Purley Park Trust Limited

Duncan House

Inspection report

18 Huckleberry Close
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Berkshire
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Tel: 01189439460

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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?	Requires Improvement

Summary of findings

Overall summary

About the service:

Duncan House is a is a care home (without nursing) which is registered to provide a service for up to eight people with learning disabilities. At the time of inspection Duncan House was providing support to 8 people. People had associated difficulties such as being on the autistic spectrum.

Duncan House accommodates people in a purpose built domestic sized building. The service was easily accessible to local amenities and with links to public transport. Each person using the service had their own bedrooms and access to communal areas. 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.

People's experience of using this service:

The registered manager conducted quality assurance audits to monitor the running of the service. However, we found that these were not always effective as they didn't always identify gaps in medication records. People's medication records were not always accurate and had conflicting medicine information. People did not always have 'as required' medicine guidance in place. We recommend that the provider seeks guidance around the proper and safe management of medicines.

The registered person did not always inform of authorisations under the Deprivation of Liberty Safeguards as required in the Care Quality Commission Regulations. We recommended the provider ensures they understand their regulatory responsibilities to ensure they are complying with the regulations.

People remained safe at the service and risks around their well-being were assessed, recorded and regularly reviewed. People were supported by sufficient staff that knew them well. Recruitment procedures to appoint new staff were thorough. People were supported to take their medicines safely.

People received their care and support from a staff team, that had a full understanding of people's care needs and the skills and knowledge to meet them. Staff were given an induction when they started and had access to a range of training to provide them with the level of skills and knowledge to deliver care efficiently.

Staff treated people with respect and kindness at all times and were passionate about providing a quality service that was person centred. People were encouraged to live a fulfilled life with activities of their choosing and were supported to keep in contact with their families.

People's dignity and privacy was respected. People told us staff were reliable, friendly, and caring. Staff developed positive and caring relationships with the people they supported and used creative ways to

enable people to remain independent.

The registered manager and the management team strived at creating an inclusive environment to strongly encourage staff, people and their relatives to be involved in the service.

Rating at last inspection:

At the last inspection which took place on the 17 and 18 May 2016 the service was rated Good in the domains of safe, effective, caring and responsive. The service was rated Requires Improvement in the domain of well led. Overall the service was rated Good.

Why we inspected:

This was a planned comprehensive inspection based on the rating at the last inspection.

Follow up:

We will follow up on issues that we identified by asking the provider to send us evidence of how and when the issues are sorted. We will monitor all intelligence received about the service to inform the assessment of the risk profile of the service and to ensure the next inspection is scheduled accordingly.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was Safe.	**Good**
Is the service effective? The service was Effective.	**Good**
Is the service caring? The service was Caring.	**Good**
Is the service responsive? The service was Responsive.	**Good**
Is the service well-led? The service was not always Well-led.	**Requires Improvement**

Duncan House

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 completed by one inspector.

Service and service type:

Duncan House is a care home (without nursing) which is registered to provide a service for up to eight people with learning disabilities. People in the home receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

There was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Notice of inspection:

This inspection took place on 22 January 2019 and was unannounced.

What we did:

Before the inspection we reviewed the information we held about the service and the service provider. The registered provider completed a 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. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

We spoke to five people who use the service and observed interactions between them and staff. We looked at four care plans, daily notes and other documentation, such as medication records, relating to people who use the service. In addition, we looked at the records related to the running of the service. These included a sample of health and safety audits, quality assurance, staff and training records. We spoke with five staff members including, assistant managers, support worker, the registered manager and nominated individual. We spoke to two family members of people who live at the home. We requested information from ten external health and social care professionals and received two responses.

Good

Is the service safe?

Our findings

People were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse:

● Staff remained well-trained with regard to safeguarding and knew how to deal with any issues relating to people's safety. People told us they felt safe living in the home.

●There had been one safeguarding incident since the last inspection which was dealt with appropriately.

●Staff told us they were confident the management team would act on any concerns reported to ensure people's safety.

Assessing risk, safety monitoring and management:

● Risks to people were identified by individual risk analysis and appropriate risk management plans were incorporated in to care plans. These were detailed and provided staff with information which ensured they delivered care in the safest way possible.

● Risk assessments included areas such as support with possible choking, behaviours that challenge and weight management. As people's needs changed, risk assessments were also adjusted to reflect it.

●Personal emergency and evacuation plans were tailored to people's particular needs and behaviours in the event of an emergency.

●The service carried out a health and safety assessments of the environment to ensure the person, their family and staff were safe while carrying on the regulated activity.

Staffing and recruitment:

● People's needs were met by sufficient staff to keep people safe. People received support from staff on a one to one basis and in small groups. This was based on people's individual needs.

●People were supported by staff who had been recruited in a safe way. Prospective staff were fully checked so that the registered manager could be as sure as possible that they were suitable and safe to work with vulnerable people.

Using medicines safely:

●People's medicines were stored safely and securely. Each person had their own medicines cabinet in their room which was locked, with keys kept in a locked office or with a designated member of staff.

●Staff who administered medicines had received appropriate training and had their competency to do so, verified through observations.

●Where people were prescribed 'as required' medicines, we found that there was not always clear guidance in place to identify when the person might need the medication or what symptoms they might present with. However, when we spoke with staff they were able to clearly identify when these medicines would be required. We raised this with the registered manager who agreed to promptly ensure the correct guidance was in place.

Preventing and controlling infection:

●Staff were observed wearing appropriate personal protective equipment (PPE) to reduce the risk of cross contamination and the spread of infection.

●Staff confirmed they were provided with and used PPE to prevent the spread of infection.

●The home was clean and free of malodour. There were clear cleaning schedules in place to ensure the risk of spread of infection was managed.

Learning lessons when things go wrong:

● People were further protected because the service recorded incidents and accidents and took action to manage and reduce the risk of such events recurring.

●Where investigations took place, these were used for learning and any identified issues or concerns were discussed in one to one supervisions and team meetings. Staff we spoke with confirmed this.

Good

Is the service effective?

Our findings

People's care, treatment and support achieved good outcomes, promoted a good quality of life and was based on best practice.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

● People's care needs were assessed to identify the support they required and to ensure that the service was meeting these individual needs.

●People's care plans were exceptionally person centred and described people's personal likes and preferences, their social interests, as well as physical and emotional needs.

●Care plans detailed the outcomes people wanted to achieve and how they wished to be supported. Where people were diagnosed with a learning disability and/or mental health issue, care plans identified the impact of these needs on them individually and how staff should support them in all areas.

●Staff knew the people they supported very well. One staff member told us, "It's important to know them as individuals."

Staff support: induction, training, skills and experience:

● People continued to benefit from a well-trained staff team. Care staff were encouraged and assisted to understand people's individual, complex and varied needs.

●Staff had access to training to develop the skills and knowledge they required. Regular supervision, staff meetings and annual appraisals were used to enhance staff knowledge and to support them in developing skills to meet people's specific needs.

●When new staff started they had an induction that included training and a period of shadowing experienced staff before working on their own. New staff were introduced to people before they started supporting them.

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

●People were provided with food of good quality. People's nutritional needs were included in care plans. The service sought the advice of dietitians or Speech and Language Therapists, as necessary, and followed any advice given.

●During the inspection, we saw that people enjoyed the food and were given options of food they wanted. People were given choices and helped decide on menu choices.

Staff working with other agencies including healthcare services; Supporting people to live healthier lives, providing consistent, effective, timely care:

● People, were supported to remain as healthy as possible. Support plans covered aspects of care including health and well-being to meet people's individual needs.

●Referrals were made to other health and well-being professionals such as psychiatrists and specialist consultants, as necessary.

Adapting service, design, decoration to meet people's needs:

●People were involved in decisions about the premises and environment; individual preferences and support needs were reflected in how adaptations were made and the premises were decorated. For example, people were supported in choosing how they would like their bedrooms decorated.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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 had a good understanding of the principles of MCA. At the time of inspection, five people using the service were subject to authorisation under DoLS.

●Staff understood the need to assess people's capacity to help them make decisions. People's rights were protected because the staff acted in accordance with the MCA. We observed staff actively encouraging decision making with people throughout the inspection.

● People had specific care plans in place regarding their decision making. It gave a description of how people were able to make their own choices and to what degree.

Good

Is the service caring?

Our findings

The service remained caring and people were treated with compassion, kindness, dignity and respect.

Ensuring people are well treated and supported; equality and diversity:

●People continued to be provided with individualised, sensitive and compassionate support by a kind, committed and caring staff team. One person told us, "I like it here [Duncan House]." A health and social care professional said, "The staff are very caring and support… and listen to the residents' needs."

●People spoke positively about the staff at Duncan House and with fondness. One person said, "I like her [support worker]."

●Staff supported people to plan their own days with them in detail, to ensure routines helped individuals to manage their own behaviour. People were treated as individuals and with patience and kindness.

●During our inspection we saw people were happy and contented. We observed people were able to do things they wished to and that they had a very good rapport with the staff supporting them.

Supporting people to express their views and be involved in making decisions about their care; Promoting people's independence:

●People had regular key worker meetings where their views and opinions were asked for and their responses recorded. Actions were identified to meet people's goals, choices and aspirations. These were checked to ensure they were being pursued.

●The service continued to support people to maintain and develop their independence. Plans included information about how people were supported to make decisions and keep as much control over their lives as possible.

●During the inspection we observed people going out into the local town independently. They discussed with staff about how they would ensure they were safe. For example, ensuring their mobile phone was charged and what time they would be returning.

Respecting and promoting people's privacy and dignity;

●People's dignity was maintained and staff ensured people's privacy was respected. Staff were able to describe how they supported people with privacy and dignity in their daily work and routines.

●Language used in people's care plans was caring and respectful. Staff gave examples of how they ensured they promoted people's dignity such as covering people when supporting them with personal care, listening to what people wanted and respecting their wishes.

Good

Is the service responsive?

Our findings

People continued to receive personalised care that responded to their needs.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

●People continued to receive person-centred care. Care plans were very detailed and written in an individualised style which provided staff with information and guidance on each person so that they could continue to meet their individual needs.

●People's activities programmes were highly individual and designed to meet their specific needs. Some people's programmes responded to their choices, moods and well-being, daily basis. Activities were provided within and outside of the service. People were supported to participate in community activities, as they chose. For example, one person who prior to being admitted to Duncan House very rarely went on holiday. Since being at Duncan House they regularly took trips away, including abroad.

●Staff knew people very well and understood their needs and how to respond to them. Where changes in behaviour or incidents had occurred, the service responded promptly. For example, putting in positive behavioural plans to support the person to reduce any anxiety and consequent behavioural concerns. This led to a positive outcome in terms of reducing challenging incidents.

●The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals. Each person had a communication plan that clearly detailed how staff should communicate with them in a way they understand. The plans clearly described how people made their feelings known and how they displayed choices and preferences.

Improving care quality in response to complaints or concerns:

●The service had a robust complaints procedure which was accessible to people, their friends and families and others interested in the service. A relative told us, "I know I can contact them at any time if I have a concern."

●An easy read version of the complaints procedure was available to people and gave them the best opportunity to understand the process. It was clear that some people would need support to express a complaint or concern. Staff were able to identify if an individual was unhappy or distressed and investigate the cause.

●Where a complaint had been received, the registered manager recorded the complaints in detail and took as much action as possible to rectify the situation and improve the quality of the service.

End of life care and support:

●We saw that the staff had taken the time to explore end of life wishes with people and where appropriate with their families. Where people did not want to discuss their end of life wishes, this was respected and revisited on a regular basis.

Requires Improvement

Is the service well-led?

Our findings

The service mostly remained well-led, the leadership and management assured person-centred, high quality care and a fair and open culture.

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

●During the inspection we looked at whether the provider was meeting all of its regulatory requirements in relation to notifying us of specific events. Notifications are events that the registered person is required by law to inform us of. We found that although the provider had applied for Deprivation of Liberty Safeguards (DoLS) appropriately for people and in a timely way, we were not always notified of these as required. For example, the registered person had applied and a standard authorisation was granted for five people's DoLS. However, they had failed to notify the commission of these. The registered manager advised they were unaware that this was required following each new authorisation. The notifications were submitted to the Commission promptly following the inspection.

We recommend the provider ensures they understand their regulatory responsibilities to ensure they are complying with the regulations.

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

●The registered manager knew the service and the people living there extremely well. Staff said they felt very supported by the management team. One staff member told us, "She [registered manager] is always there. She is very supportive and flexible." A relative told us, "She is a very good manager."

●There was a clear management structure in place, which gave clear lines of responsibility and authority for decision making about the management, and provided clear direction for the service. There was an open, transparent and inclusive atmosphere with the registered manager operating an open-door policy.

●The provider had quality assurance systems in place. These included care plans, staff files, complaints, safeguarding concerns and incidents and accidents, and quality satisfaction surveys. However, we found these were not always effective. For example, in relation to audits of people's medicine administration records (MAR). There were gaps in people's MAR records where staff had failed to sign that they had given their medications as prescribed or a reason should people have refused.

●The audits conducted on these MAR records did not identify the gaps. The registered manager had identified this as an issue prior to the inspection and was in the process of implementing a new audit process.

●People's medication records contained conflicting information. For example, people's MAR records had the most up to date and relevant medication the person was prescribed and staff knew what medication the person needed to be administered based on this. However, people's care plans and medication record list contained in their medication folder had differing information. The registered manager advised they would look to simplify the recording of information and ensure that it was accurate and kept up to date.

We recommend that the provider considers current guidance and best practice relating the recording of medicines and take action to update their practice accordingly.

Planning and promoting person-centred, high-quality care and support:

●The management team and staff continued to demonstrate a shared responsibility for promoting people's wellbeing, safety, and security. The 'whole team approach' and culture in the service had continued to develop and grow.

●There was a clear commitment from the registered manager who inspired staff to maximise people's independence. The variety of individual and personalised activities which took place demonstrated that staff had a positive impact on people's lives.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care:

● The registered manager promoted a caring, positive, transparent and inclusive culture within the service. They actively sought the feedback including conducting quality assurance surveys to gain views of people, relatives, staff and professionals. We saw evidence to support that people's views were used to influence what happened in the service. For example, the choice of menu and provision of activities.

●Staff had team meetings and discussed various topics such as any changes in people's needs or care, best practice and other important information related to the service. The registered manager sought feedback from the staff through regular meetings and day to day communications. The team discussed various topics in the meetings including the support and care of people who use the service, policies and procedure, tasks and actions to complete, any issues and ideas.

Working in partnership with others:

●The concept of partnership working was well embedded in the service and there were many examples provided where external health and social care professionals had been consulted or kept up to date with developments.

●Records showed that staff at the service had positive relationships and regular contact with professionals, including GP's, district nurses and mental health teams. A health and social care professional told us that their experience has "all been very positive."