodates six people with a learning disability in one adapted building. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion.

At the last inspection on 28 September 2015 the service was rated Good. At this inspection we found the service remained Good.

People were safeguarded from avoidable harm. Staff adhered to safeguarding adults procedures and reported any concerns to their manager and the local authority. Staff assessed, managed and mitigated risks to people's safety at the service and in the community. There were sufficient staff on duty to meet people's needs. Safe medicines management was followed and people received their medicines as prescribed. Staff protected people from the risk of infection and followed procedures to prevent and control the spread of infections.

Staff completed regular refresher training to ensure their knowledge and skills stayed in line with good practice guidance. Staff shared knowledge with their colleagues to ensure any learning was disseminated throughout the team. Staff supported people to eat and drink sufficient amounts to meet their needs. Staff liaised with other health and social care professionals and ensured people received effective coordinated care in regards to any health needs. Staff adhered to the Mental Capacity Act 2005. 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. An appropriate well maintained environment was provided that met people's needs.

Staff treated people with kindness, respect and compassion. They were aware of people's communication methods and how they expressed themselves. Staff empowered people to make choices about their care. Staff respected people's individual differences and supported them with any religious or cultural needs. Staff supported people to maintain relationships with families. People's privacy and dignity was respected and promoted.

People continued to receive personalised care that meet their needs. Comprehensive assessments were undertaken to identify people's support needs and these were regularly reviewed. Detailed care records were developed informing staff of the level of support people required and how they wanted it to be delivered. People were participating in a range of activities. A complaints process remained in place and any concerns raised were listened to and investigated.

The registered manager remained in post and adhered to the requirements of their Care Quality Commission registration, including submitting notifications about key events that occurred. An inclusive and open culture had been established and the provider welcomed feedback from staff, relatives and health and social care professionals in order to improve service delivery. A programme of audits and checks were in place to monitor the quality of the service and improvements were made where required.

Further information is in the detailed findings below.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Park Hill House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 16 November 2017 and was unannounced. The inspection was undertaken by one inspector.

Prior to the inspection we reviewed the information we held about the service, including statutory notifications submitted about key events that occurred at the service. We also reviewed the information included in 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.

During the inspection site visit on 16 November 2017 we visited the service. We spoke with three staff, including the registered manager, reviewed three people's care records and two staff records. People using the service were unable to speak with us and therefore we observed interactions between staff and two people using the service. We reviewed medicines management arrangements and records relating to the management of the service, including policies and procedures.

After the inspection, on 17 November 2017 we spoke to two people's relatives to gather their views of the service and the support their family member received.

Is the service safe?

Our findings

Staff continued to safeguard people from avoidable harm. Staff had received training in safeguarding adults. They were knowledgeable in identifying different types of abuse and were able to describe signs and symptoms that a person may be being abused. Staff followed best practice in regards to safeguarding adults, including the principles in the London multi agency adult safeguarding policy and procedures. Staff recorded and reported any concerns they had including any bruising as well as changes in a person's behaviour so appropriate action could be taken. Staff were aware of how to report to the local authority safeguarding team and whistleblowing procedures were in place if required. At the time of inspection there were no ongoing safeguarding investigations.

Staff supported people to manage and mitigate the risks to their safety. This included risks at the service and in the community. Many of the people using the service were not aware of the risks and dangers in the community and required assistance from staff to ensure their safety. This was planned and provided. Staff had mitigated the risks to people's safety at the service. This included in regards to the environment. Whilst people were independently mobile, staff provided supervision for those with additional risks when mobilising, for example, in regards to people with visual impairments particularly when using the stairs. Restrictors were in place on all windows and regularly checked to protect people from falling from height. Hot water temperatures were regularly checked and work was undertaken to adjust the temperature if they were above the recommended safe temperature. There were risk assessments in place in regards to the environment, for example when staff were cooking and people accessing sharp knives. However, we identified that a risk assessment was not in place in regards to people accessing hot water from the kitchen sink or having access to a gas supply via the hob if in the kitchen unsupervised. The registered manager informed us that people were not regularly left unsupervised when in the kitchen/diner however, did acknowledge that at times this did happen and they would ensure an appropriate risk assessment was developed to account for this.

Staff were aware of the process to follow if there was an incident or accident at the service. All incident records were reviewed by the registered manager and support was amended or additional support provided in response to the incident to minimise the risk of recurrence. The staff regularly discussed any incidents to identify any learning for the individual involved or for the service as a whole.

There continued to be sufficient staff to meet people's needs. There was a core number of three staff during the day, however, this increased according to people's routines and what activities they were participating in. All of the people using the service needed support from staff in the community and most were funded for allocated one to one support, and this was scheduled in the rota. Two staff were on duty at night (one sleeping and one awake) to ensure support was provided 24 hours a day. Additional support was available on call if staff needed advice or in the event of an emergency.

Safe recruitment practices continued to be followed. This included obtaining references from previous employers, checking people's eligibility to work in the UK and undertaking criminal record checks. We saw that newly recruited staff had previous experience of working within care and had completed qualifications

in health and social care.

Medicines were stored securely and at safe temperature. Accurate records were maintained of medicines administered and we saw that people received their medicines as prescribed. Regular stock checks were undertaken, and the checks we undertook on the day of the inspection showed all medicines were accounted for. Protocols were in place instructing staff about when to give people their 'when required' medicines and staff were able to explain to us the behaviour people showed which may indicate they were in pain so pain relief could be provided. There were systems in place to ensure safe disposal of unused medicines.

Staff followed best practice to prevent and control the spread of infection. Staff had received training on infection control. They were aware of what equipment to use when cleaning different parts of the service and were aware of the importance of keeping different cleaning equipment separate. Staff told us they supported people to clean their rooms frequently and cleaned people's bathrooms after each use. Staff ensured people had allocated items for personal care so there was no cross contamination. On our visit the service was clean and staff cleaned any spills promptly.

Is the service effective?

Our findings

One staff member told us they were "really enjoying" working at the service and that they were "learning new things everyday". Staff stayed up to date with good practice guidance and any changes in legislation. The registered managers across the provider's services regularly met and shared knowledge from training and conferences. This included sharing information discussed at the local authority's registered managers meetings.

Staff had the knowledge and skills to undertake their role and regularly refreshed this through completion of training courses. From training records we saw the majority of staff were up to date with the provider's mandatory training and had also completed additional courses in relation to people's specific needs. This included in regards to learning disabilities, autism, and supporting people who displayed challenging behaviour. We identified that some staff had not received recent training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager showed us they had booked staff onto the next available course. The provider and registered manager had systems in place to support staff with completion of the Care Certificate. The Care Certificate is a national recognised tool to support staff new to care. However, this had not been required as newly employed staff had previous experience of working in a care setting and had National Vocational Qualifications in health and social care.

Staff received regular supervision and an annual appraisal. These systems gave them the opportunity to reflect on their performance and to obtain advice and guidance about how to further improve their practice and support people using the service.

Staff supported people to eat and drink sufficient amounts to meet their needs. Staff regularly weighed people and supported them to maintain a healthy balanced diet. Adaptive cutlery and crockery was available to support people to eat independently. Staff were aware of people's dietary requirements, if they had any food allergies and if there were risks associated with eating for example, by choking and how this was being mitigated.

Staff liaised with health and social care professionals to ensure effective care and support was provided to people. Staff supported people to have annual reviews with their social care team and provided regular feedback reports to people's allocated social workers.

Each person had a health action plan which was regularly updated outlining their healthcare support needs. We saw in people's records they had attended their annual health check with their GP and also had access to other primary care services. Staff supported people to their health appointments, including any specialist appointments they required. Staff followed advice provided by healthcare professionals and kept a record of any changes in behaviour. Relatives told us staff kept them up to date with any changes in a person's health and fed back the outcome of healthcare appointments.

Staff adhered to the principles of the Mental Capacity Act 2005 (MCA). People's consent was obtained prior to providing care. Where people did not have the capacity to consent, best interests' meetings were held

with the health and social care professionals involved in a person's care and their relatives where appropriate.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had applied for DoLS authorisation for those they had assessed as requiring assistance in the community in order to maintain their safety. They were aware of when these authorisations lapsed and arranged for people to be reassessed. One person's DoLS authorisation had lapsed. However, the registered manager was in liaison with the local authority to try and get this reviewed.

Park Hill House is a large family home. The service is well maintained and decorated. There are a range of spaces for people to use as and when they wish. This includes a large open plan dining kitchen which is themed to reflect a 1950s American diner. We observed people navigating around the home independently and easily locating their bedroom and the communal areas. Each person's bedroom was personalised and provided en-suite bathroom facilities. There were resources and sensory stimulation for people to use at their leisure.

Is the service caring?

Our findings

Staff treated people with kindness, respect and compassion. Most of the people at the service were unable to communicate verbally. Staff were aware of people's communication methods and how they communicated their needs, wants and wishes. Staff were also aware of how people communicated if they were in pain and were aware of what it meant when people displayed behaviour that could challenge others.

We observed staff responding promptly to people's requests for assistance and regularly approaching people to check whether they were happy and comfortable and whether there was any assistance they required. Staff were aware of what made people happy and we observed people smiling when interacting with staff. Staff were aware of what may upset people and provided emotional support when required.

People were empowered to make as many choices as they were able to about the care and support they received. Staff were aware of people's preferences and their daily routine. Support was provided in line with this and there was detailed information in people's care records about how they liked to be supported and what was important to them. Staff explained how they supported people to make choices. This included for people who were not able to verbally communicate an informed choice. For example, one person when offered two choices verbally would always choose the second option. Staff felt they were unable to make an informed choice through using language and therefore staff physically showed people the options available, used objects of reference or through a pictorial exchange communication system (PECs). Staff were aware of any visual or hearing impairment they had and how this affected their communication.

Staff supported people to explore their preferences and supported their individual needs. This included in regards to their religion, culture and developing and maintaining relationships. Staff supported people to practice their faith and to undertake any traditions related to their culture. People were encouraged to maintain relationships with friends and family members. Staff regularly communicated with people's family members and always welcomed relatives to visit the service. Staff accompanied people and supported them to travel to their relative's homes so they could continue to visit them. This included accompanying one person to attend a family member's wedding.

Staff continued to respect people's privacy and dignity. We observed staff supported people to change their clothes if they were dirty or they had spilt something down themselves. Staff discreetly approached people when they needed support with their personal care and this was delivered in the privacy of their bedroom or bathroom. Staff respected people's need to spend time on their own and gave them the space to do so, whilst being available as and when people wanted company.

Is the service responsive?

Our findings

One relative told us, "[Their family member] is the happiest they've ever been." People continued to receive personalised care. Staff were well informed about people's needs. Many of the people using the service had been living there for many years and there was a stable staff team which had enabled them to get to know people in depth and understand their needs and how they liked to be supported. Since our last inspection one new person had come to live at the service. Staff undertook a full assessment of the person's needs and gathered information about them prior to them coming to the service to ensure that they were prepared and able to meet the person's needs.

People's care records provided detailed information about their needs and how they were to be supported. This included in relation to their personal care, their physical and psychological health, finances and social needs. We saw risk management plans fed into the care planning process to ensure people remained safe whilst their needs were met. Care plans were regularly reviewed and updated, including in line with any changes in people's needs or health. Staff supported people in line with their individual needs including relating to their gender and disability. This included supporting people with relevant women's and men's health screening. Detailed records were kept in relation to any specific health needs. For example, one person had epilepsy and a seizure chart was kept documenting all seizures – their duration and the type of seizure, so this information could be used to identify any patterns or triggers. For people that were known to display behaviour that challenged staff. Staff worked with the behaviour support team to develop a positive behaviour intervention plan to give staff further information about how to minimise the frequency of this type of behaviour and what to do if a person did become frustrated or distressed.

People had an allocated key worker who led on their support. People met regularly with their key worker and their key worker produced a monthly report reflecting on what the person had achieved over the previous month. These reports gave people and their families the opportunity to reflect on all the positive things that had been achieved as well as identifying short term goals and what they wanted to achieve or try in the upcoming month.

Staff supported people to engage in a wide range of activities and to try new things. We saw people had a busy weekly programme of activities which including regular scheduled activities as well as ad hoc sessions where people choose what they wanted to do during those times. We saw the activities included those relating to daily living skills, such as food shopping, as well as physical exercise, leisure activities, sessions to support their health including hydrotherapy and attendance at day centres.

A complaints process remained in place. Staff were able to describe the behaviour people showed if they were upset or unhappy and told us they would support the person to explore what was upsetting them so it could be addressed. Relatives said they felt comfortable speaking to any staff if they had any concerns or wished to raise a complaint and were confident that any concerns raised would be taken seriously and appropriately dealt with, however, they had not had a need to make a complaint. Since our last inspection there had been one complaint that had been made directly to the provider. The provider and staff were working with the complainant to try and resolve their concerns.

Is the service well-led?

Our findings

The registered manager had been at the service since 2015. 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. One staff member told us about the registered manager, "She's brilliant. A lovely manager. Really supportive and she's hands on. She's really helpful." The registered manager was aware of their registration responsibilities and submitted statutory notifications about key events that occurred at the service as required.

An inclusive positive culture had been developed at the service. Staff we spoke with felt able to express their opinions, felt their suggestions were listened to and felt able to contribute towards service delivery and development. The staff told us the registered manager was "hands on" and there was a team approach towards supporting people. The registered manager said, "We've got a really good team."

People were unable to provide verbal or written feedback to staff about their experiences of the service. Staff used their knowledge of people and observations of their behaviour to identify what they enjoyed and if they were upset or worried. Relatives told us there was regular communication with them from the staff and they felt comfortable expressing their views about the service and the support their family member received. Relatives and other health and social care professionals were asked to express their views of the service through completion of an annual satisfaction survey. The findings from the survey were analysed and incorporated into the service's annual review. From viewing the service's annual report we saw that one person who had previously refused to leave the service was now going regularly for walks, and another person who had not been on holiday for a number of years had been to the South Coast for a break. A relative commented, "Since [their family member] has moved here we have noticed that he has become more alert and confident."

The provider continued to have systems in place to review, monitor and improve the quality of service delivery. This included a programme of audits and checks, reviewing medicines management, quality of care records, support to staff and environmental health and safety checks. We saw that when improvements were required these were actioned promptly.

Staff had signed to confirm they had read the provider's policies and procedures. We identified that some of the provider's policies were out of date and there was a risk they would not reflect current good practice. Nevertheless, from speaking with staff we identified their knowledge was up to date with good practice. We spoke with the registered manager about updating their policies and they said they would ensure this information was passed to the provider so they could ensure their policies and procedures were up to date across all of their services.

The registered manager and provider worked with other agencies. This included the local authority and clinical commissioning groups who funded people's care. The registered manager kept representatives from the funding authorities up to date with people's care and support needs and where there were any changes

in their health. Staff informed the funding authorities about how funded one to one support was used. The registered manager also liaised with other departments at the local authority in order to support people and their staff, including the safeguarding adult's team and through accessing learning and development opportunities.