

Purley Park Trust Limited

Purley Park Trust (DCA) (Unit 2)

Inspection report

Unit 2, 41 Reading Road
Pangbourne
Reading
Berkshire
RG8 7HY

Tel: 07590169111

Website: www.purleyparktrust.org

Date of inspection visit:

09 August 2019

12 August 2019

Date of publication:

27 August 2019

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

About the service:

This service provided care and support to 15 people living in eight 'supported living' settings, so that they can live as independently as possible. People ranged from younger adults to older people living with a learning disability and associated conditions, such as autistic spectrum disorders.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service

People and their relatives told us the staff, management and leadership of the provider were caring, approachable and professional, which promoted a high-quality standard of care. There was a positive culture within the service, which focussed on supporting people to explore their potential and celebrate their achievements.

The registered manager played an active role in the day to day care and support people received. They had systems in place to monitor the quality and safety of the service and worked with other stakeholders to optimise the effectiveness of care.

People were supported to live full and active lives and given choices and control about how their care was delivered. People and relatives told us they were fully involved in decisions about their care and that any complaints or feedback would be listened to by the provider.

People received personalised care which promoted their health and wellbeing. People were supported appropriately with their health, behaviour, safety and wellbeing and were encouraged to be as independent as possible.

People felt safe receiving care from staff and were treated with dignity and respect. Staff understood people's needs and received training and ongoing support in their role.

There were enough numbers of staff in place, who had been subject to appropriate recruitment checks.

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

Rating at last inspection

The service was rated good at our last inspection (published 23 February 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Purley Park Trust (DCA) (Unit 2)

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service provided care and support to 15 people living various 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support

The service had a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections.

We reviewed previous inspection reports and notifications the provider had sent us about significant events which occurred at the service.

We wrote to four professionals with recent experience of working with the service. We received feedback from one professional in response.

During the inspection

We visited four people at their homes to ask them for feedback about the care they received. We spoke with the registered manager and four care staff.

We reviewed a range of records. This included five people's care plans, two staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including policies, procedures, audits, incident reports, quality assurance questionnaires and risk assessments were reviewed.

After the inspection

We spoke to six relatives via telephone to gain their views about their family members experience of receiving care and living at 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 remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People's care plans contained detailed, individualised risk assessments. These included the risks associated with people's anxiety and behaviour. Risk assessments incorporated guidance from professionals involved in people's care and contained strategies to keep people safe without the need for the use of physical restraint.
- The provider had a risk analysis tool to identify risks to people and where additional measures to keep people safe were required. Where risks were identified, guidance was put in place for staff to help reduce the risk of harm to people. In one example, one person had a risk assessment in place around the use of cars. This reduced the associated risks and enabled the person to access cars to attend planned activities.
- The registered manager carried out assessments of people's home environments to help ensure they were safe for people and staff. Each person had a personalised evacuation plan in place, which detailed the support they would need to exit their home in the event of an emergency. The evacuation plans made consideration to different arrangements during the day and night, considering changes in staffing numbers allocated.

Systems and processes to safeguard people from the risk of abuse

- People felt safe receiving care from staff. One person told us, "I trust them [staff]." Relatives comments included, "[My relative] is settled and in a good routine. They are safe", and, "[My relative] is in really good hands, no alarm bells."
- Systems and processes were in place to protect people from the risk of abuse. The provider had a safeguarding policy, which outlined staff's responsibilities in safeguarding people from abuse and avoidable harm.
- Staff had received training, which outline appropriate action to take if they suspected a person was suffering abuse or harm. Staff we spoke with understood risks to people and ways to keep them safe.
- The registered manager understood their safeguarding responsibilities and made referrals to local safeguarding authorities where appropriate. This included putting measures in place to safeguard people from exploitation or financial abuse when accessing the community independently.

Staffing and recruitment

- There were enough suitably skilled staff in place to meet people's needs. People's individual care needs were determined by assessments by funding local authorities. The registered manager organised appropriate staffing in line with these assessments. Staff were a mixture of permanent staff supplemented by agency staff to cover sickness and absence. The registered manager had worked with the staffing agency to support some agency staff to come over to work for the provider permanently. This helped to give people a consistent staff team.

- People had the chance to meet new staff before they started, to help determine whether they were suitable for their role. This was done by shadowing of experienced staff when working with people. People were able to request changes and exclusions to their staff team if they felt they were not suitable.
- The provider had safe recruitment processes in place to assess prospective candidates experience, character and competency in relation to their role. This set of recruitment checks helped to ensure that suitable staff were employed to work with people.

Using medicines safely

- People were supported to take their medicines as prescribed. People's medicines care plans detailed reasons for prescription, instruction around administration and possible side effects of medicines prescribed. The level of independence people had around their medicine's management was identified in their care plans. This helped to ensure staff tailored the support they gave to an appropriate level.
- Some people were prescribed PRN (as required) medicines for pain or anxiety. Staff minimised the use of PRN medicines to ensure they were only administered after all other positive behavioural strategies had been tried. PRN guidance had been developed in partnership with health professionals involved in people's care.

Preventing and controlling infection

- Staff had received training in food hygiene. This helped to ensure that they were aware of procedures to promote safe food handling and hygiene.
- Staff used personal protective equipment such as gloves and aprons when supporting people with their personal care. This helped to minimise the risk of spreading germs or infection.

Learning lessons when things go wrong

- The registered manager documented any incidents that took place. They reviewed these reports to identify triggers and strategies to avoid reoccurrence. These measures had been effective in learning from incidents to develop people's care plans and promote their safety.
- In one example, the registered manager had taken action to provide additional support to staff after issues around medicines administration had been identified. These actions had been effective in reducing incidents where errors occurred.

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

- The registered manager made initial assessments of people's needs before care services started. They spent time working with people and meeting their families, so they could better understand their needs. They also used information from professionals to help develop people's care plans.
- Staff used 'positive behaviour strategies' to help people manage their anxieties and deescalate potentially challenging situations. This is an approach to supporting people which focusses on teaching people new skills to replace the behaviours which may challenge. Staff understood the triggers to people's anxieties and how to best keep people safe when they became anxious.
- Staff minimised the use of physical restraint to ensure it was only used when all other strategies had been exhausted. There were protocols in place for physical restraint which followed recognised techniques and had been agreed by people, relatives and professionals. The provider ensured that all planned physical interventions were as least restrictive as possible.

Staff support: induction, training, skills and experience

- People and relatives told us staff were skilled and competent in their role. Comments included, "Staff are very well trained", "Staff are consistent with [my relative] and handle incidents and behaviour very well", and, "The staff are good. [The provider] does not tolerate staff who are not performing."
- New staff received training in line with The Care Certificate. This is a nationally recognised set of competences for staff working in social care. Staff also received training to meet people's specific needs. This included; autism awareness, epilepsy, mental health awareness and management of challenging behaviour. Many staff had also completed additional qualifications in health and social care.
- Staff received appropriate induction, which included a period of two weeks working alongside an experienced staff member. This helped to ensure that staff were familiar with people's needs before lone working.
- The registered manager monitored staff's working performance through supervision meetings, competency assessments and observations of staff working practices. Staff had the opportunity to identify areas for development and training needs.

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

- People's dietary preferences and requirements were identified in their care plans. This included the level of independence they had in preparing and eating their meals and drinks. Some people were able to plan, cook and eat their meals without assistance, whilst other people needed full support to maintain a healthy balanced diet.
- Some people had received specialist input around their nutrition by speech and language therapists or

dietitians. The provider had incorporated this guidance into people's care plans.

Staff working with other agencies to provide consistent, effective, timely care

- The provider ensured people's needs were understood when they accessed healthcare services. This included producing a hospital passport, which gave a succinct summary of people's medical and communication needs. This document could be referenced by health professionals to help give them an understanding of people's needs.
- The registered manager worked with health professionals to ensure there were smooth transitions when people moved between services. For example, the registered manager worked with people during the initial stages of care starting. This meant that that people knew the registered manager well and could feel comfortable raising any issues. This also enabled the registered manager to use their knowledge of a person's needs to induct and give advice to new staff. One relative told us, "The transition was handled very well. They [the provider] did exactly what they said they could deliver."
- In another example, the provider was working with a person in the gradual transition from living at home with family to a supported living setting. They had been commissioned to work with the person over a period to develop life skills such as travel training, cooking and budgeting to give them the skills they needed to succeed in a future placement.

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

- People had access to regular healthcare appointments as required. This included dentists, opticians and chiropodists. People were supported to have an annual check with their doctor to review their health needs and medicines.
- Staff were trained to use a Malnutrition Universal Screening Tool (MUST). A MUST is a screening tool to identify people, who are malnourished, at risk of malnutrition or are obese. It also includes management guidelines which can be used to develop a care plan. Where people had been identified as being at risk, appropriate referrals had been made to healthcare professionals. One person had been supported to lose weight after it had been identified that it was needed to promote their health.
- People were supported to put plans in place to follow advice from healthcare professionals. In one example, one person had been supported to adjust their intake of carbonated drinks after taking advice from a dentist during a routine appointment.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The registered manager understood their responsibilities in this area and had made the appropriate referrals to commissioning authorities to apply for these safeguards.

- Staff understood the need to gain appropriate consent to people's care. Each person had assessments in place which documented decisions about their care they could make, independently, with support and decisions which would need to be made in their best interests, as they lacked capacity or insight. These

assessments also acknowledged people's right to make unwise choices if they had the capacity to make an informed decision.

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

- People told us they liked staff and enjoyed spending time in their company. One person told us, "The best thing is they got the right staff." Another person told us, "They are all nice." Relatives comments included, "[My relative] has built a trusting relationship with staff", and, "Staff understand [my relatives] needs and have formed a really good relationship."
- Staff were kind, patient and encouraging in their approach. They spoke to people in a way which they could understand and empathised with the trials and complexities people felt when negotiating their everyday lives. Staff were well acquainted with people's personalities and motivations and therefore people felt comfortable in their presence. One relative told us, "Great staff. There is one staff member who knows [my relative] better than anyone. They get on with him so well."
- Staff had received training in equality and diversity. There were policies and procedures in place to help ensure people were not discriminated against in relation to any of the protected characteristics identified in The Equality Act (2010). As part of the provider's assessment process, the registered manager assessed people's equality and diversity needs to ensure they suffered no discrimination in relation to their protected characteristics. Staff worked with some people to ensure they were able to access religious or cultural services of their choice. In other examples, people were supported to develop and maintain relationships with other people where possible, in a safe and respectful way.

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

- People and relatives told us the provider involved them in making decisions about people's care. Comments included, "The communication from the provider has been excellent in keeping us informed", "The registered manager came out to see us initially and has kept us updated ever since. It is nice to have an input", and, "They [staff] try to involve [my relative] as much as possible by keeping them motivated and asking their opinion."
- Relatives told us they were kept updated about significant events involving their family members. Some relatives received a weekly report on request, whilst others received regular updates from the provider through phone calls or feedback during visits. One relative told us, "I get a weekly report from [the registered manager]. The communication has been brilliant."
- There was a 'keyworker system' in place to help people voice an input into their care. This involved a specific member of staff being responsible for working with a person to develop and review their care needs. One person told us how they raised some issues with their keyworker which had resulted in a review with their social worker. This demonstrated that this system was effective in helping people have an input in how their care was developed and reviewed. Another person told us, "[Staff member] helps to explain things."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. They respected people's homes as their personal spaces and were conscious to minimise how visible care was within these home environments. For example, staff stored care documentation discreetly and were sensitive not to affect the appearance and decoration of people's homes through items related to care.
- People were given personal space and privacy when they wanted it. One person told us, "Staff always knock on my bedroom door (before entering)." People were given control about confidentiality. They consented to agreements about who and how personal information could be shared with other professionals.
- People were supported to be as independent as possible in managing aspects of their daily life. Some people had expressed the wish to become more independent in the management of their medicines. Staff worked with them to establish how this was possible and agree the support they needed to ensure they were taking medicines as prescribed. This approach had been successful in supporting some people in becoming more independent in this area.

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

- Staff worked with people to identify how care could be adjusted or improved to ensure people were given the best opportunity for their placements to succeed. In one example, one person was supported to move to alternative accommodation after a series of incidents had highlighted their previous placement was unsuitable. The provider helped source alternative accommodation which was more suitable. This had seen a significant reduction in incidents where their behaviour posed a risk to themselves or others.
- People's care plans were personalised to focus on the care needs people had and the support they required from staff. Care plans around people's personal care identified their preferred routines and levels of independence. Staff were conscious to monitor people's wellbeing and intervene by offering additional support when people were reluctant, unmotivated or struggling with aspects of their own care.

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.

- The provider complied with the Accessible Information Standard. The registered manager assessed people's communication needs to ensure that information was presented to people in a format which they understood, and people's communication needs were met.
- The registered manager identified when external professional input was needed to meet these needs. This included input from psychologists and speech and language therapists. Some people needed additional aids to help them communicate during their everyday lives. In one example, staff had developed pictorial daily planners which helped people make choices and manage transitions between activities throughout the day. The registered manager told us, "One person does not have clear verbal communication, so staff are working with them to understand some of the words they say. Now they write things down or show us what they need."

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 to live active lives and maintain social networks. The provider had a day service project which was operated from a different site. Many people used this service to socialise with friends or participate in sports or leisure activities. This was available for all people, although some people choose not to attend.
- People were encouraged to maintain links with family and friends. This included staff helping to facilitate

visits and maintain correspondence. One person was supported to host a family dinner party. The registered manager told us, "[Person] wanted to hold a dinner party for his family in his new home, so staff helped facilitate this and all went well. The Family then passed on to me how lovely it was." We saw the compliment the family had written, which reflected this positive feedback.

- People were supported to identify and work towards goals and aspirations. People told us about a wide range of achievements they had been supported to make. One person showed us a photo album of a holiday taken with staff. Another person told us they had recently started working at a job. A third person was due to participate in the audience of a television show. While a further person had been supported to climb a mountain after it was identified it was something they wished to do. Staff took pride in celebrating people's achievements and maximising their potential.

Improving care quality in response to complaints or concerns

- People understood how to make a complaint and felt comfortable in doing so. One person told us, "I would talk to [staff member]. She listens to me." Another person told us, "If I have something to say I will say it [gestures towards staff]." A relative told us, "If I had any concerns. I can tell them. They are very open, and the communication is very good."
- The provider gave people a service user guide. This included details of how they could make a complaint and how it would be investigated and responded too. The policy was produced in an easy read format, supplemented with pictures. This helped to make it more accessible for people to understand.
- We reviewed records of complaints the provider had received since the last inspection. The registered manager had investigated and resolved complaints appropriately in line with the providers policy.

End of life care and support

- At the time of the inspection, the service was not supporting anyone who needed care at the end of their life. People were either reluctant or unable to discuss their future wishes and plans.
- The registered manager told us they would consult people, relatives and other stakeholder to develop an end of life care plan to meet people's changing needs, should this be required.

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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People and their relatives told us the registered manager was professional, approachable and had created a positive culture within the service. Comments included, "[The registered manager] is straight and honest. She has a cool head and is wonderful at her job", "It's run by a highly efficient team. The registered manager has been a good source of support", and, "She is a good friend." The registered manager regularly worked with people to provide care and support. They understood people's needs and had developed a positive working relationship with people, relatives and staff.
- People's relatives told us they felt the provider had a caring ethos which was reflected throughout all branches of the organisation. One relative told us, "I'm impressed with them as a provider. They are very caring." Relatives told us the provider's senior management were engaged in the day to day running of the service and understood their family member's needs. One relative told us, "The Chief Executive is an amazing guy. He knows every single individual by name."
- The provider was a charitable organisation. They had reinvested significant funds into providing services and additional support to people, which included providing cars which people could use with staff to access activities. One relative told us, "It's brilliant that they reinvest so much into people and their support. It's a wonderful company."

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

- There was a clear management structure in place and staff understood their roles. The registered manager was supported by three service managers. Their role was to oversee the running of a set number of 'supported living' houses each. This involved supervising care staff, organising staffing rotas and reporting updates to the registered manager.
- The service managers carried out a series of regular audits to monitor the quality and safety of the service. These audits included, medicines management, finance records, health and safety and observations of staff working practice.
- The registered manager understood their regulatory responsibilities to inform CQC about significant events that happened at the service. They had submitted the appropriate notifications to us as required.
- The registered manager had completed a 'Lead to succeed programme' run by Skills for Care. Skills for Care are an independent charity who are the strategic body for workforce development in adult social care in England. This programme was designed to help registered managers to develop their leadership and management skills. It covered areas such as promoting effective staff supervision and developing a positive

culture in the service.

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

- The registered manager had fostered positive working relationships with the local community. This helped to provide support and services for people. In one example, the provider had recently organised a fete, which local businesses and members of the public contributed too and attended. This helped to promote understanding of people's needs and integration into wider community. This led to the development of resources for people such as, football teams, cricket teams and walking rugby teams.
- The provider sent out quality assurance questionnaires to people, relatives and professionals. The questionnaire had been adapted into an easy read format. This helped make them more accessible for people to understand. One person showed us the questionnaire they had filled out and told us about the positive feedback they had given. One relative told us, "[The provider] is very good. They send out yearly surveys, about how improvements can be made and take suggestions onboard."
- The provider held staff meetings, which were specific to each 'supported living' setting. These meetings were effective in engaging staff to suggest improvements and embed changes in people's care plans which were required.

Continuous learning and improving care

- There was a culture of continuous improvement at the service, which was driven by the registered manager. They were open to regular quality monitoring visits by commissioning authorities, who had provided positive feedback about the quality of care people received. The registered manager was also part of local providers forums, where best practice and learning was shared between different providers.
- The registered manager also sought to improve the quality of the providers training and management systems. They had recently invested in providing mental health awareness training, after it was identified that staff required additional skills in supporting people with their mental health.

Working in partnership with others

- The provider worked effectively with different stakeholders to meet people's diverse and complex needs. This included working with behavioural specialists from the local authority to develop guidance around supported people with their anxiety and behaviour. In another example, speech and language therapists provided staff training to ensure the provider could meet a person's needs around nutrition. The provider kept professionals informed about people's behaviour and health. This helped to ensure their ongoing input could help adapt care to people's changing needs.