

Langley House Trust

# Park View

## 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

The inspection visit took place on the 14 September 2017 and was announced. As the service is small we gave 48 hours' notice of our inspection. This was because we wanted to ensure people who used the service were available to speak with us. At the time of the inspection there were ten people receiving support.

Park View is a service run by a Christian charity working with people who are risk of offending, or who have offended. The service aims to provide assistance and support for people so they can lead crime-free lives and become contributors to society. Support is provided on a 24-hour basis. The support provided is planned to assist people to increase their daily living skills so they can move on to independent accommodation.

At the last inspection in August 2014 the service was rated Good. At this inspection we found the service remained good.

People told us they had agreed the level of support they required to help them achieve their goals. Care records we viewed confirmed this. Staff were able to explain the support individuals required and the way in which they supported people who used the service.

Detailed risk assessments were in place to ensure risks were identified and minimised. Staff were knowledgeable of these and people who used the service told us they felt safe. Management plans detailed the actions required by staff to minimise identified risk.

Medicines were managed safely. Staff responsible for supporting people with their medicines had received training to ensure they had the competency and skills required.

We found people had access to healthcare professionals and their healthcare needs were met. People told us they were supported to access further healthcare advice if this was appropriate and they were happy with the care and support provided at Park View.

People who lived at Park View told us they were able to plan their own menus. We found people were able to access the kitchen to prepare their own meals if they wished to do so. Those that did not wish to do so were provided with a choice of meals.

The registered manager completed a range of audits to identify where improvements were required in the quality of the service provided. Staff told us they were informed of the outcomes of these. We found people who received support were empowered to raise their views on the service at Park View. Meetings and surveys took place to enable people to give feedback to the management team.

There was a complaints procedure which was known to people who used the service. People told us they had no complaints, but they were confident the registered manager would respond to any complaints

made.

Recruitment checks were carried out to ensure suitable people were employed to work at the service. People spoke highly of the staff employed to support them. They told us they had no concerns with the staffing at the service and they considered staff to be helpful and caring.

People who lived at Park View told us they were encouraged to participate in activities that were important to them. People spoke positively of the way in which their individual areas of interest were supported.

The registered manager demonstrated their understanding of the Mental Capacity Act 2005. Staff were able to give examples of how they supported people to make decisions.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains good.	<b>Good</b> ●

# Park View

## 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 visit took place on 14 September 2017 and was announced. The inspection was carried out by an adult social care inspector.

Before our inspection visit we reviewed the information we held on Park View. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the service. We also reviewed the Provider Information Return (PIR) we received prior to our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this to help plan our inspection.

We spoke with a range of people about the service including five people who received support, and three staff members. In addition we also spoke with the quality manager for the service and the registered manager.

We looked at care records of four people who lived at Park View. We also viewed training and recruitment records of two staff members and records relating to the management of the service. In addition we contacted external professionals and commissioning funders who had knowledge of the service. We received positive feedback. This helped us to gain a balanced overview of what people experienced living at Park View.

## Is the service safe?

### Our findings

People who received support told us they felt safe living at Park View. People told us, "[Staff] make me feel secure and cared for." And, "I feel safe here." One person told us they had just moved into the service. They explained they had been introduced to people who received support and staff, been shown around and been allocated a key worker. A key worker is a staff member who works closely with a person to help ensure their care needs are met. They told us, "I feel looked after already. I was shown the fire procedure, they sorted my medicines out and I feel totally safe and I've never really felt safe before."

There were detailed assessments in place to identify risks. Management plans contained information on how risks were to be minimised. Staff we spoke with confirmed they were aware of the risk assessments and management plans. People we spoke with told us they had worked with staff in developing these. This demonstrated staff had access to person centred assessments which met the needs of people who lived at Park View.

Staff told us they would report any safeguarding concerns to the registered manager or to the on call manager if they were not available. We saw a safeguarding procedure was in place to guide staff and the number for the Lancashire safeguarding authorities was displayed on a notice board within Park View. This meant staff were able to report any concerns to allow further investigations to be carried out, if required.

We viewed documentation which demonstrated staff were recruited safely. We spoke with staff who confirmed references and a Disclosure and Barring Check (DBS) were obtained prior to them starting work at Park View. A DBS check helped ensure only suitable staff were employed. This meant checks were carried out to help ensure only appropriate staff were employed.

People who lived at the service told us they were happy with the staffing provision at Park View. They told us they received support at the times they had agreed. Staff we spoke with told us they had sufficient time to spend with people and they had no concerns.

We discussed staffing with the registered manager. They told us if extra staff were required, these were provided. This was confirmed by speaking with a person who lived at Park View. They told us of an occasion they had needed extra support. They said, "[Staff member] stayed with me all day. I don't know where I'd be without them." This demonstrated staffing was arranged to meet the needs of people who received support.

We checked to see medicines were managed safely. We saw people were supported to take their medicines individually and records were completed at the time of administration. We checked a sample of Medicine and Administration Records (MAR). We also checked the medicines and the totals of medicines on the MAR matched. We found no errors in the medicines we checked. This indicated medicines had been administered correctly. There were procedures in place to ensure the safe receipt and disposal of medicines. Staff we spoke with were able to explain these to us. This showed staff were familiar with the processes in place to help ensure medicines were managed safely.

## Is the service effective?

### Our findings

People told us they were happy with the care provided. We were told, "Staff listen, they understand me." And, "Nothing could improve here." People told us staff knew when and how to support them. One person explained they had been having difficulty with their mobility and they had been referred to external health professionals for advice. They explained they had been supported by staff and as a result additional equipment had been sourced for them. This demonstrated that when people's needs changed, care was reviewed and changes made to help ensure their well – being.

Staff told us they received training to enable them to deliver good care. They also told us they received supervisions and appraisals with the registered manager to enable them to discuss their performance and any training needs. We viewed documentation which confirmed this. This meant staff performance was reviewed and training provided to enable them to deliver effective care.

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 consistently told us they consented to the support they received and we saw documentation which confirmed this. One person described how they had been involved deciding the support they required from external health professionals. They told us staff had supported them to understand the treatment they required, the reasons for this and the risks of refusing treatment. This demonstrated people were consulted and consent was sought prior to care and support being provided.

The registered manager demonstrated an understanding of the legislation as laid down by the MCA. Discussion with the registered manager confirmed they understood the importance and relevance of the application of the MCA at Park View. People told us they were asked to consent to support prior to this being provided. Staff we spoke with told us if they were concerned about a person's mental capacity, they would speak with the registered manager to ensure people's rights were upheld.

People told us they were able to eat meals which met their preferences and nutritional needs. People explained they planned their menus on a weekly basis and were able to prepare their own meals if they wished to do so. People told us the meals were varied, tasty and if they requested, an alternative was arranged. During the inspection we saw people accessing the kitchen, making meals and drinks. Comments we received from people included, "When we do the menu planning we decide what we're having. I can always have something else if I change my mind." And, "The meals are good, really good."

## Is the service caring?

### Our findings

People told us staff were caring. Without exception, all the people we spoke with praised the approach of staff and the registered manager. People gave examples of the way staff had supported them and how much they valued staff. Comments we received included, "My keyworker is fantastic. They've helped me face challenges I couldn't face alone." Also, "[Registered manager] is an amazing man. He speaks honestly and I trust him." In addition, "I feel valued, the staff here are out of this world. They can't do enough to help me."

One person explained they had been supported to practice a faith of their choice and this was important to them. They told us, "The staff supported me massively with my faith, they took me to church and encouraged me." They also explained the service had arranged a surprise party following their baptism. They said, "They celebrated with me. Staff came here in their own time and that meant the world." Staff we spoke with told they were proud of the people's achievements. One staff member told us, "We want to celebrate with people, they've worked hard and we're proud of them. We care."

People told us they felt respected and their privacy was respected. We were told, "I have my own flat and staff don't go in unless I'm there and say they can." Also, "Staff here have afforded me respect and given me my self-respect back." Everyone we spoke with told us they felt comfortable in the presence of staff.

There was a relaxed and informal atmosphere at Park View. We saw people who lived at the service made hot drinks for staff and there was good natured banter between them. Staff were seen to be interacting with people in a respectful and friendly way. We saw people who lived at the service were equal contributors to conversations and were engaging positively with staff. People told us they considered the home had a "family atmosphere." The feedback we received and our observations during the inspection visit confirmed staff were caring.

We spoke with staff who were respectful in their conversations about people who used the service. Staff told us they wanted to enable people to achieve their aims. We were told, "We nurture people and give them confidence." And, "We want people to succeed." This demonstrated staff had a caring approach.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered manager told us details were made available to people and in addition details were displayed on a notice board within Park View. We saw this was the case. This ensured people's interests would be represented and they could access appropriate support outside of Park View if needed.

## Is the service responsive?

### Our findings

People who used the service told us the registered manager and staff were responsive and met their needs with an individual approach. One person described the support they required to enable them to live independently. They told us staff had worked with them to develop a 'daily planner'. They told us they had benefitted from this and as a result were more independent. They said, "I needed that help."

A further person told us they had been supported by the service and were now moving into more independent living and were starting employment. They said, "You couldn't write my story, it's a success story." They explained this had been achieved with support from Park View. They told us the service had enabled them to gain qualifications in their chosen area of interest and the service had helped them succeed. They said, "Park View was a godsend for me. I've turned my life round."

We spoke with a third person who explained they had been supported to pursue an area of interest. They told us that they had been helped to attend a local football team matches and they enjoyed this. We asked them why this was important to them. They said, "It gets me out, it's something I enjoy and something I didn't think I would be able to do."

Care records we viewed confirmed that people were supported to be as independent as possible and care was person – centred. The registered manager explained people were involved in the assessment process and care plans were developed to document people's agreed support needs. Care records showed people's needs were individually assessed and holistic plans were developed to meet those needs. People told us, and we saw documentation which confirmed people were involved in their own care planning.

Park View had a complaints procedure which was made available to people when they moved to the service. We reviewed the complaints procedure and saw it contained information on how a complaint could be made and the timescale for responses. We spoke with people who lived at Park View. They told us they knew how to make a complaint if they were unhappy and they were confident this would be investigated. They told us they would speak with the registered manager who they knew would listen to them. One person commented, "[Registered manager] is totally open and honest. He'd investigate and be open with the findings."

Staff we spoke with told us they supported people to make complaints. They explained people's rights to complain were respected and any complaints would be passed to the registered manager to enable any investigations to take place. One staff member told us, "We're keen to resolve complaints so they don't fester." This demonstrated there was a complaints procedure, of which staff were knowledgeable, to enable complaints to be heard.

## Is the service well-led?

### Our findings

There was a registered manager employed at Park View. 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.

People who lived at Park View told us they considered the service was well run. They told us the service was well organised, staff knew them well and the registered manager listened and responded to their views. One person told us, "I'd give it ten out of ten."

Staff we spoke with were able to explain their roles and responsibilities and spoke positively of the support they received. They told us they were supported by the registered manager and also by senior management. Staff told us they had the opportunity to attend annual staff conferences. They explained they found this beneficial as it enabled them to increase their knowledge of the organisation and its aims. In addition, staff told us they were able to attend regular staff meetings. We saw documentation which evidenced this. We saw the meetings gave staff an opportunity to discuss any concerns and to remain up to date with any changes.

We were told 'client meetings' were held on a regular basis. This was confirmed by looking at minutes of meetings. Park View had appointed a representative who used the service to gain the views of people who lived there. Any comments from people who lived at Park View were presented by the representative and discussed at the client meetings. This enabled people's views to be captured. In addition, the registered provider supported feedback to be given at local and national registered provider meetings. We spoke with the representative who undertook this role. They told us they felt this enabled people who used the service to 'have a voice.' This demonstrated the registered provider enabled people to influence and develop the service provided.

In addition we saw evidence that surveys were carried out. The registered manager told us any themes or trends would be identified in order to improve the service. People we spoke with told us they felt the registered manager sought opportunities to receive feedback and they were informed of any changes. We were told, "[Registered manager] is an amazing man. He speaks honestly and I trust him." And, "[Registered manager] always tells us if there are any changes going on." Also, "The good thing is we're involved in everything and get an outcome."

The registered manager and registered provider had auditing systems to assess quality assurance and drive improvement. We found regular audits had been completed by the registered manager and registered provider. These included medication, the environment, care records and accidents and incidents. We saw evidence it had been identified that people's signatures were not always present on their care records. During the inspection we observed a person being asked to sign their care plan as they agreed with it. Care staff we spoke with told us they were aware that care records were checked for quality and they were informed if any improvements were required. This demonstrated quality systems were in place and used in

practice, to drive improvement.