

# Purley Park Trust Limited

## Yewbank

### Inspection report

19 Huckleberry Close  
Purley-on-Thames  
Reading  
Berkshire  
RG8 8EH

Tel: 01189439461  
Website: [www.purleyparktrust.org](http://www.purleyparktrust.org)

Date of inspection visit:  
31 January 2018

Date of publication:  
13 March 2018

### 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 was an unannounced inspection which took place on 31 January 2018.

Yewbank is a care home (without nursing) which is registered to provide a service for up to five people with learning disabilities. People had other associated difficulties such as being on the autistic spectrum.

People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Yewbank accommodates people in a purpose built domestic sized building. The service was run 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. People with learning disabilities and autism can lead as ordinary a life as any citizen.

At the last inspection, on 21 December 2015, the service was rated as good in all domains. This meant that the service was rated as overall good. At this inspection we found the service remained good in all domains and the service remained overall good.

Why the service is rated good.

There is a registered manager running the service. 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.

Staff understood how to protect the people in their care from all forms of abuse. They were trained in safeguarding people and knew what action to take if they identified any concerns. General risks and risks to individuals were identified and appropriate action was taken to reduce them, as far as possible. Additionally peoples', staff and visitors safety was taken seriously and actions were taken to assist people to remain as safe as possible.

People continued to be supported by adequate staffing ratios. These met people's specific needs, including any special needs, safely. Recruitment systems were in place to make sure, that as far as possible, staff recruited were safe and suitable to work with people. People were supported to take their medicines, at the right times and in the right amounts by trained and competent staff.

People's varied and diverse needs were met by a well-trained and knowledgeable staff team. Staff dealt effectively with people's current and changing health and emotional well-being needs. The service worked closely with health and other professionals to ensure they were able to meet people's needs in the most

effective and comfortable way for the individual.

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 supported by a caring and committed staff team who continued to meet people's needs with kindness and respect. They ensured they promoted people's privacy and dignity and communicated with them effectively.

The service remained person centred and responsive to people's needs, wishes and aspirations. Activity programmes were designed to meet people's individual preferences, choices and aspirations. Care planning was highly individualised and regularly reviewed which ensured people's current needs were met and their equality and diversity was respected.

The registered manager was well liked and respected. She and the management team ensured the service continued to be well-led. She was described as approachable and very supportive. The registered manager and the staff team were committed to ensuring that discrimination in any form was not tolerated. The quality of care the service provided was constantly assessed, reviewed and improved.

## 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 safe.

### Is the service effective?

Good ●

The service remains effective.

### Is the service caring?

Good ●

The service remains caring.

### Is the service responsive?

Good ●

The service remains responsive.

### Is the service well-led?

Good ●

The service remains well-led.

# Yewbank

## 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.

The inspection was unannounced and took place on 31 January 2018. The inspection was completed by two inspectors.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us to give us some key information about the service, what the service does well and improvements they plan to make.

We looked at all the information we have collected about the service. This included the previous inspection report and 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 looked at paperwork for three people who live in the service. This included support plans, daily notes and other documentation, such as medication and financial records. In addition we looked at records related to the running of the service. These included a sample of health and safety, quality assurance, staff and training records.

We spoke with four people who live in the service and observed interactions between them and the care staff. We spoke with two staff members and the registered manager. We requested information from five professionals including the local safeguarding team. We received responses from one of them.

# Is the service safe?

## Our findings

People remained safe and were protected, as far as possible, from any form of abuse. Staff received appropriate safeguarding training and understood their responsibilities to safeguard people from abuse. Staff were knowledgeable on how to raise a safeguarding concern should they need to and were confident to escalate this appropriately to ensure the safety of their residents. People told us or indicated by nodding, smiling or using the 'thumbs up' sign they felt safe living in the home. One person said, "I feel very, very safe here. Safer than I have felt anywhere else." Another said, "No, nobody has ever done anything nasty." The local safeguarding authority told us they had no concerns about the service. A family member told us, "I am confident [name] is receiving good care, is safe and staff are easy to contact and co-operate with. [They are safe and well-treated.]"

People, staff and visitors to the service continued to be kept as safe from harm as possible. Health and safety training was provided regularly. Maintenance and safety checks were completed at the required intervals, by appropriate contractors or staff. There was a detailed fire safety policy and procedure and records of fire maintenance checks which were completed regularly and were up-to-date.

Other safety systems included generic health and safety safe working practice risk assessments covering areas such as bodily fluids and legionella. Individual risk analysis identified when people needed specific risk assessments. Risk management plans were developed and linked to the individual support plans to assist staff to provide care in the safest way possible. These included areas such as information on high risk foods and identified warning signs for when someone might be choking. Personal emergency and evacuation plans were tailored to people's particular needs and behaviours.

People who live in the service do not, generally, exhibit behaviours which may cause distress or harm to themselves or others. However, staff were trained in appropriate techniques to reduce the likelihood of any such behaviours occurring. The training also taught staff to deal with distressing or harmful behaviours, as safely as possible, if they did occur. This training was up-dated every year. Behaviour plans were developed by the management team and other behavioural specialists, as necessary. The service did not, currently, use physical interventions.

People were further protected because the service recorded incidents and accidents and took action to manage and reduce the risk of such events recurring. However, the actions taken and analysis of incidents and accidents were not always robustly recorded. These actions that needed to be taken were not always reflected in people's individual risk management plans. For example, one person had regular falls which had not been recorded in the risk assessment and management plan for the individual despite the service having taken the appropriate steps to manage and reduce this risk. The registered manager was aware of some recording issues and was in the process of introducing more robust cross referencing and clearer action plans.

People's finances were protected by a variety of systems. The provider or families acted as the financial appointee for people. The registered manager was aware of the financial status of those supported by the

provider and had monthly oversight of their accounts. This meant she could assist people to make informed decisions and choices about what money they wanted to spend. There was a system in place to ensure people's finances were checked regularly.

People continued to be given their medicines safely by staff who were appropriately trained to administer medicines and whose competency to do so was regularly tested. There were detailed guidelines/protocols to identify when people should be given their medicines including those prescribed to be taken when needed. Two medicine administration signatures were missing on one person's medicines record. The medicine had been given and was recorded in daily notes. The registered manager undertook to remind individual staff and the staff team of the medicines procedure. No other medicine errors had been reported in the preceding 12 months.

People's diverse needs continued to be met safely by staffing ratios that met people's assessed needs. There were a minimum of two care staff in the daytime and one in the evening. There were no staff directly available in the house overnight. However, people knew what action to take if they needed assistance. Staff were readily available and did checks of all the houses on the site. Staff felt that there were adequate staffing numbers to meet the needs of the service.

The service continued to check the safety and suitability of staff prior to their employment. One historical recruitment record did not record the reasons why the applicant had left their previous post. However, the registered manager rectified this omission and told us they would check all the staff files and ensure they were fully completed in the future.

## Is the service effective?

### Our findings

People's individual identified needs continued to be met by an effective staff team. Good quality support plans provided staff with all the necessary information to meet people's needs. Information was up-to-date and relevant.

People were supported to meet their health care and well-being needs. Support plans were of a very high quality and included all aspects of healthcare and well-being needs, for example a 'Hospital Plan'. This was produced in case of a hospital admission and contained all of the key information to keep people safe and comfortable. It was easily accessible to pass to hospital staff. Referrals were made to other health and well-being professionals such as psychologists and specialist consultants, as necessary. People had a 'Missing Persons' form that contained information on appearance, medical and communication information. In the event a person might go missing this form contains very descriptive information that would support police in being able to identify an individual.

People were benefitting from the use of appropriate assistive technology and IT systems. These included the use of mattresses that alerted staff if someone was experiencing a seizure and beams to alert staff if people were wandering during the night. These systems (along with others) meant that people could remain as independent as possible and not be disturbed during the night, unless absolutely necessary.

People's needs were met by staff that had access to training to develop the skills and knowledge they required. Training was provided to support staff to meet people's individual needs. This included Food Hygiene, Autism Awareness and Mental Capacity training.

Staff received regular supervision and annual appraisals to support them in developing and meeting people's specific support needs. Staff were encouraged with pursuing their professional development. One staff member said they felt "there are opportunities" for them to develop.

People were supported by the registered manager and staff team who had received Mental Capacity training and understood the principles of the Mental Capacity Act 2005. People were encouraged and supported to make decisions and choices of their own and staff acted in the best interest of the people they supported.

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 Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive people of their liberty were being met. Applications were made appropriately and met legal requirements. Best interests meetings were held, as necessary and records were kept of who was involved in the decision making process.

People continued to be fully involved in choosing, purchasing and preparing food. Any specific needs or risks related to nutrition or eating and drinking were included in support plans and support was sought from



relevant professionals as necessary.

## Is the service caring?

### Our findings

Staff remained kind and caring and delivered support in a compassionate and sensitive way. People told us that the staff were kind to them and said or indicated that they were happy living in Yewbank. One person said, "It's lovely here." Another said, "It's nice." Staff were observed interacting in a positive way with people and ensuring that they felt comfortable and relaxed.

People's privacy and dignity were respected and promoted. Staff actively sought to ensure that people had privacy and dignity in their own home. One staff member said "I will always knock and ask if I can come into their room, it is their home". Support plans included positive information about the person, daily diaries were kept for each person and were written in a positive and respectful manner.

People continued to be supported by staff who developed strong relationships with them and others who were important to them. People were supported to maintain important relationships and make new ones, as appropriate. The service provided escorts and transport, as necessary, to ensure people could keep in physical contact with relatives and friends.

People were able to verbally communicate, to different degrees. Additionally, their individual methods of communication and the ways they expressed their feelings were clearly noted in support plans. People had monthly key worker meetings where their views and opinions were asked for and their responses were recorded. At key worker meetings people discussed particular areas of care such as what's going well, what's not going well and what's it like to live here. This information contributed to an annual check on people's care called, "My person centred review". The minutes of these meetings were presented in a format individuals found easier to understand. Actions to be taken to meet people's choices and aspirations were noted and regularly checked to ensure they were completed in the stated time scales.

The service continued to support people to maintain and develop their independence. Support plans included information about how people were to be assisted to control their lives and make decisions. They were encouraged to be as involved as possible in the daily living tasks in the home. Detailed risk assessments supported people to be as independent as they were able to be, as safely as possible. Examples included accessing the community, cooking and managing money. One staff member said "We are here to promote independence".

People's diverse physical, emotional and spiritual needs continued to be met by staff who knew, understood and responded to each individual. The service continued to have a strong culture of recognising equality and diversity. Staff were committed to supporting people to meet any specific special needs and received equality and diversity training. Individual care plans noted, for example people's religious beliefs and how they chose to pursue them, any family cultural beliefs and any lifestyle choices.

People's records were kept securely and the staff team understood the importance of confidentiality.

## Is the service responsive?

### Our findings

The service remained exceptionally responsive to meet people's complex and changing needs. Staff were trained and knew what action to take if people were showing any signs of anxiety or becoming distressed. People were notably comfortable to interact with staff and ask or indicate that they wanted help. Staff responded immediately to both behaviour and requests for support. They were very good at recognising when people needed support because they knew how people communicated.

The service continued to assess people's needs regularly and a formal annual multi-disciplinary review took place. People were encouraged to attend their reviews and choose who else they wanted to be present. In response to people's changing needs additional reviews were held as necessary. Support plans showed that staff responded quickly to people's changing emotional and well-being needs.

The service remained very person centred. People had highly personalised care plans which ensured care was tailored to meet their individual and diverse needs. The service continued to keep information on individual people, their history, likes and dislikes. For example, each person's file contained an 'Important to me' sheet which included personal information about each resident so that the staff were reminded to always take an individualised approach when caring for people.

Discrimination was understood by the registered manager and the staff team. They understood how to protect people from any form of discrimination and were knowledgeable about equality and diversity with regard to the protected characteristics. Staff training covered these principles.

The service ensured people had access to the information they needed in a way they could understand it and are complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

People had individual communication plans to ensure staff and people were able to communicate as effectively as possible. The plans detailed how people communicate their feelings, emotions and choices so that staff may assist to meet their needs. Information was produced for people in user friendly formats such as an easy read of the Human Rights Act 1998 which included photographs, pictures and symbols. There was excellent communication between staff and people who understood each other very well.

People continued to be given opportunities and encouraged to participate in individualised, flexible activities. Arrangements for activities were made with people and met people's individual needs and preferences. They were provided with varied and meaningful activities which enhanced their lifestyles. The diversity of opportunities and activities was increasing, as it had been identified as an area of development. One person had begun to go into the community and was enjoying new experiences which they had been reluctant to do for many years. Staff worked hard to motivate and encourage people to seek ways of enjoying their daily life.

The service had a robust complaints procedure which was produced in a user friendly format. The service had received no complaints since the last inspection. People told us they could talk to [names] of senior managers, the registered manager or staff if they weren't happy. Relatives/friends commented (via the satisfaction survey) they had no issues or concerns.

## Is the service well-led?

### Our findings

People continued to benefit from good quality care provided by a well-led staff team. The registered manager had been in post since 23 June 2017. She was supported by a committed and knowledgeable staff team. The registered manager managed another service in close proximity to Yewbank and shared her time between the two services. Staff said they felt supported by the organisation and that the management was accessible and approachable. One staff member said "they are very supportive". A relative described the manager as , "Outstanding." They commented, "The quality of care depends so much on the manager's vision and motivation of staff. [Name] is lucky to be living in the current situation (with the current registered manager running the service)."

The management team had created a positive open and transparent culture and developed positive values within the service. This was reflected in the staff attitudes and behaviours. Staff were able to tell us where values displayed (as a chart on a wall) and were able to explain what impact they had on their day-to-day work. Additionally, people who used the service were aware of the values of the organisation. These were included in plans of care, produced in individual user friendly formats.

The views and opinions of people, their families and friends and the staff team were listened to and taken into account by the management team. People's views and opinions were recorded in their annual reviews and at monthly meetings. Staff meetings were held regularly and minutes were kept. People were empowered to be involved in all decisions about their home, as far as they were able and/or chose to be. A quality satisfaction survey was to all relevant people annually. The results were collated and any necessary action taken to address any identified shortfalls. The 2017 survey had all positive responses. Staff felt they were able to contribute and feedback about the service. Staff had an opportunity to regularly complete a staff survey. One staff member when asked if they provided feedback would it be acted on said, "I feel my opinion is valid".

People continued to be provided with consistently good quality care. The quality of the service was monitored and assessed by the registered manager and the staff team to ensure the standard of care offered was maintained and improved. A variety of auditing and monitoring systems remained in place. For example regular health and safety audits were completed at appropriate frequencies. The registered manager completed monthly quality assurance reports. Information about the service was presented to the board of trustees every three months. Action plans were developed as necessary in response to internal or external audits.

Actions taken as a result of listening to people, staff, other interested parties and the various auditing systems included an increase in activities, new furniture and carets, supporting people to increase their independence and improving interactions between people and staff.

People's records remained of good quality, detailed and reflective of their current individual needs. They informed staff how to meet people's needs according to their preferences and choices. Records relating to other aspects of the running of the home such as audit records and health and safety maintenance records

were well-kept, up-to-date and easily accessible.

The registered manager understood when statutory notifications had to be sent to the Care Quality Commission (CQC) and they were sent, when necessary, in the required timescales. The registered manager was knowledgeable about new and existing relevant legislation, for example the accessible information standard.